Rosalía Baena*

Virtual labyrinths: Nancy K. Miller's and Susan Gubar's narratives of cancer

Abstract: In the midst of the age of memoir, where the demarcation between public discourse and private lives has been eroded, a number of life-writing genres figure prominently as identity narratives. Specifically, illness narratives proliferate in both digital and non-digital forms, thus becoming powerful social and cultural forms to understand illness today. This article aims to analyze how online forms are bringing relevant changes both to the genre and to the actual communication of cancer experience. Nancy K. Miller and Susan Gubar choose different forms (visual diary and blog, respectively) to help readers "acknowledge the place of cancer in the world". Having lived in cancerland for a while, both reject widespread stereotypes about illness, such as being a cancer survivor, the role of the good patient or the need to reject negative emotions such as anger, fear or sadness. Specifically, I will use the concept of *automediality* in order to explore how subjectivity is constructed in their use of images and new media. This concept may help us further explore the ways in which online forms offer new ways of self-representation and mediation between technology and subjectivities.

Keywords: automediality, cancer narratives, illness memoirs, Susan Gubar, Nancy K. Miller, digital life-writing

In the age of memoir, where the demarcation between public discourse and private lives has been eroded (Gubar 2016), a number of life-writing genres figure prominently as identity narratives. Specifically, illness narratives proliferate in both digital and non-digital forms, thus giving us powerful social and cultural paradigms to understanding illness today. As part of a research project on illness memoirs (see Baena 2013, 2016, 2017), this article will analyze how online and visual forms are changing both the genre and the process of communicating the experience of cancer. Specifically, I will deal with how Nancy K. Miller and Susan Gubar choose different forms (visual diary and a blog, respectively) to help readers "acknowledge the place of cancer in the world" (Miller, "My Multifocal Life"). Having lived in cancerland for a while, both reject widespread stereotypes about

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*Corresponding author: Rosalía Baena,** University of Navarra, Spain, E-Mail: rbaena@unav.es

illness, such as being a cancer survivor, the role of the good patient or the need to reject negative emotions such as anger, fear, or sadness. In this context, their visual and virtual inscriptions can be analyzed through the concept of *automediality* as defined by Sidonie Smith and Julia Watson, to illustrate the extent to which autobiographical narrative becomes, as Jens Brockmeier argues, a powerful symbolic form and a genre of identity construction (2001: 277).

Susan Gubar (1944-) is a distinguished Emerita Professor of English at Indiana University. She is quite well known for having co-edited with Sandra M. Gilbert the ground-breaking book, *The Madwoman in the Attic,* on women's literary tradition. In 2008, at the age of 65, she was diagnosed with advanced ovarian cancer. Three days later she underwent a radical surgery called "debulking," in which doctors removed her uterus, ovaries, fallopian tubes, appendix, and seven inches of her intestines. She has never fully recovered: "It was like I was a bird, flying and then I got shot out of the sky and just dropped" (qtd. in Wilson 2012). Since 2008, Gubar has written extensively on her cancer experience in different life writing forms, such as a memoir, *Memoir of a Debulked Woman: Enduring Ovarian Cancer* (2012), a blog, "Living with Cancer" (2012-to the present), as well as personal criticism in *Reading and Writing Cancer* (2016). Having published her first memoir on the treatments she received for ovarian cancer, Gubar felt the acute need to raise consciousness about the lack of an early detection tool: since more than 70 % of ovarian cancers are discovered at later stages of the disease, survival rates are usually rather poor, so she decided to start a blog: "I wanted to write differently—not scholarly tomes but easily accessible and, if possible, widely circulated essays" (Gubar 2016: 148). As she was reading an online blog on leukemia treatments in the electronic edition of the *New York Times* (by Suleika Jaouad), she was inspired to write in that format and submitted it to the health editor, Tara Parker-Pope, who has been supporting her blog ever since. As we will analyze in detail later on, the blog format provided Gubar an effective means to communicate the experience of cancer to a wider audience as well as to engage them more empathetically.

Nancy K. Miller (1941-) is also a well-known American literary scholar, feminist critic, and memoirist, with seminal works on women autobiography studies and feminism. Among other achievements, Miller pioneered the concept of personal criticism, which "entails an explicitly autobiographical performance within the act of criticism" (1991: 1). She has produced hybrid texts all her professional life, in both her scholarly work and in her more autobiographical texts. In December 2011, Miller was diagnosed with Stage 3B metastatic lung cancer; in 2012 she began her blog, which deals with wider issues than her cancer experience but which is permeated by this illness. In the line of personal criticism, her home page is both professional and profoundly personal; she offers her full academic cv, but

also her online and personal diary. Miller also includes different projects such as "Feminist Friendship Archive," "Paris Memoir", and "What They Saved", all of which have eventually become printed memoirs. Her project "My Multifocal Life" is an online diary on her experience of cancer: "My particular type of lung cancer is called 'multifocal' (lots of little primary tumors in both lungs); and since 2016, after years of chemo and a 'partial remission', it has become activated, one tiny tumor at a time". This precarious and uncertain state that lung cancer has placed the author finds an adequate means of self-expression in the online diary where she can share her experience with readers in the real time: "I live scan to scan, in fear of recurrence", she adds in the introduction to her online project.

Apart from being close friends, Gubar and Miller can be compared in a number of interesting ways: both are academics and successful published authors, both suffer from incurable but treatable cancers, both use virtual modes of self-expression for their cancer narratives, and both have become active voices in favor of a more holistic social perception of what it means to be a cancer patient. In fact, both believe very strongly in power of writing about cancer, as a way "to alleviate the loneliness of the disease while enhancing our comprehension of how to grapple with it" (Gubar 2016: 1). These authors are very aware that illness narratives work in two levels, as therapy and testimony. As Hawkins explains, "The root metaphor for therapy, or treatment, is medical, whereas the basic metaphor for testimony, or witnessing, is legal... Both models can help survivors come to terms with a traumatic experience" (Hawkins 2007: 115). Thus, these texts are powerful interventions in the contemporary public discourse about illness, as they engage and innovate in a rather recent tradition of writing about one's damaged health. Bearing this general context in mind, we might better appreciate the cultural work that both Gubar and Miller are doing through their accounts of living with cancer.

Illness narratives

Gubar's and Miller's texts are part of a tradition of illness narratives that began to proliferate at the end of the 20th century, when illness *per se* became an acceptable reason for writing an autobiography (Cook 2001: 457). In the second half of the century, several technological and scientific changes in medicine brought about a more advanced and specialized, but also more depersonalized, clinical attention, which in turn, made patients become more active in medical treatments and decisions. Moreover, "as frustrations with the medical system increased, critical commentaries about contemporary medicine began to reach wider, popular audiences" (Jurecic 2012: 7). By 1980 society was ready for the emergence of what critic

Lisa Diedrich calls "the politicized patient" (2007: 26). Beginning with the women's health movement of the 1970s, patients and writers began to "challenge the structures and structuring of illness from the patient's side of the doctor-patient binary" and to "present affective histories that are attentive to the rhetorics and practices of politics" (27). Illness narratives were then embraced "as a means of establishing a patient's voice to compete with the voice of biomedicine, generally considered to be depersonalizing, objectifying, and fragmenting" (Segal 2005: 72). Progressively, illness narratives tended to involve those diseases that most challenged the identity of the narrator and whose presence instilled a generalized fear and sense of loss of control, such as AIDS and cancer (Cook 2001: 456).

Furthermore, at the turn of the century, with the development of the internet, illness increasingly became a more public and communicable experience (Conrad et al. 2016: 22). Indeed, contemporary forms of the genre include a large variety of visual and digital representations of the self. Stella Bolaki, in her book *Illness as Many Narratives*, already challenges the dominance of literary forms of the illness narrative genre, to explore other kinds of narratives in different media forms, both visual and textual, ranging from photography, artists' books, performance art, film, theatre, animation and online narratives. Regarding online narratives of illness, Bolaki argues that it is by "focusing on their distinctly public nature, immediacy and interactivity", we can see how these narrative forms add to our "understandings of visibility, treatment and recovery" (2016: 23).

In a parallel move, since the 1990s, a number of scholars have closely analyzed the development of the genre. The first full-length studies on illness narratives were published by Anne Hunsaker Hawkins (1993), Arthur Frank (1995), and Thomas G. Couser (1997). These pioneering authors were soon followed by others who deal with the cultural work that illness narratives exert on contemporary perceptions of illness, such as Einat Avrahami (2007), Kathlyn Conway (2007), Ann Jurecic (2012), and Tanja Reiffenrath (2016). As the body of scholarly work grew, so did the number of scholars who wrote, at the same time, their own illness memoirs. Precisely, Gubar and Miller belong to this group of scholars and writers who have successfully deployed personal stories of illness and disability to further understand conceptual and theoretical issues, such as Arthur Frank, Simi Linton, Robert Murphy, Reynolds Price, Mary Felstiner, Kathlyn Conway, among many others. Moreover, as Tanja Reiffenrath explains, the emergence of contemporary illness memoirs by academics and writers with a high intellectual reputation and who actively claim their conditions, greatly contributes to destigmatizing and depathologizing the experience of illness (36). Since these academics are familiar with current academic work on illness narratives and have also published scholarly articles on the subject as well as their own memoirs, their unique per-

spective allows them to fuse two views on the experience of illness: theoretical and experiential (Gygax 2013). They draw on their academic training and expertise in order to frame their personal experience. In turn, they use personal experience to raise general questions and to challenge some assumptions of current medical practices. In their memoirs, they share valuable thematic concerns, such as the perception of others, a specific sense of time, or their fractured sense of identity, choosing different life writing subgenres and modes to tell their experiences. In this context, Gubar and Miller engage digital as well as visual modes that further advance the cultural work of illness and disability memoirs, as they try to reframe the experience of cancer in a social rather than merely a medical paradigm.

In this article, I will analyze both the virtual and visual strategies Gubar and Miller use in their cancer narratives as they engage in a process of automediality, a concept that takes mediation to the terrain of the autobiographical and the self-presentation of online sites: "It provides a theoretical framework for conceptualizing the way subjectivity is constructed online across visual and verbal forms in new media" (Smith and Watson 2014: 77). As such, it may serve as an "umbrella" critical term that explains the dynamics of self-representation that are at work in Gubar's and Miller's works as it reveals the interface of the visual/verbal/virtual liminalities. Automediality in blogs and online diaries can be generally deployed through four characteristics: self-reflexivity, open-endedness, accumulation, and co-production, as Viviane Sefarty notes in her structural approach. In turn, these four characteristics resemble the very experience of living with cancer as being open-ended, told by accumulation of unconnected experiences, leading to the experience of self-reflection, etc. As Bolaki explains, online forms that represent illness can be viewed as welcome alternatives to structure, coherence and unity (2016: 212). In bringing together two different approaches, automediality and structural analysis, I will examine how subjectivity is constructed through images and new media, thus exploring the ways in which online forms offer new ways of self-representation and mediation between technology and subjectivities (Smith and Watson 2010: 168). Ultimately, this analysis will reveal how these authors engage in a life-writing project through a number of self-definition strategies, both visual and digital.

Digital self-writing

Susan Gubar's *New York Times* blog "Living with Cancer" (2012-to the present), includes entries on a wide variety of issues that fall into four main categories: those dealing with personal experiences, those on common patient quandaries

(erroneous medical practices, for example), those that present epistemological perspectives and those that engage the healing power of art, such as literature, music or drama. It is narrated in a mixture of journalistic and memoirist style, and each entry typically includes a general current concern and a more private experience, both related to cancer. In her blog, Gubar's rightly deploys the most outstanding characteristic of this media: self-reflexiveness, which addresses both the nature of internet life-writing as well as the diarist's motivation for writing in the first place (Sefarty 2004: 462–463); that is to say, a blogger investigates not only her own reasons for writing but also assesses the operations of the blog format and the community it fosters. Her entries often include comments on both the need to write about cancer, as well as the need to do it online. As an active patient-advocate, she struggles for the experience of cancer to be recognized from the unique perspective of the patient.

This sense of community shapes the narrative from her very first entry, where Gubar defines herself as "Not a Cancer Survivor" (6 September 2012), and explains how she tries to defy common stereotypes on illness, and the imposed need to fight cancer. Gubar's blog foregrounds her willingness to stand for patients' rights, primarily by challenging what she considers the inadequate language commonly used in the context of cancer patients: "Despite all the hype surrounding the 'war against cancer,' many cancers remain incurable, and the people coping with them need some other terms to describe their sense of themselves." In spite of being commonly used, Gubar explains how she often "feels put off by the word 'survivor'; somehow the term sounds too heroic to claim for ourselves". Moreover, she rejects the idea of survival as the only possible outcome, because of the actual difficulty in surviving cancer. In this first entry, she strongly argues against this survival discourses since approximately 40 % of the American population will get a form of cancer, and half of them will not survive: "There must be (and must have been) quite a few people who have known themselves not to be survivors", Gubar explains. Thus, one constant effort in her blog, as well as in many other cancer narratives, lies in the need to refer to cancer patients in terms that truly reveal what it means to live with cancer: "If some of us are not cancer survivors before our dying, are we cancer contenders? Cancer lifers, cancer dealers, cancer mavens, grits? As I eagerly await any and all suggestions, I ponder the various lexicons that mystify or vex people trying to keep a sense of self intact after dire diagnoses and sometimes draconian treatments." As Gubar strives to "keep a sense of self intact", the self-reflexive nature of the blog discourse helps her in this endeavor. She reflects on the language health professionals commonly use to refer to cancer, as she finds them "arcane, ugly and incomprehensible lexicons that may serve the needs of medical specialists, but prove trying for many patients who have no idea what 'creatinine' or 'platelets,' 'neutrophil counts' or

'ecog status' really mean". She makes a similar linguistic claim when she de-nounces the inadequacy of words such as "remission" and "recurrence", as they make it seem as if the cancer is gone, and then back, when the fact is that even if some cancers recede, mostly they do not disappear. Thus, Gubar's blog reveals her struggle to find adequate words and stories to describe the zone cancer pa-tients inhabit.

There are several other entries dealing with language issues in a self-reflexive way. In "Living with Cancer: Coming to terms" (22 January 2015), for example, Gubar explains how painful it can be to be referred to in inadequate terms, as they impact both on how she feels and thinks: "Some of the vocabulary swirling around cancer leaves me feeling what I never wanted to feel or unable to think what I need to think." As a writer and as an academic, Gubar struggles with the linguistic barrier that health professionals erect between them and their patients, often using terms that implicitly blame the patient, as in the word "relapsed" that seems to find fault with "people who have fallen back into error". The constant use of euphemisms by health professionals is also a matter of concern for Gubar; at one point she is informed about "minimal or acceptable side effects," only later to wonder if she should have undergone treatments that left her "with sores and rashes so debilitating that I could not swallow or with bone-wearying exhaustion that made it impossible to stand up". Through her blog, Gubar joins countless other patients in creating new terms to refer more clearly to cancer life. One ex-ample is the word "previvor". Gubar describes how, after genetic testing produced a population of people aware of their heightened risk of developing cancer, the neologism "previvor" arose to describe those who tested "positive" for a deleter-ious mutation. It refers to survivors of a predisposition to cancer and has largely replaced the medical category — "unaffected carriers" — that turned this group into a "contaminating menace." Patients have also found alternative ways to ad-dress the idea of a survivor; in its place, readers have suggested P.L.C. (Person Living with Cancer), cancer veteran, cancer gambler and, "given all the hospital trips, cancer schlepper (for which I thank my friend Nancy K. Miller)". These me-talinguistic references readily connect with the experience of illness as necessa-rily self-reflexive, inasmuch it brings out the need to verbalize one's state in order to communicate with health professionals, and how much one needs others to truly understand this experience in their own terms.

Secondly, another predominant characteristic of blogs is accumulation: this term refers to the piling-on of multimedia detail in the construction of the textual self, whereby text, images, and links reinforce or call into question the diarist's persona (Morrison 2008). This accumulative character is displayed in the follow-ing features: the post as the fundamental organizing unit, the appearance of posts in reverse chronological order, hyperlinking to external sites, the archiving of

posts, organization of posts by keywords into separate browsable categories, etc. (Morrison 2008). Among other things, this accumulation brings about a strong sense of discontinuity, which, in turn, strongly resembles the sense of rupture and discontinuity that shapes the experience of cancer. The constant interruptions as well as the difficulty in drawing a logical line between one episode and the next, the unexpectedness of what could come next, the incurable character, all resemble the experience of living through cancer. Moreover, as Ruth Pages (2020) puts it, the way we read blogs may lead us to think of the writer's identity as non-essentialist: "By defamiliarizing the linear reading process through hypertextual fragmentation, electronic literature reminds us that self-representation is inevitably partial, and storytelling an illusory creation of coherence. In a parallel move, readers might then reconsider their own attempts to build mental profiles of narrative participants as similarly partial and open to reconfiguration". As in a real-life conversation, reading may be constantly interrupted, fragmented, by what surrounds the text at many levels—for instance, pop-ups from advertising and other *New York Times* news. Similarly, the experience of cancer interrupts, disrupts, and makes one's everyday life appear to be the accumulation of bits and pieces of treatments, waiting times, etc. Thus, this way of adding up and collecting experiences in diary form, formally resembles the disrupting and "drop by drop" development of the illness of cancer. These are the automedial practices of digital life writing, practices that "impact the prosthetic extension of self in networks, the reorientation of bodies in virtual space, the perspectival positioning of subjects, and alternative embodiments" (Smith and Watson 2014: 78). In this context, the concept of automediality further explains the aesthetics of collage, mosaic, pastiche: "Subjectivity cannot be regarded as an entity or essence; it is a bricolage or set of disparate fragments, rather than a coherent, inborn unit of self" (Smith and Watson 2014: 78).

This sense of self as estranged and fragmented explicitly appears in a number of entries where Gubar shows she can no longer recognize her past self. In her entry, "In and Out of the Closet" (16 April 2015), Gubar explains how she wants to actively "contest the disease publicly while privately conducting as much of my life as possible without being categorized". Entry after entry, Gubar defies categorization portraying the multiple and various emotions and thoughts, both positive and negative, she undergoes as patient which defy stereotypical labels. Gubar explains that cancer patients often conceal who they are because of fear, shame, or possible discrimination. In spite of cancer being a disease that afflicts one of four Americans, it can still be accompanied by a sense of shame and with economic as well as physical and emotional liabilities. Thus, many cancer patients deal with issues related to identity and self-representation: "While coping with cancer, I often feel like an impersonator of my former self. In a number of contexts

and for various reasons, I am a sick person trying to appear healthy. While the contest between destructive cells and aggressive therapies persists, it seems strategic to pretend to be normal. All sorts of props — a wig, make-up, hats, billowing pants and shirts — provide a semblance of what I used to look like" ("In and Out of the Closet"). In another entry entitled "Feeling older than my age" (26 September 2013), Gubar further describes the disruption of her sense of self: "After three abdominal surgeries and three cycles of chemotherapy, a deeply cut gulf separates my little old lady self from the active 63-year-old before diagnosis". And she adds: "My little old lady self cannot bounce out of bed to start the day... The tasks at hand narrow to maintenance — grocery shopping, cooking, bills — instead of the teaching and mentoring and traveling of the past".

In connection with this sense of disruption, we find the third characteristic of blogs, open-endedness, which refers to both the episodic as well as the lack of a foreseeable closure of posts that distinguish diaries from printed autobiographies or memoirs, and which provides blog entries with a marked fluid nature. As Sefarty puts it, "It is precisely this open-endedness which gives online representational writing its fascinating, even addictive quality" (2004: 462). The reader's interest is maintained by the discontinuity and the irregularity inherent to daily entries, as well as by the "constant deferred promised of an ending, of closure" (462). The malleability of these texts and their changing visibility and accessibility online make contemporary digital autobiography a rich site for exploring narrated selves that are ephemeral, unstable, and open to revision: "The authors' ability to revisit and revise their text indefinitely indicates the unfinished and ongoing nature of contemporary digital autobiography. There is no foreseeable end to the text, and the beginning can always be reworked and re-established" (Kennedy 2017: 409). Moreover, with their orientation to immediacy, blogs are better able at capturing the narrative of the experiencing subjecthood, without the filter that time and memory traditionally impose on retrospective autobiographical expression.

Interestingly, the lack of closure is also inscribed in the daily life with cancer. Because Gubar's future is uncertain, the diary format expresses more vividly the full weight of that uncertainty. As unfinished and ongoing texts, the diary gives the reader the sense of being there, in real time with the author, as Morrison puts it. As a result, this sense of contemporaneity allows the reader share their sense of time as a gift, and thus being more empathetic with the author's experience. When Gubar actually lives longer than originally expected, we share with her the sense of thankfulness to her caregivers and health professionals: "Thanks to these smart and resourceful women, I have survived three years beyond the expiration date I had initially been given" ("A Shortage of Oncologists," 3 November 2016). The specific sense of time that cancer patients live in recurs in Gubar's entries.

The fact that illness has made Gubar stop in her life, makes her realize that she finds time for other activities: "But as the time machine curiously slows me down while it accelerates my aging, I try to savor doing what I didn't do when I was an ambitious middle-aged professional. These days I can sit still and listen—not advise or judge but listen — to my daughters and step-daughters" ("Feeling older than my age," 26 September 2013). The digital space these entries inhabit reinforce the sense of the fluidity of time. As Smith and Watson explain, self-presentation in online environments does not have narrative beginnings and ends: "Its structuring is primarily episodic rather than emplotted. In this way, online presentation is located in time and is ever-changing. This mobility of selves in online environments complicates our notions of temporality: it is both an eternal present of moments of self-accretion and extensible across time through the archive" (2014: 90).

Fourthly, we need to refer to the specific relationship with the audience that blog formats allow, what Sefarty calls "co-production". In this form of public self-expression, the author is more aware of the reader's presence. As easily accessible computer-mediated communication, blogs permit interaction with the author drawing readers close to the actual production, and allowing a marked collaborative quality: "where traditional diaries were written for an implied, ideal reader, online diaries explicitly search for an audience and in so doing, turn themselves into a collaborative project" (Sefarty 2004: 465). In the case of Gubar's blog, there is no co-production in a literal sense, but rather a heightened awareness of the audience, and thus the sense of having to project a more collective voice: "Being at the same time private and public, individual and collective, Weblogs invoke the notion of a contradictory genre and activity, with you and me, and everyone in between being brought into a single, semiprivate or semipublic space and experience" (Gurak and Smiljana 2008: 64).

This proximity of the audience, as well as the sense of a collective voice, allows Gubar to create a discourse of activism in her blog. She makes direct claims to improve the lives of cancer patients, such as the need to legitimize certain negative emotions in patients which often go unacknowledged or neglected. These emotional states often contradict certain definitions and stereotypes about cancer patients: Gubar explicitly resents social expectations to be a cancer "survivor" or to be a good, passive, patient in hospitals or during treatments. She thus legitimizes the right of patients to be fearful, angry or sad when confronting their illnesses. In her entry "The Good Patient Syndrome" (24 January 2013), Gubar expresses why she adopted the role for a time: "Were I to seem boring or easily forgotten, should I appear crabby or disagreeable, I might get neglected". However, she decides that it is "good to be bad" at times, since some minor mistakes made by doctors could have been avoided had she been more critical and alert at

the time: "Honesty about the harsh realities of treatment was what I could add to conversations about cancer" (Gubar 2016: 159). In fact, the rhetorical power and credibility of the blogs as personal narratives often rests on such disclosures (Elliott et al. 2014: 12). One of Gubar's strategies involves disclosing, and therefore normalizing her problems with body wastes in external pouches, thus combating the frequent feeling of shame among cancer patients. The disgust, revulsion, and shame many patients have to go through with their bag disposals, can be at least alleviated by this revelation; as far as it is normalized, it can also become less socially embarrassing. As Gubar explains, "I'm one of about half a million Americans whose body wastes are collected in disposable external pouches". Then she goes on to describe quite artfully but in detail what it is like: "It's unnerving, but clarifying to see the concealed revealed". In an entry entitled "Dealing with an Ostomy" (27 April 2017), she enacts one of these disclosures; she uses an image of an artist who displays the actual bag, and Gubar describes how this serves as healing art for her:

The artwork "Intimate Apparel" by Carol Chase Bjerke displays an ostomy pouch as if it were a delicate piece of lingerie.

Figure 1: "The artwork 'Intimate Apparel' by Carol Chase Bjerke displays an ostomy pouch as if it were a delicate piece of lingerie"

This strategy reverses the aesthetics of cancer's daily life as it mutates from an embarrassing and disgusting object to a "delicate piece of lingerie". This rhetorical move is made possible through the mediation of the blogger that uses visual and verbal means for a more authentic self-identification. The actual image of the disposal bag together with Gubar's account of her experience opens up new ways of reading cancer experiences. In the next section, I will deal specifically with the interface of the visual through the digital as the experience of dealing with cancer as recounted in Miller's visual diary.

Visual/Digital self-writing

The use of images, either as photographs, film or drawings, is a very common strategy in online forms, as the virtual tends to incorporate multiple media and juxtapose them in ways that produce new possibilities for self-representation. These visual and digital modes project and circulate not just new subjects but new notions of subjectivity through the effects of automediality: "Through heterogeneous media, the archive of the self in time, in space, and in relation expands and is fundamentality reorganized" (Smith and Watson 2010: 190). While in Gubar's blog the visual is quite marginal to the text (images are mostly chosen by the editor and merely to illustrate her text), images are an integral part of Nancy Miller's digital project. Images and words interrelate both spatially and temporally. They are presented sequentially, as serial versions of the self, which dispel the possibility of any definitive or "truthful" self-portrait, while the collapsing together of different time frames can counter the gaps and absences in personal and collective narratives (Miller 2002: 28–35). Miller's self-drawings add layers of meaning as well as new questions on what it entails to live with cancer. In *Iconology: Image, Text, Ideology,* W.J.T. Mitchell sets textuality up as a foil to visuality in order to explore how visual image and language or text have been defined as oppositional, while truly the relationship of the visual and the textual is intimate, inextricable, and multivalent (1986: 43). Thus, interfaces of autobiographical acts "illuminate how they affect or mobilize meanings: the textual can set in motion certain readings of the image; and the image can then revise, retard, or reactivate that text... modes of the interface" (Smith and Watson 2002: 21). The reader, viewer, interpreter of her visual and textual narratives may perceive a coherent projection of Miller as cancer patient. Miller's life writing project thus becomes fragmented, digital, textual and visual, interrupted, as well as theoretically loaded. In her project entitled "My Multifocal Life" (formerly entitled "My Metastatic Life"), Miller blends written and visual expressions of herself during cancer treatment, participating in the self-reflexivity and theoretical awareness that is characteristic of

the academic self-writing on illness (Gygax 2013). Through this form, Miller addresses her experience of cancer with her various identities as academic, feminist, writer, or painter in a multimodal and multimediated form of autographics (Whitlock 2006: 965). As with Gubar's, Miller's multimodal project can also be analyzed through Sefarty's structural approach, where self-reflexivity, accumulation, open-endedness and co-production shape her online self-expression.

First, self-reflexivity marks Miller's visual and verbal discourses. As Gubar's and many other cancer narratives, Miller makes her mission statement very explicit, both in its therapeutic and testimonial functions. She is very open about the need to reach out to many other patients: "I will post about the experience of living with cancer from time to time. It makes me anxious to expose myself this way, but it's important to acknowledge the place of cancer in the world, since statistics suggest that a staggering number of people have or will be having cancer, and to realize that cancer patients are not, in that sense, alone" ("All in the Timing," 17 November 2014). However, she is also very self-reflexive regarding the use the drawings in her blog to help her cope: "My graphic experiments, that mysteriously began with the diagnosis, help me confront the anxieties that inevitably accompany life in Cancerland" (introduction to "My Multifocal Life"). In an academic article, Miller further explains about how she turned to drawings to deal with the anger and shock that the cancer diagnosis produced in her: "I am not an artist, but once I was shot into Cancerland, not only did words suddenly not seem enough, but I felt a strong aversion to the conventional language surrounding the disease and that would decide my fate" (2014: 211). The digital media provides her with a new avenue for self-expression as it can contain new images and new language for her cancer experience.

In her entry "Spiculation" (18 December 2016), Miller comments on an ironic use of the term "remission". She drew a spider with the following caption: "After six months of 'partial remission,' and almost five years of 'progression-free survival,' I've learned just how partial 'partial remission' can be." One of the several pulmonary nodules from the original cancer diagnosis, the "spiculated" one, had become a "hot" spot. The literal sense of "Spiculation" refers to the linear strands extending from the nodule (margin into the lung parenchyma but not extending to the pleural margin, and present in approximately 90 % of primary carcinomas). Thus, Miller compared the "spiculated" mass with legs to a mutant spider:

Figure 2: "Spiculation"

The drawing of a "personified" spider showed Miller's fears of being "attacked" again by cancer. The use of the image of a spider has to do with a generalized use of animals to refer to cancer. Cancer is perceived as a growing and moving organism that is "eating" the person (Skott 2002: 232). In a similar way, spiders evoke the treacherous hunt of an animal. It provides the sensation of getting caught unexpectedly, and the feelings of being trapped in a web can be easily associated to cancer.

Secondly, Miller literally accumulates both written and visual expressions of herself during her cancer treatment. She ironically explains that she decided to start a online diary as she was "attracted to the margins of the main story, anecdotes, sidebars, and especially footnotes. Now that my books appear without footnotes, I miss them" (https://nancykmiller.com/2013/02/welcome/). This impulse brings about a witty combination of words and images that produces meanings at the intersection of multiple modal systems, meanings unavailable in either drawings or words alone. Miller is very conscious of why she chooses these media to project herself, in line with the concept of automediality. She invites the reader to go along her journey to try to understand her experience of cancer: "Please join me as I try to find my way through this virtual labyrinth" (https://nancykmiller.com/2013/02/welcome/). In fact, all the drawings in her current digital project "My Multifocal Life" (except for the spider in "Spiculation"), are self-portraits with a marked accumulative effect. Another common feature that piles up is the fact that

she is not smiling in any of the drawings; she draws her mouth either in shock and surprise, or reflecting sadness and perplexity:
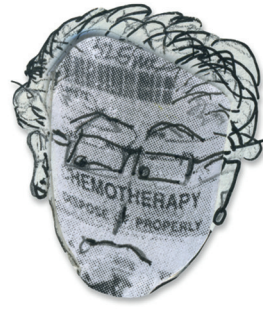

Figure 3　　　　　　　　Figure 4　　　　　　　Figure 5

These diverse self-portraits add emotional nuance, and show her unspeakable reactions to what is going on. As Nathalie Edwards et al. (2011) explain, the inclusion of visual material can even increase indeterminacy and ambiguity. Far from offering documentary evidence of an extratextual self-coincident with the "I" of the text, these images testify only to absence, loss, evasiveness, and the desire to avoid objectification as we can see in the rest of self-portraits. These images highlight the difference between identity and resemblance; as Ann Miller describes in the context of comics, they work through metonymy and tend to eschew documentarism in their pursuit of emotional truth (2011: 246). Thus, drawings express subjectivity intensely: "Its resources include the facility with which the graphic line can introduce elements of inner life into the external world, the temporal indeterminacy of the inter-frame space, which can be used to powerful effect, and the built-in proliferation of the drawn self, which works against any sense of a fixed identity" (Edwards et al. 2011: 25–26). In Miller's drawings, we can see how the peculiar disposition of the lines show both her feelings and the subjective experience of time.

　　Thirdly, the open-endedness of the digital form allows readers to experience the author's life with cancer "in real time", sharing their uncertainty towards the future. Miller is very aware of her closeness to death. Both as a critic and as an artist, Miller realizes that cancer narratives are not so much centered on memory but "on the experience, usually recent, of the traumatic event—their entry into cancer in the present tense" (2014: 210). In this context, Miller represents herself in relation to time in several drawings. As she explains, "Scanxiety" is an attempt to represent how those who live with cancer experience time (28 July 2013):

Figure 6: "Scanxiety"

Although not coined by Miller herself, "scanxiety" becomes an appropriate term to represent the sense of limbo cancer patients feel they live in, and how the calendar conditions their lives. Since there is no cure for cancer only remission, the acute sense of anxiety seems to be an inevitable part of living in "Cancer Time". In order to express this sense of stagnation, Miller quotes Elizabeth Bishop's poem "In the Waiting Room": "We wait in our chairs/to hear our name called" ("Is Waiting also Living?"). The poem reflects not only the anguish of waiting for the doctor or the chemo treatment, but the terrifying prospect of an uncertain prognosis. As Miller explains in an academic article, "This is what 'living in prognosis' means: to live with your future coded with some kind of number, a statistic that either your oncologist will give you or you can scout out on the internet, often learning that the statistics for your particular illness do not yet exist" (2014: 219). Miller lives in a limbo state that explains the sad expression of the self-portrait, where the dark marks so heightened around her eyes dominate the image and the emotional expression:

Figure 7: "Is waiting also living?"

Sara Wasson further explores the idea of how the temporal perception is different in illness narratives. She explains that reading episodically is to read "looking for a place to pause—to cease looking for the arc of the individual longitudinal journey and instead to consider how a particular scene constructs an emergent present" (Wasson 2018: 108). Only with this perspective of the patient's sense of time, the reader can be open to the "affective weight of the moments" in the narrative, thus acknowledging the affective complexity of the illness experience (110). Miller's concern with time is also portrayed in her drawing entitled "Before Cancer, and After Diagnosis" (20 July 2012), where the palimpsest of "Before Christ" and "Anno Domini" signals the relevance of cancer diagnosis in her personal history:
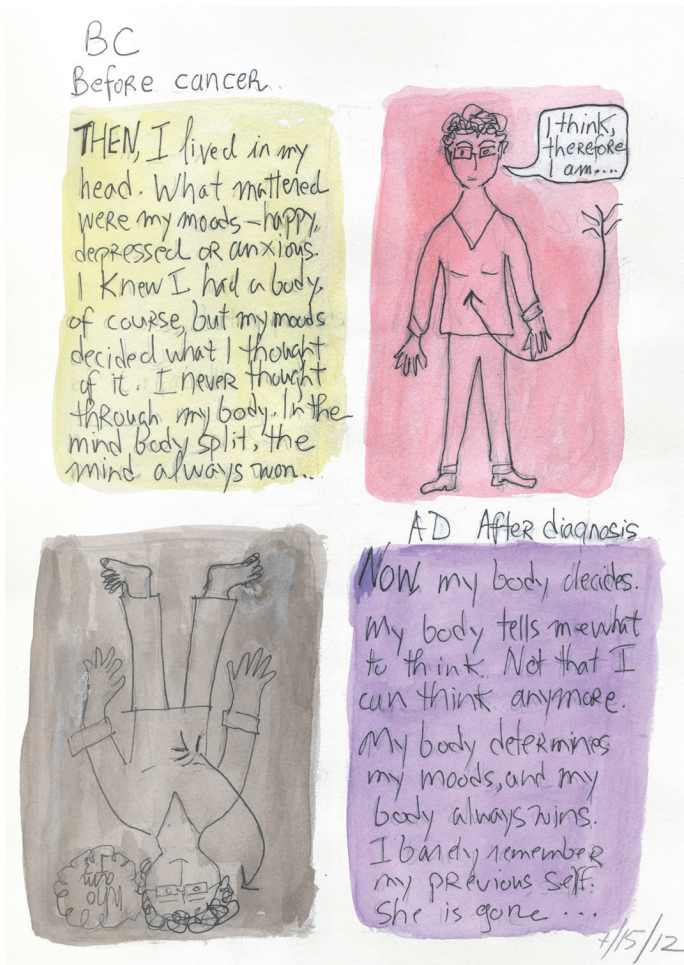
Figure 8: "B.C.Before Cancer/A.D After Diagnosis"
"BC.Before Cancer. Then I lived in my head. What mattered were my moods —happy, depressed or anxious. I knew I had a body of course but my moods decided what I thought of it. I never thought through my body. In my body/mind split, the mind always won…"
"I think, therefore I am."
"AD.After Diagnosis. Now my body decides. My body tells me what to think. Not that I can think anymore. My body determines by moods and my body always wins. I hardly remember my previous self. She is gone…"

This movement from mind to body awareness, a staple in illness narratives, is graphically illustrated in a powerful way through the rather hasty hand-writing, the simple drawings of herself, as well as the basic pink and purple colors. The drawings are unfinished and very simple accounting for the ambiguity and inde-

terminacy of the "iconotextual object", where attachment to the referent is shown to be less important than emotional force, often achieved through silence and absence (Edwards et al. 2011: 16).

Fourthly, the digital nature of Miller's project requires us to analyze the sense of co-production that Sefarty describes for online diaries. As in Gubar's blog, Miller's site cannot be said to be co-produced in any way. Rather this structural feature can be more widely applied to the sense of closeness to the reader/viewer. In more general terms, the proximity of the gaze of the others is amply acknowledged in a series of drawings. Miller represents herself in different ways depending on how she is perceived by other people, as she shares with Gubar her main concerns regarding the wrongful and painful perception of cancer from others. In "The compliment" (30 May 2013), we find Miller retrieving herself from a well-intentioned acquaintance or friend that offers the commonplace: "But you look great!", says her friend, who is also thinking: "God, she must really be depressed":

Figure 9: "The Compliment"

Miller writes in her entry: "So how can you have cancer? You probably look like yourself, though a bit worn around the edges. The compliment only makes you feel worse because it seems to deny your reality: no matter how good you may look you still have cancer." Miller's drawing shows this gap between perceptions

and reality, between how you feel and how you look, a concern she also shares with Gubar. In the drawing the intrusion of the well-intentioned acquaintance is illustrated with the drawing of her body as it bends over Miller's, and, at the same time, Miller has to move back. Miller's facial expression shows the pain and discomfort of being told how well she looks. This startled look is also persistent in other entries, such as "Did you smoke?" (18 July 2012), where Miller portrays the social and generalised impulse to blame the patient, especially when suffering from lung cancer. The contrast between herself when young and smoking in a café, and her older self while receiving chemotherapy points to the connection of her past and present life. Both images of herself are partially wearing the same clothes, as showing the continuity and the cause and effect result as the words "Did you smoke?" resonate in both past and present moments:

Figure 10: "Did you smoke?"

The question "Did you smoke" is readily associated with the idea of lung cancer as a self-inflicted disease, so it emphasizes the idea of blaming the patient. In a similar line, Miller visually portrays how the often repeated question "How are you?...", is also taken as an indirect way of asking "Are you dying?". These questions are followed up to ten times by the also clichéd answer, "I'm fine". The last sentence answers the real question, and says, "Ok, yes, I'm dying":
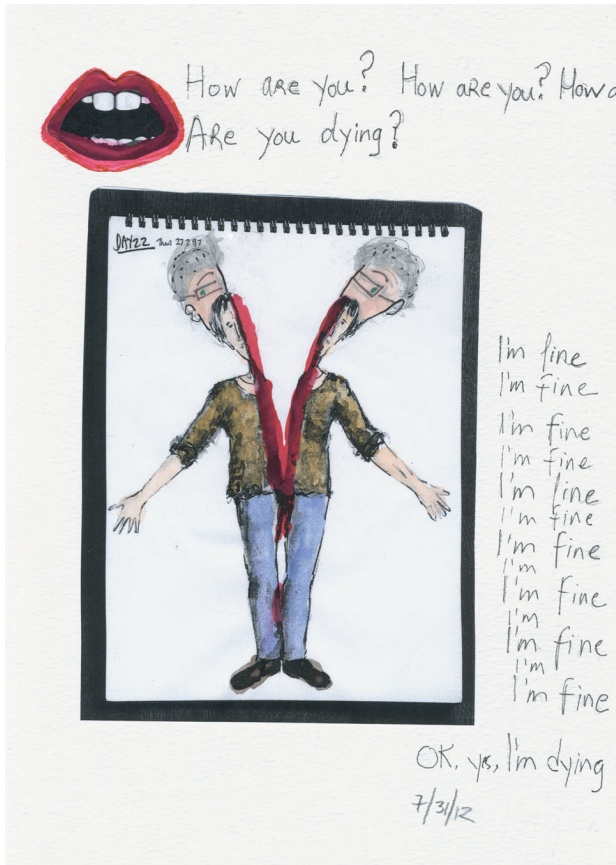
Figure 11: "How are you?"

This drawing was signed in 20 September 2012, before Miller found out that her cancer was in remission, so it reinforces the sense of imminent death. The drawings are efficient in expressing how tedious and empty these questions are for cancer patients, as the author draws the painful split she feels between her body and her mind. The drawings relate quite interestingly with the words, as they suggest the need to reframe language and thought associated to the experience of cancer. In a postmodern move, Miller is very self-reflexive as she acknowledges her sources; she bases herself in this drawing in Bobby Baker's *Diary Drawings* that deal with her struggles with mental illness. Miller painted her sensation of bipolar identity directly over Baker's, as she is very aware of both the theory and practice of contemporary graphic pathographies so her drawings are theoretically loaded: "As a result of my plunge into the visual, my experience of cancer is now

also entangled with the graphic cancer memoir both as a reader/ consumer and as a 'producer'" (Miller 2014: 211). This allows Miller to have a multiple vision, and varied perspective of cancer, both as insider and outsider. The multimodal way of expression in her online project displays a series of layers that add to the meaning of her cancer experience. This is further advanced with the use of collage in some of her drawings to show how it is through a series use of multiple textures and modes, she advances in getting to find herself in a labyrinthic existence.

In "Chemo Brain", Miller makes use of collage to further express her sense of destruction after treatments of chemotherapy. Collage is one of the visual strategies Miller uses in her project, together with watercolor or mixing real pictures: "To compensate for what my drawing could not communicate, I have used collage as a way of rendering, although not necessarily understanding, the tension between what cancer may be doing inside my body" (Miller 2014: 211). Mixing a variety of modes modes, she is able to reach more nuanced meanings in her experience:

Figure 12: "Chemo Brain"

Besides the image of "Chemo Brain" (10 December 2015), Miller adds: "Most define it as a decrease in mental "sharpness"—being unable to remember certain things and having trouble finishing tasks or learning new skills". Chemo brain explains the anxiety she suffers from losing intellectual abilities due to chemo treatment. As Edwards et al. explain, visual texts are often offered as evidence or as metaphor of what was, what might have been, or what cannot be said (2011: 1). In Miller's case, she shows how difficult it is to express the sense of having your brain "burnt". Collage is also used in the entry "Infusion for Two" (15 May 2014), where Miller includes an image superimposing her picture and that of another friend, to Frida Kahlo's famous painting "The Two Fridas" (1939). In this image, Miller refers again to the sense of psychic bifurcation, already showed in "How are you?":

Figure 13: "Infusion for Two"

As we think of the original painting, there are conflicting forces that become reconcilable, when we notice that the two Fridas, sitting hand in hand, share the same vein and the same flow of blood (Yang 2002: 322). However, Miller has taken a step forward in using this image, since it is not her split self, but a connection with

another cancer patient. In the text that goes with the image, Miller explains that the other person is her friend and writer Aoibheann Sweeney, a breast cancer patient. They decide to talk while they are being treated with the chemo. In placing herself as the subject of a canonical work of art, Miller creates a sense of multiplicity of textual selves, in a desire to escape objectification (Edwards et al. 2011: 17).

The mixing of photograph, drawing, and artistic referents signals to the kind of automediality Miller very consciously uses in her self-projection. Miller's drawings can be analyzed in the context of the tradition of women's self-representation, where the repetitive series of self-images are frequently used to tell a story through sequencing and juxtaposition. Examples such as Frida Kahlo's, Varo's, or Kollwitz's self-portraits show the fascination of many women artists with serial self-representation (Smith and Watson 2002: 7). Specifically, the use of Frida Kahlo's self-portrait through a collage is very telling. As Mimi Y. Yang explains, self-portraits are an apt genre for the expression of pain: "Molded in a conscious autobiographical frame and embedded in a powerful discourse of disability, Kahlo's work aestheticizes and communicates pain… Her autobiographical self-awareness is the awareness of pain" (2002: 317). Miller is very aware of the iconic power of Kahlo and she uses it quite effectively. In fact, Kahlo's production can be analyzed as a "visual autopathography" as she explicitly showed the effects of illness in her body through the series of self-portraits all her life (2002: 318). In "The Two Fridas," Kahlo's monumental realism opens her physical and emotional wounds to the world and brings together two contradictory sides of subjectivity, thus regaining a cohesive sense of self (2002: 323). After her own series of self-representations, Miller finds that all her drawings are "starting to look like my life". Ultimately, through the multimodality of visual, artistic, digital, and collage modes, Miller seems to come to terms with the place and texture cancer has and feels in her life. As Julie Rak points out, it is time to think critically about online life *as life*, and not as mere representation of life (2015: 156). Following Miller through her virtual labyrinth, we may come closer to understand the endless number of constitutive components of subjectivity implicated in self-presentational acts. These drawings are self-reflexive interventions into the iconography of the disease of cancer; as they portray the suffering and anxiety a patient may go through, they may have an impact on the way that illness and disease are visualized and understood. Thus, Miller's aesthetic strategies actually bring the experience of cancer closer to the reader. In her postmodern, fragmented and multimodal way, Miller adds new layers to the expression of what living with cancer means for her. Ultimately, as Miller herself explains, reading the memoirs might not make living with cancer or dying from it more bearable, but its cartooned vision can bring the solace of identification—or empathy; and one day, perhaps, in the right hands, these memoirs might make for more humane treatment (2014: 221).

Overall, through this close analysis of virtual and visual strategies, we become more aware of the proliferating sites of the autobiographical (Smith and Watson 2002: 5), as the visual turn in the era of the digital revolution has opened up new opportunities for autobiographical studies (Tamboukou 2017: 361). Through the critical lens of automediality, we come to appreciate the wide range of "media forms and technologies through which authors engage in digital, visual, filmic, performative, textual, and transmediated forms of documenting, constructing and presenting the self" (Kennedy and Maguire 2018, online). Thus, we can more fully recognize Gubar's and Miller's acts of self-representation as a renewed and valid perspective on cancer which help explain the cultural effect illness writings have on contemporary cultural and social understanding of illness. Moreover, it also helps explain the genre's proliferation as part of contemporary reading preferences; in fact, we may argue that readers readily connect with everyday concerns such as illness, vulnerability and mortality as depicted in these writings. Overall, the proliferation of cancer writing proves useful in illuminating the always excruciating experience of illness, thus being able to exert a positive cultural mediation between private suffering and public and social understanding, as they remind us of the profound need for a transformed social and medical response to those living with chronic illness (Wasson 2018: 110). Therefore, the knowledge that is gained in recounting one's story is shared with the reader who, among other things, can learn that the most painful traces are not those left by cancer itself, but by what living with cancer means in the collective consciousness.

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