



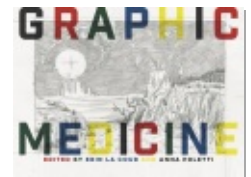
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"Is this Recovery?": Chronicity and Closure in Graphic Illness Memoir

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“IS THIS RECOVERY?”

Chronicity and Closure in Graphic Illness Memoir

NANCY K. MILLER

Mental disorders are often recurrent, and treatment only partially effective. What does real recovery—if that’s the right word—actually look like, and how can it be assessed?

— BENEDICT CAREY, “Mental-Health Researchers Ask: What is ‘Recovery’?” *New York Times*, February 25, 2020

Healthy individuals should be able to fully recover. And we think that will be a statement we can make with great surety now that we’ve gotten familiar with this problem. They should be able to recover.

— DONALD J. TRUMP, Press statement about the coronavirus pandemic, February 29, 2020

“Recovery” is the word of the moment; it connotes a return to a previous state of well-being. For many patients with chronic conditions, though, treatment aims not to restore a baseline of precarious health but to reach a higher baseline. Some of medicine’s frailties are new; some are of long standing. But what the pandemic has exposed—call the experience a stress test, a biopsy, or a full-body CT scan—is painfully clear. Medicine needs to do more than recover; it needs to get better.

— SIDDARTHA MUKHERJEE, “What the Coronavirus Crisis Reveals About American Medicine,” *New Yorker*, May 4, 2020*

The essay that follows, “Is this recovery?,” was conceived in another era: BCP—before the coronavirus pandemic, though composed under its reign. Under the regime of COVID-19, the idea of recovery as a story and a reality on the ground requires a gravity of which comics may be capable, but not a mere critic. Witnessing from a mediated distance the death of thousands, if not millions of citizens across the globe, makes the project of casting doubt on a form of storytelling that celebrates a cure, a return to health, an unseemly gesture. Writing in dread of falling ill and dying as part of a collective condition is, of course, always a fact of human experience, but not one we tend to keep present in our minds, especially when well. What will it mean to write from a post-recovery time which has not yet arrived?

But what if there is no recovery? If we mean by recovery a state safely relegated to a past tense. In the United States, circa 2020, recovery is not only a matter of public health but of the global economy. For both regimes, now intertwined, the concept of a hard stop has been undermined from within: even with the touted virtues of testing and the creation of a vaccine, experts are saying the virus will remain with us.

So, if both health and economic life are becoming more distinctly temporary rather than permanent conditions, we might say now, that given our current understanding of the disease, post-pandemic recovery will continue to be unstable, subject to a reprise of viral activity. This

might also be to say recovery will be characterized by a pattern of repetition, recurrence, like living with a chronic illness.

It further suggests that in deploying, as we irresistibly do, Susan Sontag's famous metaphor about illness, we would do well to focus on the concept of passport as a metonymy for travel, rather than an opposition between the "kingdom of the well" and "the kingdom of the sick." No matter how long we may reside in the one or the other, the potential for movement, for oscillation between the two always exists.¹ Once we acknowledge the porosity between states of health and illness, and recognize the health/illness binary as an unstable relation, the concept of recovery itself requires redefinition. What, then, does recovery from ill health look like when we think of it not as a fixed state—the lure of the cure—but as a process that occurs over time and leaves traces? Finally, what kind of a story, to return to the task at hand, would express that instability? What kind of narrative would that generate?²

One visible representation is the model that already exists on American television (and we must always remember the national inflection to ideas about and treatment of health and illness): the relentless production of advertisements for drugs that make it possible to live—happily, this is America—with any number of chronic mental and physical conditions. The ads feature individuals enjoying what appears to be a healthy life (lifestyle, actually), thanks to their daily dose of whatever happens to be on offer in one form or another. Oh, and if we can tolerate the drugs' side effects, whose lengthy enumeration accompanies the promised amelioration of suffering. The chronic, then, is already inscribed and funded in BCP time.

A narrative familiar to memoir is that of overcoming addiction, recovery as redemption. This classic form, however, depends on a gerund: recovering.³

Will I be arguing with these thoughts for the rest of my life?

—KATIE GREEN, *Lighter Than My Shadow*

On the first day of the new year, over a decade ago, I received an email message from a gym I belonged to then called Equinox, whose slogan at the time was "It's not fitness, it's life." The message delivered an invitation to participate in a lifewriting project:

Start your journey. We are kicking off 2010 with remarkable stories from some of our extraordinary members in our new advertising campaign, "My Body. My Biography." This January set your personal goals to reach higher. . . . Be inspired and share your story on our interactive microsite.

The advertising campaign was successful on its own terms.⁴ Taken together the stories shared online create a familiar plot: the dramatic fall and hard-earned recovery narrative. The template is virtually identical for men and women members, with the exception of pregnancy, which mainly aggravates the problem of weight gain and loss. Here's a slightly edited example of the genre:

Eleven years ago, I was in a small plane that crashed. . . . The doctors said I only had a 50/50 chance of surviving. . . . I was unconscious in the hospital ICU for 30 days. . . . After I fell while trying to learn how to walk, I was put in a halo. . . . Eventually I learned how to walk again, how to brush my teeth again—you name it. The best part of my recovery was going to Equinox, because I could see improvements every day. Eventually, I was able to compete in the Ironman World Championship Triathlon. A theme of the Ironman is "proving the impossible possible," and that is really what my recovery and story is all about. —A. C.

It's not surprising that the personal story supplied as an example to inspire others to share theirs should be about getting stronger and self-transformation. That is, after all, one of the nobler aspirations one can have for working out: inner transformation produced by training at the gym, a mantra of branding. What interests me,

though, is not so much the possibility of self-improvement through exercise, or even the promise of a broader, willed alchemy (proving the impossible possible), but rather the equivalencies established between “recovery” and “story,” on the one hand, and “body” and “biography” on the other. The dyads construct a narrative model that connects singular experience to collective identity. My biography is a story of recovery. My story emerges from my body. My body will join yours through the visual aggregation of the portraits on the website, a communal, transpersonal narrative: a grid of photographed, profiled, posed, gorgeous, toned physiques, and glamorous headshots.⁵

These paragraphs were the beginning of a talk I gave in 2010 at the IABA conference at the University of Sussex organized by Margaretta Jolly, which she themed as “Intimate Publics.” The premise of my talk then was that the recovery model of self-storying promoted for the website aligned with the most popular mode of contemporary memoir, which typically entails overcoming hardship. Equinox members are hardly alone in their belief in that master narrative. Recovery is America’s preferred form of secular redemption. But there are other stories out there that are trickier to tell, not least because they do not conform to that paradigm, do not follow the plot points of the genre, indeed do not end in triumph, where they end at all.

Let me back up.

In the course of the academic year leading up to the conference, my husband was diagnosed and treated for lung cancer, and then, a year later, subject to surgery for a tumor that was eating his spine and that looked like but wasn’t, as it turned out, cancer. This is to say that while I was writing the talk, I was definitely hoping for real-life recovery, for that story, for him, for us. Which, happily, I got. But then, the year after that drama, I got my very own diagnosis of lung cancer, without, however, the possibility of recovery: “incurable but treatable” was the verdict delivered almost casually by the oncologist. While my desire for what I’ve been calling “other stories” did not emerge from my ongoing experience with my

cancer, my body’s biography has since sharpened my interest in life writing that deals with illness narrative, and in particular the graphic illness memoir. My argument, however, is equally narratological. The obsession with recovery, I’m arguing, runs the risk of limiting the scope of the illness memoir not only because of its subject matter (the diseases that fit the model) but because of its form—the compulsion to have the story turn out well: “proving the impossible possible.” The happy ending, already the national American fictional mandate, tends to foreclose for nonfiction different shapes of physical and mental suffering, and in so doing, contributes to making them invisible. Perhaps the greatest gift of graphic narratives, as Hillary Chute argues in *Disaster Drawn*, is the “potential to be powerful precisely because they intervene against a culture of invisibility” (5). In picturing illness, graphic comics bring individual narratives, stories of pain—often hidden, embarrassing, silent—and chronic suffering into the public imagination, into the domain of social visibility.

What follows is a late-life meditation on the challenges and strategies of narrating the non-recovery illness story, focusing on its ongoingness, or the “rhetoric of chronicity.”⁶

But let me narrow the focus. Living with cancer as I now do is sometimes described as living with “chronic” illness (a relatively new modality for cancer patients). When I proposed a topic for this special *Biography* issue, I said I wanted to write about the challenge of representing chronic illness. (I also wanted to grapple with my own situation, faced with the unexpected longevity of my life with cancer, in continuing to create cartoons.)

Most of the cancer comics I’ve read—almost all—have a comedic structure, by which I mean a happy ending. The horrors of treatment are rewarded by recovery: the model put in place by Harvey Pekar in one of the earliest graphic cancer memoirs, *Our Cancer Year* (1994). Cancer free. “Not a trace!” Now, hold on, you may well say, what’s wrong with that? Do I wish my fellow cancer sufferers to die narratively, which is also to say die from their cancer? That’s not it. And it’s not only about cancer. What about a

story that would trail off at some point à la Beckett, or Chekhov? “I can’t go on, I’ll go on.”

I’m interested in a two-fold challenge: how to portray “chronicity”—representing both the repetitive nature of symptoms from a given illness on the level of visual signifiers—and the shaping of a story, a published, print narrative that ends, we might say, in endlessness, in provisionality, stopping only, as it were, to pause. These are illnesses that are chronic—repetitive—until or unless they progress to death or morph into immobility. These are also illnesses that create chronic pain and daily suffering from badly understood conditions that disproportionately affect and disable many women, like ME/CFS.⁷

I’ve encountered two examples that enact this kind of storytelling, though neither about cancer. The first, an unpublished comic by Marie Becker titled “Idiopathy,” a memoir about living with fibromyalgia that ends on a note of incompleteness, apparent resignation to inevitable recurrence, and the failure to discover an etiology for the pain that would lead to satisfying treatment. But the final panel features a text box with the words “. . . for now” as a kind of sign-off, acceptance only “for now.” The second is Frederik Peeters’s *Blue Pills: A Positive Love Story* (2001; 2008), a graphic memoir that tells the story of an insecure young artist who falls in love with a woman with HIV, and whose child is also positive. Can he make a commitment to a relationship shadowed by the vulnerability HIV will entail, especially for the child? The penultimate page contains the artist’s reflection as he embarks on an exotic voyage with the woman he loves: “I’ll meet her at the airport . . . as for the rest, we’ll improvise, we’ll see” (189).

These stories about living with chronic illness (one’s own or another’s) seem to end at an arbitrary stopping point, marked by, I’ll suggest later, a kind of “coming to terms” with the intractability of the disease, an acknowledgment that this—whatever this is—is the condition of continuing, of living, and living with the possibility of recurrence: “for now,” “we’ll see.” More generally, we could follow Frank Kermode’s view in *The Sense of an Ending*, that we are

“born *in medias res* and die *in mediis rebus*,” and that to give meaning to life we create “fictive concords with origins and ends.” Even more neatly for our discussion, he writes, when “we survive, we make little images of moments that have seemed like ends” (7). To be sure, Kermode was not, in 1967, thinking of comics, but the metaphor of “little images” is uncannily apposite.⁸

I’m most familiar with the relatively new phenomenon, of which I’m an example, of living with cancer that may or may not lead to my death. The further advances are made in cancer treatment, the more we are likely to see stories of chronic survival. Staying alive with drugs trials and new technologies. But is my chronic the same as yours? Yes and no.

The most popular illness narratives, including those about cancer, like Pekar’s, are typically stories of repair and recovery. This is not surprising. After all, every autobiography is an act of life, a writing against death. Still alive, still here. Marissa Acocella Marchetto’s *Cancer Vixen*, for example, ends with the classic happy ending, doubled down, American style. The author is both cancer-free and newly-married to the man she’s been in love with throughout the story (and thanks to whom she finally gets health insurance, a crucial plotline). David Small’s *Stitches* ends with the author free of the cancer treatment that had deprived him of his voice, and from the family that almost ruined his life. The ending also marks his subsequent emergence as a successful artist.

Miriam Engelberg’s *Cancer Made Me a Shallower Person*, my personal favorite of the recent cancer narratives, provides an exception. The author draws her avatar angry and frustrated as she is wheeled into a “Bingo” game in the hospital (she hates “Bingo”), even as she contemplates what she knows will be her final days. (The author in fact died soon after the publication of her memoir, thus creating a kind of posthumous closure.)⁹ Engelberg’s memoir ends *in mediis rebus*: the avatar en route to an unwelcome distraction, a brief digression from the pathway to death. The story comes to a halt without ending, labeled with the penultimate emotions of “Bitterness and Envy.”

There are many, of course, whose stories resemble Engelberg's, and not the happy ending enjoyed by Pekar, Marchetto, or Small. There are also those living with cancers that are treatable but incurable, or mental illness that can be managed but not banished, or conditions that remain unexplained. Where there is neither cure nor return to previous health, the authors of these narratives accept living with medications and treatments that sustain them, that may mitigate the pain or difficulty of their conditions, often with a sense of optimism, sometimes gratitude for being alive, as often with despair. In contradistinction to recovery, I'm calling this affective stance "coming to terms."¹⁰ By this I mean a *process*, an experience over time, subject to vicissitudes of mood or event, and not a fixed state; coming to terms also acknowledges living with uncertainty, aware that symptoms can and, in most cases, inevitably will return, despite a stay. (With many cancer diagnoses, so-called remissions are in most cases only reprieves between recurrences.)

Within the generic coming to terms model I'm proposing, however, further distinctions are necessary. Unlike the disappointment that can accompany a return of depression, for instance, or an irresistible manic episode, a return of cancer can be fatal. Coming to terms, then, also includes confronting the possibility, if not inevitability of a terminal state, which is the case of certain neurodegenerative diseases.¹¹ However we describe these outcomes, the challenge for the graphic memoir of chronic illness is not only that of composing an ending that would give the narrative closure, but the performance of narration itself, notably staging the middles of repetition: the daily living with—oneself, in body and mind.¹² How to represent the tiny shifts that occur within hours and days, which is the province, typically, of the diary. But Ellen Forney's representation in *Marbles* of a depressive period (fig. 1), in stark contrast to the almost frantic busyness of the manic phases of her illness, brilliantly renders the minute variations within a mood on a single page, with no captions.

Here we might conjure Adrienne Rich's famous dictum that every mind resides in a body. Comics are good at rendering that

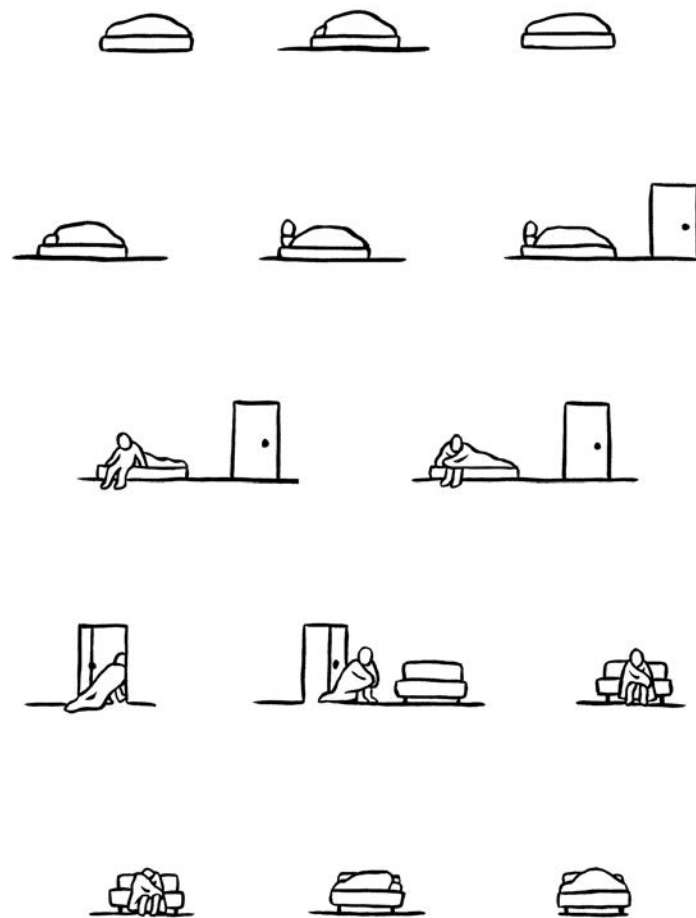


Figure 1. Illustration on p. 77 of *Marbles: Mania, Depression, Michelangelo, and Me: A Graphic Memoir* by Ellen Forney, copyright © 2012 by Ellen Forney. Used by permission of Gotham Books, an imprint of Penguin Publishing Group, a division of Penguin Random House LLC, and by permission of Little, Brown Book Group as the UK publisher. All rights reserved.

incorporated duality. The force of depression in Forney's sequence is literalized through the artist's simple black marks that outline the weight of the blanket as it envelops the wordless figure and accompanies her as she slides from bed to sofa, back to bed in empty, unmarked rooms.¹³ Depression feels heavy, and there's no exit from the mind's pain once it takes up residence.

Cancer, I suggested earlier, has in some cases become "like" a chronic disease—people live with cancer, with and without medication or treatment—but these stories are less narratable: hard to write, or draw. Which brings me full circle to my own experiments with the graphic mode.

I'm a writer and a memoirist. When I received my "incurable but treatable" diagnosis of stage 3B lung cancer in the chilly doctor's office, I found myself suddenly sketching my laconic oncologist's gleaming dome alongside my jottings of all the technical language he was emitting nonstop, some of which took the form of opaque acronyms—ALK, EFRG, etc.—for genetic models that would determine the kind of chemo I would have. As I tried to imagine the downsides of the various treatment possibilities I might have to undergo (acne, diarrhea), I was mainly thinking, how soon can I have a large vodka? Now beyond the occasional doodle, which this basically was, I had never tried to draw anything at all. But as I entered into treatment, I suddenly was possessed by the need, not to write—except for a letter to friends explaining the situation—but to render my experience by marks and lines, in something like another language to convey the combination of fear and rage the diagnosis provoked.¹⁴

I love the observation by Ivan Brunetti that explains with elegance the crude impulse to doodle the shock I felt at my initiation into the regime of Cancerland: "One's drawing simply reflects the true nature of one's life at any given moment, despite delusion, despite subterfuge, despite skill. *No mark is meaningless, and every line is an ideology*" (13; my emphasis). In my cartoons, I always hope to convey resistance to the medical establishment norms that render us impatient patients. Signs of individuality are rapidly

crushed by the collective experience of patienthood. The experience of being a patient is subject to national as well as diagnostic norms. Graphic marks and lines erase—or try to!—that erasure.

For several years (and I was not expected to survive as long as I have) everything that happened seemed new, scary, important, even kind of creepily interesting: chemo, blood draws, transfusions, more diagnoses, PET scans, biopsies, surgeries, and so on. I felt compelled to represent these interventions in cartoons, which I posted on my website as they occurred, in diary form. But the longer I lived, the more I was living in repetition. I discovered a clever cancer patient's coinage "scanxiety" and created a cartoon collage that showed my avatar being scanned every three months; I even made multiples of the multiples (fig. 2). My scanograms, as I thought of them. And then, after my last treatment, now two years ago—an innovative procedure with the impressive name of cryoablation—I stopped. No images came to me, even of the cryoablation. It was as though I had run out of material.

That's not strictly true; I remained a cancer patient, but I couldn't figure out how to render absent the drama of interventions, how to render the persistence of moods: the twin, comorbid, demons of depression and anxiety. These for me always intimately entangled emotions accompanied all my medical treatments. Now these emotions haunt my mind, while whatever is happening in my body awaits the next scan to reveal itself, to emerge from dormancy or to continue laying low.

Beyond multiples, and multiples of multiples, what other visual strategies were available to me?

I described the dilemma to a friend who is a graphic artist. Well, how would you narrate this, she asked? Isn't it also a problem of plotting? Another friend chimed in, well, what about your frame of mind? The moment (in conventional cartoons this would no doubt be figured by a light bulb shining brightly) I heard "Frame of Mind," I pictured the drawings in my mind: a frame—maybe a literal, photographed one—with a self-portrait reflecting my fluctuating moods.



Figure 2. "Scanxiety" by Nancy K. Miller, 2016.

The language of my next scans both confirmed and expanded this direction of representation. It described a new condition in my lungs ("new" always a danger signal), white cloudy patches, worrying but not cancer, my doctors assured me. On the fourth manifestation of the mysterious opacities, the radiologist wrote that from scan to scan they seemed to be "waxing and waning," which is to say, increasing and decreasing in degrees of measurement.¹⁵ This was, I noted with a certain perverse pleasure, the first time in seven years that a metaphor appeared in a scan report (I know, but even cancer can be boring after a while). Waxing and waning! Like the phases of the moon? Like the coming and going of my moods? Disappearance, recurrence, it's a matter of perception, perspective—reading scans as the ancients read the stars, what you see from where you stand.¹⁶

Middles and Endings

Repetition and recollection are the same movement, only in opposite directions; for what is recollected has been, is repeated backwards, whereas repetition properly is repeated forwards.

—SØREN KIERKEGAARD, *Repetition*

Waxing and waning. The metaphor excited me at the time because it offered another approach to the challenge of figuring my disease. Chronic, after all, is and isn't a strictly iterative experience. There has to be a space between episodes, phases, to stick with the moon, for the moment, just as the gutter in comics provides a space between the panels, between the frames. Repetition requires movement forward (like anxiety), however small. Recollection, or recreating the scans, can be understood as a counter to depression.

Middles: what happens during the course of treatment, the repeated scenes of suffering and clichés, will be echoed in the closure. This is what I hope to show now.

In memoir, the narrator recollects the experience of suffering as the story of what continues in the mind as it has been lived in the body. It “covers” the old song, as it were, and so recapitulates the repetition through a new interpretation. The memoirist knows what happened (the old song) but necessarily replaces the events into narrative, thus recasting them as story. In recollection, for example, recovery itself is put into question by the acts of remembrance, which in fact rearrange the past as memory.

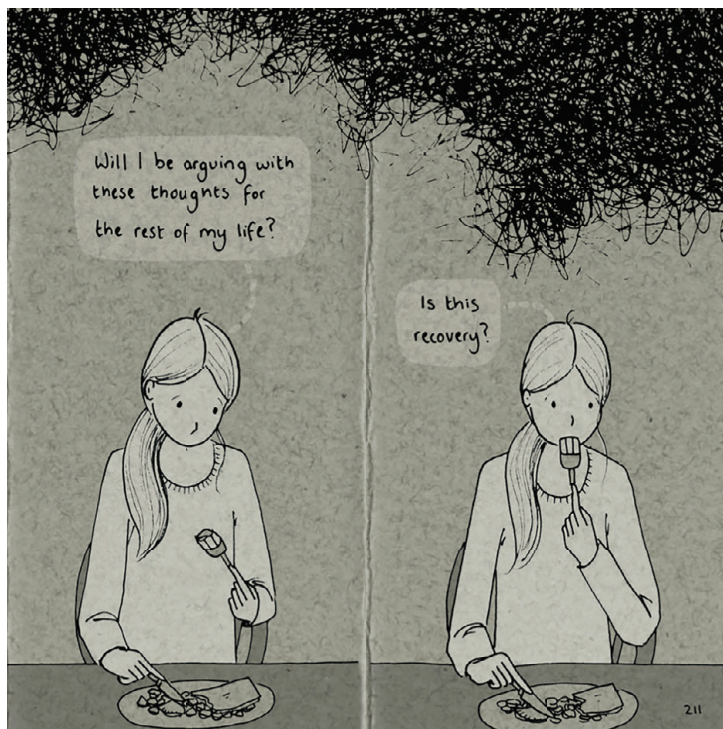


Figure 3. From Katie Green's *Lighter Than My Shadow* (2013). Reproduced with permission from the creator, Katie Green.

There are excellent examples in graphic illness memoir of what I'm grappling with here. My first comes from Katie Green's *Lighter Than My Shadow*, the story of a girl's struggle coming to terms with anorexia (fig. 3). I've chosen quotations from her comic for my title and epigraph because taken together they summarize very neatly, not to say advance, as comics so often do, my proposition about recovery and repetition. The first, that the prospect of recovery, for real or in fantasy, continues to haunt most of us who endure, or have endured long-term or life-limiting illness. The idea of recovery lives and remains in the mind, whether achieved or longed for.

Black, scribbled curvy lines tangled together to form cloud-like shapes of anxiety hover menacingly above the girl as she forces herself to confront the food on her plate. The inky scribbles wax and wane throughout the narrative to signal the presence of dark feelings that attach to the performance of eating and that haunt her throughout her illness. Can eating ever be free of the fear that drives anorexia? The questions the girl lives with as she grows up are embodied in movements and gestures, and present in specters that haunt the mind.

Green here characteristically emphasizes the layered and entangled relations the illness entails: mood, affect, thought, activity. Like Forney's blanket, in *Lighter Than My Shadow* Green's shapeshifting meshed, wiry lines work silently, but effectively convey the wily promptings of the disorder. A dark, threatening mass hangs heavily over the scene like an unwelcome guest and joins the two panels, which in fact come at the end of a longer sequence.¹⁷ A wavering line of uncertainty inserts a rhetorical pause between gestures. Will the girl put the food on the fork into her mouth (the very shape of the mouth is missing in the first panel)? Will she eat it? "Is this recovery?": the outcome is unclear since the amount of food on the plate appears intact. Or, perhaps, we might conclude, "recovery" will always mean a question mark, however deferred.

Toward the very end of the narrative, Green portrays her adult avatar at her desk, composing the book we've been reading. As she finishes drawing the story she wants to tell, the hairy cloud continues to hover, though minimized from its more terrifying incarnations. After several attempts—including tossing previous drafts—the artist finally prevails in creating the lines and shapes on the pages that will become her book. Making art about illness entails revisiting past experience in the mind and transforming it on paper for future readers. Green portrays life in the present as an imperfect negotiation with that past, which, she notes, is OK: “mostly,” she adds, almost in a whisper, on the page facing her self-portrait, as she revisits the journey.¹⁸ Mostly.

Narratives of emotional disorders often express this note of hesitation on the threshold of closure: the narrator emerges well enough to tell her story, but the recovery is haunted by all that has led up to it, inscribed in memory, as a feature of memory, of the recollection that becomes storytelling. Take the conclusion of Elizabeth Swados's graphic memoir *My Depression: A Picture Book*. The author draws herself as a hippy ballerina, floating above the ground (fig. 4). The word “Yes!” appears on her chest, and the handwritten text above and below the airborne figure reads: “Remember, you got through once . . . You can do it again.” Past, present, and future combined in a single panel. The facing page says simply: “The End.”

One leg forward, one leg back. The image embodies an in-between place, a buoyancy suspended, that moment when it feels as though this mood should last forever, but the text reminds us that recovery is also an artifact of repetition. Through the image of the split leap, in which the legs point in two directions, Swados shows both joy as she rebounds from an episode of chronic depression and hope against hope that the future won't repeat its crises. Despite the joy, something of the past remains, inheres in the story itself.

Katie Green's anxious question that frames this essay—“Is this recovery?”—also haunts Forney's *Marbles* as the artist imagines a



Figure 4. Reprinted from Elizabeth Swados's *My Depression: A Picture Book* (2005) published by Seven Stories Press by permission of the publisher.

“stable” future, her stand-in for recovery. Yes, but. This hard-won stability requires continuing to take her medications and observing what she’ll describe in a subsequent book as the rules for living “rock steady.”¹⁹ “Stable” is cast as a coming to terms with the reality of her illness, which will never be entirely behind, but rather always with her, in her. “I’m okay!” her avatar announces to the face in the mirror (237). “I’m okay” follows an earlier realization, represented by interlocking black and white hands, that “for better & worse, bipolar disorder is an important part of who I am & how I think” (226). Mind and body united. But she also wonders: what would it be like to live “episode free”? (227). What would the story be then? Would there be a story? With my cancer now, like Forney, I’m “stable,” until I’m not (my version of “episodes,” a “bad” scan), and always framed by the discourse of watchful radiology: “under continued surveillance.”

Stable, by definition, is a moment of balance. The movement inside us also reacts to what’s outside: advances in technology, climate change, the novel coronavirus.

I return now to my idea about representing the frames of mind through which I live my illness. I want to figure out how the framing might work, what it does, how it embodies the doubling of mind and body.

“I am the shaking woman,” Siri Hustvedt writes at the end of *The Shaking Woman or A History of My Nerves*, her book about the neurological symptoms that have become part of her life—the “I” who writes and the “I” who shakes inhabit the same body—and mind (199).

Framing the Mind

The absorbing fact about being mortally sick is that you spend a good deal of time preparing yourself to die with some modicum of stoicism... while being simultaneously... interested in the business of survival. This... means... that one has to exist even more than usual in a double frame of mind.

—CHRISTOPHER HITCHENS, “Topic of Cancer”

Christopher Hitchens knew he was going to die of his cancer, as I do not—for now.

But his description of the “double frame of mind,” which I came upon after my “frame of mind” formulation, seems eerily apt, and in fact more locally focused than the work I want my visual metaphor to do. Or rather, it fills in the content explicitly, given his situation. I’m more interested in the doubling he identifies than the specifics, what he calls the “business of survival”—in his case, seeing lawyers, etc. I’m after something else: the bodily manifestation and knowledge of the illness, and the perspective—mood—through which we interpret, feel, experience its realities: its framing.

Living with a chronic illness shapes one’s experience of the world. This is what philosopher Havi Carel describes as the phenomenology of illness: we live our illness (and disability) in relation to what she calls the “social architecture” of illness (76)—literally, a built environment, as well as the medical establishment with its protocols and discourses: in a word, affordances. We might call that a first frame.²⁰ What constitutes the doubling—to borrow Hitchens’s metaphor—is *how* we live in the world with its demands, how we process and perceive experience, what I’m calling mind or mood.

In this image (fig. 5), the background is a reproduction from a scan taken in 2014 when I was in my third year of chemo. It gives a good idea of how cancer progression is read, its text at any given



Figure 5. "Frame of Mind #1" by Nancy K. Miller.



Figure 6. "Frame of Mind #2" by Nancy K. Miller.

moment, so to speak. I especially like the tiny dotted black arrow pointing to the offending nodule in the upper right lobe, the lesion they are watching to see whether it will grow into malignancy (which it did, three years later). This process of interpretation is what governs the outcomes that constitute a “scan-to-scan existence,” a pattern of repetition that follows the rhythm of the calendar. The head superimposed on the scan is a recent photograph taken by Sophie Manham, an artist who solarized the negative. The superimposed head stands in for my current self in the process of rereading the scan in retrospect, seven years later. I’ve always seen the black and white palette of the scan as a kind of night skyscape; the nodules and ground glass opacities, the stars and planets. In this sense I can almost admire the scan as an aesthetic feature of my illness. Cancer noir. Part of what I am looking at now, however, no longer exists, except as an image, because the upper right lobe was removed by surgery three years later, and the middle, the year after. This document, then, also functions as a kind of memory base for the trajectory of loss my cancer has generated.²¹

After a year of the “waxing and waning” phenomenon, and in the process of writing this essay, the mystery came to an end, with no more explanation of its etiology than its original occurrence. I confess to a twinge of regret. True, it was worrying to have those strangers lurking in my lungs, but I was enamored of the metaphor’s aura, its horizon of representation: a seductive moonscape. I imagined it would lead to variations on a theme, like Katie Green’s pulsating, black scribbles, like the static, the noise in our heads made by the problem we live with, maybe something like this (fig. 6).

I’ve known for a long time that I will never recover from my cancer, no matter how long I live with it. The year of waxing and waning scans changes nothing to that story. But the disappearance of the metaphor and the idiopathic phenomenon that gave rise to it won’t do as an ending to this reflection. I will, however, retain the frame. The scan of the frame is still my frame of reference, however locally, for my little life.²²

Faced with the grander, global narrative we are now living with and through, does this matter? Of course not, but it returns me to the pandemic’s frame of reference. Put another way, what has the concept of recovery from anything come to mean in the face of COVID’s upending of conventional, historical, and medical precedents? To the extent that recovery from the virus has been documented, it would seem that survival from the disease for a significant number of patients is another form of illness itself, a cluster of symptoms from which one in turn has to try and recover.²³ Covid also returns, having morphed into recurrence, as in the logic of cancer. The acute malingers as chronic. It might be time to acknowledge that recovery is a myth promoted by the well, who think that in their lifetime they need only “the good passport.” Don’t throw away your masks yet—actually, double up.

Coda

The regime of COVID-19 has re-erased my individuality, such as it was. I now belong to the class of the most vulnerable population: old with an underlying health issue (my diminished lungs). I’ve drawn this below (fig. 7). Perhaps I could add an ironic framing: to be still surviving my cancer makes me a perfect candidate to die from the coronavirus.

We’ll see.

For now.

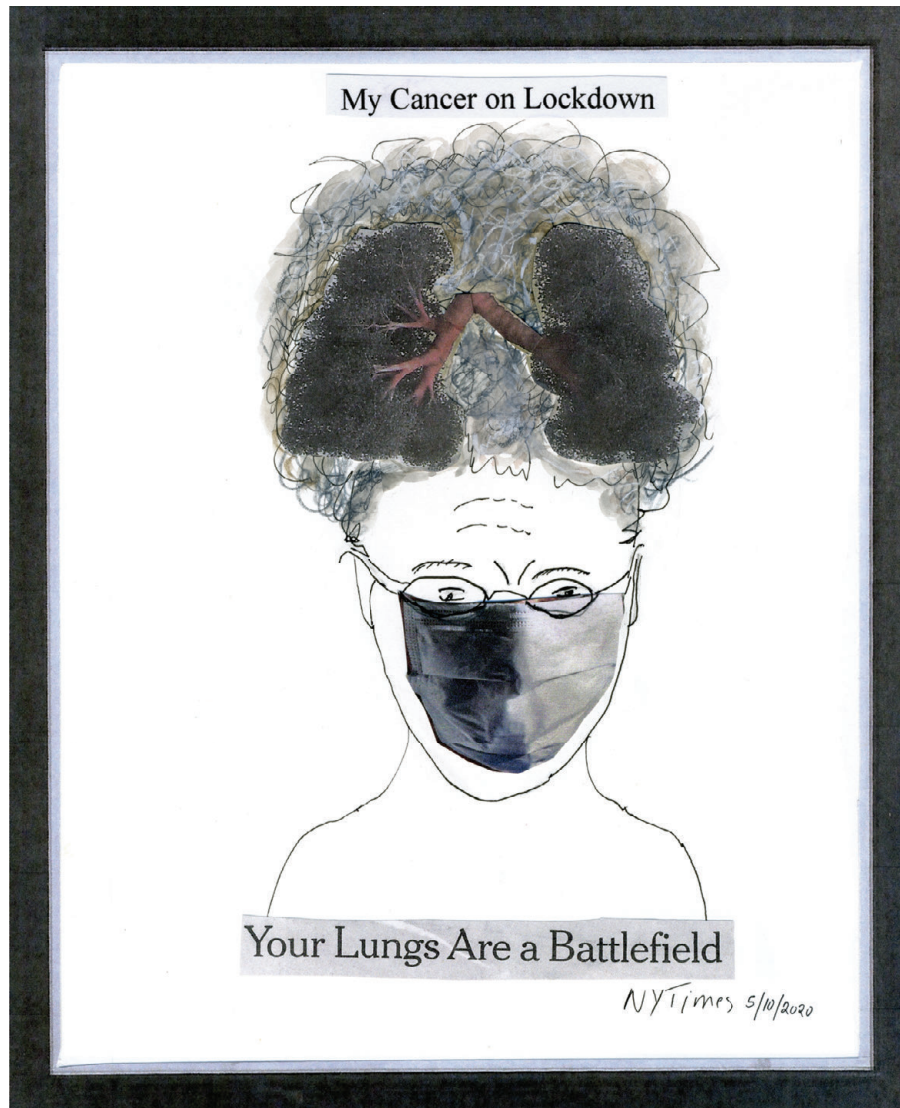


Figure 7. "My Cancer on Lockdown" by Nancy K. Miller.

Notes

Acknowledgments: I'd like to thank Jacob Aplaca and Tahneer Oksman for helping me move through the stuck places in this essay, which may become part of a very small book.

* I stopped collecting quotations after Mukherjee's in 2020, but evaluations along these lines appear daily across a variety of US media. Debates about the nature of recovery from the virus have continued in 2021 and 2022.

1. In "Country of the Ill," a long, thoughtful review of David Morris's 1998 *Illness and Culture in the Postmodern Age*, Sharon O'Brien remarks: "people may cross over the line between Sontag's 'kingdom of the ill' [sic] and 'kingdom of the well' many times over the course of a life" (767). Which is to say, they "manage chronic illnesses . . . and learn to cope with ambiguous landscapes when they are not quite sick, and not quite well" (767). O'Brien nails the national preference for an unambiguous narrative of cure: "The only story Americans really want to hear is the recovery story" (772). That may well be the national preference, but the reality is a tapestry of chronic management.
2. The status of recovery in illness narratives has been analyzed by Conway, Couser, and Frank. Conway describes the "narrative of triumph" as a pervasive American tradition (4–5). In *No Archive Will Restore You*, Julietta Singh describes the idea of recovery itself during a period of intense pain as a horizon that proves illusory, but also damaging: "Throughout this period . . . it became increasingly clear that recovery was a kind of assuaging fiction. . . . In recovery, movement became not freedom but threat" (60).
3. Hence the title of Leslie Jamison's memoir of alcoholism, *The Recovering*.
4. See Russell.
5. At the time, viewers of the site objected to the gorgeousness of the participants. They were told that many of Equinox's clients were in fact models and trainers. For a sense of the campaign's content and aesthetic, see Elliott; McLellan.
6. See Arduser and Bennett for the call for papers to discuss the "rhetoric of chronicity."
7. ME, myalgic encephalomyelitis, formerly known as CFS, chronic fatigue syndrome, now sometimes is rendered as ME/CFS. See Paula Knight, a graphic artist who suffers from the syndrome, and who has become an activist online demanding attention for the illness. See also "Chronic Illness," a "community [that] talks about chronic illness with compassion and without judgment."
8. I thank Jacob Aplaca for sending me back to Kermode.
9. See also Fies's *Mom's Cancer*, which has two endings, one in which Mom survives her arduous treatments; and a second, a coda, some time later, when despite the ostensible remission, Mom dies.
10. In "The Tightrope to Equilibrium: Parkinson's Disease in Literature and Comics," Irmela Marei Krüger-Fürhoff describes a similar concept in outcomes in stories dealing with chronic conditions with an important difference. She proposes the concepts of "balance and equilibrium . . . created and sustained in community" (91). The emphasis on community is significant, as discussions of disability have shown, and makes for different kinds of experience and storytelling. The Parkinson narratives studied here also include treatments unavailable to patients of older generations, which should also make us mindful to historicize our discussions of illness and disease. It's never only one story.
11. Every rule contains its exception. See Davison's *The Spiral Cage*, which is a rare example where the "rhetoric of triumph" prevails in a story about disease (or neurological disorder) that does not include a cure. Davison's memoir of living with spina bifida describes survival against all odds. Riva Lehrer's *Golem Girl* also embraces that rhetoric—passionately. In part these stories derive their ideology and shape from the disability movement, in which community support plays an important role—as they do in the Parkinson's narratives above. I'm a little reluctant to wade into the illness/disability debates over terminology.
12. Chronic illness (in contrast to acute), of course, takes many forms: chronic with pain, chronic without pain, chronic with a medical diagnosis or without one (conditions that resist clinical documentation), chronic that is life-limiting or life-threatening, with progression, progression free, or stable. There is not one chronic just as there is no one recovery. If TV commercials are any indication, Americans suffer from and live with a

- staggering number of chronic mental and physical disorders and diseases of various degrees of devastation, some of which became prominent during the pandemic. Here are a few, in no particular order: diabetes, Crohn's, constipation, depression, psoriatic arthritis, breast cancer, bipolar disorder, dry eye, migraine, HIV, ED, RA, hearing loss, COPD . . . and some, fortunately, I have never heard of, usually cast in an acronym.
13. See Courtney Donovan's "Representations of Health, Embodiment, and Experience in Graphic Memoir" for a deft reading of this page. See also Brosh, who has a similar style of drawing depression through a grid of horizontal images of near paralysis in *Hyperbole and a Half*.
 14. I confess that I have already told the story of my first cartoon in an earlier article, "The Trauma of Diagnosis: Picturing Cancer in Graphic Memoir." Agreed, it's a little embarrassing to be revisiting it here, but I need the anecdote as part of a different narrative: no longer the shock of diagnosis (as shared with other cancer patients) but the living with its effects over time as prognosis.
 15. Lung scans like these have become familiar images that accompany explanations of how the coronavirus destroys lung tissue.
 16. The evidence of my illness resides in the scans; I don't *feel* the activities of my cancer or inflammation.
 17. These are the last two panels out of a complicated six-panel episode spread over two facing pages (210–211). It occurs approximately midway through the narrative and represents the tail end of a two-page sequence of the family sitting down to dinner. The horizontal motif of tangled black marks—like an old-fashioned Brillo pad pulled out to a breaking point—in fact stretches across the two pages, crossing over the fold. Its elongated mass is punctuated here by a series of consecutive thought bubbles in which the young diner anxiously debates what's at stake for her in the act of eating.
 18. Jared Gardner describes Green's closing panels this way: *Lighter Than My Shadow* offers "an uplifting narrative of recovery without promising a Hollywood happy ending—or even an ending at all." He goes on to add: "There is no promise that any of this will ever be finally and fully consigned to the past." The visual strategies that inscribe the process of chronic suffering reappear in muted form in the final images.
 19. See Forney's *Rock Steady: Brilliant Advice from My Bipolar Life*.
 20. In the cancer collages, the image of the frame I use was created by Ivan Brunetti in his fascinating visual memoir, *Aesthetics*. Mr. Brunetti has given me permission to use the image of his frame.
 21. Regarding the truth power of scans, in "The Magic of X-ray Vision," Gretchen Case revisits Thomas Mann's famous novel: "Nearly a century after Hans' sojourn on the magic mountain, images of the body's interior still have the power to seize the imagination and preempt any other form of visualizing a patient's condition. . . . The act of looking never occurs outside a frame of reference, and attempts at objectivity depend on acknowledging the limits that come with that frame" (774).
 22. For an older model of the referential framing power of a scanned body, see above.
 23. See Belluck; Lowenstein; Poletti; and Wallace. These are just some relatively early articles about complications recovering from the coronavirus in the aftermath. Looking to struggles over health insurance in the future, these have already been classified as "preexisting conditions." Which is to say that the disease itself, at some point, will become classified as chronic. For now—winter 2021–22—it's called the plight of the "long-haulers." The *New York Times Magazine* of January 24, 2021 is devoted to stories of "long Covid." The cover asks, "What If You Never Get Better"?

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