

# Asian Canadian Graphic Autopathographies

Life writing, whether in the form of memoirs or graphic narratives, not only documents and records experiences, but can also help writers navigate, see anew, and make sense of themselves and events of the past. For minority writers, life writing becomes a means to think deeply about their racial and sexual identities, enabling them to negotiate their place within their families and within mainstream society. These works often challenge stereotypes and help us to understand the complex dynamics of the social, cultural, and ideological that form a subject.

Starting with Sylvie Rancourt's *Mélody*, which details Rancourt's work as a strip club performer in 1980s Montréal, Candida Rifkind and Linda Warley observe in *Canadian Graphic: Picturing Life Narratives* that "graphic life narratives have a long and varied history in Canada" (2). Rancourt's book fits into the motif of confession which Kevin Ziegler identifies "in many contemporary Canadian graphic life narratives" (23), although he does not mention *Mélody* specifically. Ziegler argues that authors such as David Collier, Julie Doucet, Seth, Chester Brown, and Sarah Leavitt "frame their accounts . . . as though they were divulging shameful details about the past" (23), thereby creating a sense of intimacy with the reader, an unfamiliar observer. He explains, "A confessional is inspired by feelings of impropriety or wrongdoing; the confessant exposes the past with complete candour to ask for judgment and understanding" (25). In "The Un-Erotic Dancer," I provide an alternative reading of Rancourt, contending that using the graphic memoir form enables Rancourt to "raise important issues about sex work, affect and female desire" so that the graphic narrative becomes "a form of memory work, a form of witnessing, of self-construction, and self-expression" (Ty 122).

I begin with this early example from the history of Canadian graphic life narratives because the two Asian Canadian graphic life narratives I study below are similarly situated at the intersection of confession and witnessing. Though I am not looking at them primarily as confessional texts, they follow the tradition of Canadian independent graphic life narratives that collapse the space between the public and the private. The authors write about women's experiences which are considered intimate and possibly shameful in an androcentric society, using graphic memoir to reframe the conditions of their lives. Even as they are "confessing" their feelings of inadequacy, fear, and doubt, they use their art as a form of resistance and self-affirmation.

Until recently, Asian Canadian graphic novelists have not made much use of the confessional mode of graphic narrative. Artists like Mariko and Jillian Tamaki and Michael Cho, whom Rifkind and Warley list among comics' "second-generation print and digital Canadian alternative cartoonists" (3), have written fiction, albeit based on autobiographical events, rather than memoirs. Mariko and Jillian Tamaki's *Skim* (2008) is based on Mariko Tamaki's experiences as a Japanese Canadian high school student who struggles with her weight, her romantic interest, and her racialized and queer identity. Michael Cho's *Shoplifter* features a Korean North American young woman who becomes disenchanted with urban life and her job at an advertising agency (see Ty, "Asianfail in the City"). Of the Asian Canadian graphic novelists who have published notable works in the last five years, Aminder Dhaliwal and Hiromi Goto with Ann Xu use elements of speculative fiction. Only Lorina Mapa has written a graphic life narrative, based on memories of her childhood in the 1980s and her return trip to the Philippines. In the last three years, coinciding with the boom in graphic pathography which, according to Gesine Wegner, has resulted from the popularity of autobiographical comics and the interest in illness and disability memoirs (see Wegner 60), a number of graphic memoirs by Asian Canadian female artists have emerged which deal with illness and its repercussions. In this article, I study Teresa Wong's *Dear Scarlet: The Story of My Postpartum Depression* and Kimiko Tobimatsu and Keet Geniza's *Kimiko Does Cancer: A Graphic Memoir*. These two graphic memoirs deal with

different kinds of illness, but they are important contributions to the development of Canadian graphic narratives because they grapple with intersectional issues of race, gender, and health.<sup>1</sup>

### Graphic Autopathographies

Now a subgenre of graphic novels, graphic pathographies, or “stories of illness conveyed in comic form,” are useful for both medical practitioners and patients (Myers and Goldenberg 158). Susan Squier and Irmela Krüger-Fürhoff explain that “pathos is, at its origins, a complex amalgam of suffering and experience. In addition, it is a set of rhetorical strategies: the use of storytelling, metaphor, passionate emotion, and performance to engage an audience” (2). Myers and Goldenberg note that “these stories are helpful tools for health care professionals who seek new insight into the personal, lived experience of illness and for patients who want to learn more about their disease from others who have actually experienced it” (158). However, Squier and Krüger-Fürhoff remind us that while the term *pathography* is “a written, nonfiction narrative of illness,” we need to remember that “acts of fictive creation . . . are integral to every piece of life writing” and that the term carries “assumptions of human-centered individuality that must be questioned” (3). Pathographies, though based on real life incidents, often still follow novelistic conventions, such as character development or the use of imagery, in their narrative. In Canada, a graphic pathography that has been widely read and taught is Sarah Leavitt’s *Tangles: A Story About Alzheimer’s, My Mother, and Me* (2010), about a queer Jewish woman’s relationship with and care of her mother, as her mother gradually loses her identity and memory. Writing about this work, critic Kathleen Venema observes that “Alzheimer’s narratives . . . reflect their writers’ (sometimes desperate) negotiations with the processes by which selves and identities are evacuated” (46). *Tangles* documents physical, emotional, and mental loss and how these losses affect the family.

G. Thomas Couser coins the term *autopathography* to describe first-person accounts of illness created by those who have “challenged medical scripts and/or the cultural constructions attached to their conditions,” associating these accounts with “the counter-discursive,

and . . . post-colonial implications of defining one's condition in one's own way" ("Genre Matters" 143). Like other authors, when Asian Canadians write graphic autopathographies, they are not just writing about their physical illnesses or their emotional and mental challenges, but also bringing societal assumptions and judgments about wellness and proper and improper behaviour into their narratives. In particular, for Asian Canadian autopathographers, influential ideologies could include discourses of success and failure, linked implicitly or explicitly to the stereotype of the model minority. They might also include ideas about the strong body, gendered ideologies of beauty, femininity, and motherhood, as well as discourses from medicine about healthy, diseased, and disabled bodies. What is significant to note is that in these works there are often added feelings of shame and inadequacy. Illness is often linked to a confession of failure: a failure to succeed as a model minority and to fulfill the expectations of one's immigrant parents. Writing about Asian American illness memoirs, James Kyung-Jin Lee describes the success that

Asian Americans are supposed to have enjoyed in the past half century or so, a broad social narrative of educational and economic mobility that has captured the imaginations of social scientists who marvel at a racial group's meteoric rise and fuels the expectations and demands of Asian American (immigrant) parents who expect nothing less from their children. . . . Asian Americans must exemplify success, in the classroom and the workplace; by extension, they must also inhabit indefinitely healthy bodies that serve this success frame. Yet they, too, get sick, become disabled, and, perhaps . . . also die. (3)

Given these expectations, it is remarkable that a number of graphic autopathographies have been produced in recent years by Asian Canadians who deal with illness and health issues. These graphic memoirs are important to the development of comics production in Canada as they reveal how comics provide a space to articulate feelings that are seen as shameful or debilitating for Asian women from immigrant families. Ann Jurecic points out that "autobiographical illness narratives reclaim patients' voices from the biomedical narratives imposed upon them by modern medicine" (3). These texts

amplify the voices of ordinary Asian Canadian women, giving space to those who are not traditionally deemed important in history. Hillary L. Chute observes that comics and graphic novels, with their use of visual-verbal form, can “represent trauma productively and ethically” (3). The three graphic novels that have received the most critical attention and scholarship to date are Art Spiegelman’s *Maus* (1986, 1991), Marjane Satrapi’s *Persepolis* (2004, 2005), and Alison Bechdel’s *Fun Home* (2006). They all deal with trauma of various kinds. Chute notes, the “cross-discursive form of comics is apt for expressing that difficult register, which is central to its importance as an innovative genre of life writing” (2). However, there are also life stories that are not necessarily traumatic or horrifying, those that are not about the Holocaust, wars, or suicide, but about everyday experiences that are quietly disquieting or quietly joyous. This essay studies two contemporary Asian North American writers who depict what Rachel Bowlby has called “everyday stories,” the “ordinary daily lives . . . of people from classes or regions not previously associated with artistic representation—or representation of any kind” (2).<sup>2</sup> These graphic autopathographies show two different illnesses (postpartum depression and cancer), diverse autopathographic backgrounds (cisgender mother and single queer woman), a range of issues (cultural expectations of motherhood and treatment of lesbian patients), and different styles of drawing. These creators convey a sense of intimacy, guilt, and vulnerability, resisting stories of triumph for authenticity. Chinese Canadian Wong depicts suffering from postpartum depression, while Japanese Canadian writer Tobimatsu and Filipina Canadian illustrator Geniza depict the negotiation of relationships and medical cancer treatments for a young queer Asian Canadian woman. Both Wong and Tobimatsu struggle with cultural stigmas as they make sense of their illnesses, the expectations of their families and communities, and the negative feelings that come with being sick as racialized women. In the process of creating their autopathographies, they reclaim their senses of themselves, challenge socio-cultural expectations of the successful Asian Canadian, and contest the “biomedical narratives imposed upon them by modern medicine” (Jurecic 3).

## Drawing Bodies

Comics is a unique form in which to write about mental and bodily discomforts and disorders because of “the centrality of the body in autobiographical comics” (El Refaie 51). Elisabeth El Refaie has coined the term *pictorial embodiment* to refer to the way comics artists have to engage with their own bodies and identities: “the requirement to produce multiple drawn versions of one’s self necessarily involves some engagement with the body and body image” (51). She notes:

[T]he autobiographical comics genre offers artists the opportunity to represent their physical identities in ways that reflect their own innermost sense of self, often by using a range of symbolic elements and rhetorical tropes to add further layers of meaning to their self-portraits. (51)

The act of drawing requires artists to remember and re-imagine what and how they were feeling in a given moment, choose a perspective from which to display their bodies, and reflect on the significance of that experience.

In life writing, there is an expectation of faithfulness which is not present in fiction. As Charles Hatfield notes, the genre of autobiography demands “fidelity to . . . experience, yet storytelling demands license; narrative needs shaping” (112). For graphic autobiographers, “the genre isn’t about literal but rather about *emotional* truths” (113). The drawing styles used by Wong and Geniza are not realistic. The autopathographies use fairly simple, cartoon-like drawings, but they nevertheless achieve the effect of truthfulness, sometimes through irony, humour, satire, or exaggeration. My essay examines the link between text and image in these graphic memoirs, discussing the ways these elements work together to tell encounters between cultures, between social expectations and subjective impressions. My analysis looks closely at panel and page layouts, graphiation, the drawing style of the artist, or “visual enunciation” (Baetens and Frey 137), as well as the “graphic substance” of the text (Jean-Gérard Lapacherie, qtd. in Baetens and Frey 153). Jan Baetens and Hugo Frey note that graphic substance includes “the form of the lettering, the configuration of the words in the speech balloons and the insertions of these balloons in the panels, the presence of letters and other written symbols within the fictional world,

the presence of the typical onomatopoeias . . .” (153). In short, it is not just what they say but also how words appear in comics panels that influence our reading expectations and the narrative.

### ***Dear Scarlet: The Story of My Postpartum Depression***

In *Dear Scarlet*, Wong writes about her struggle, both mental and physical, after the difficult birth of her first child. Through her graphic autopathography, Wong grapples with postpartum depression and the negative feelings that come with motherhood. She confesses that she was “so tired” and “a bad mother” (53) and that she felt “like a monster” after the birth of her daughter (52). Though her drawings are simple and cartoon-like, she uses techniques such as exaggeration, satire, and humour to counter the fairy-tale-like stories of childbirth. Writing *Dear Scarlet* becomes a form of therapy for Wong, but it is also a feminist work that shows how gendered and cultural expectations still shape and constrain women in the twenty-first century.

*Dear Scarlet* is dedicated to Wong’s daughter, who has expressed her desire to grow up “to be a mommy” (7). Wong questions the cultural assumption that all women are destined and biologically programmed to be mothers. She comments, rather ironically, “My parents raised me to be academic, not domestic,” and that when she was growing up, she “never once thought of being a mother” (8). In the Western world, while feminists from the early-twentieth century such as Antoinette Brown Blackwell, Helen Hamilton Gardener, Eliza Burt Gamble, and Charlotte Perkins Gilman have “grappled with questions of biological sex difference, the extent to which maternity did (and should) define women’s lives, the equitable division of household labor, and female reproductive autonomy” (Hamlin 2), today’s mass and social media still persist in idealizing motherhood when they “show . . . women swaddling infants in their arms, beaming with parental pride, as if caring for a newborn were the most natural thing in the world” (Bresge). Questions of sex difference, the social construction of gender, and appropriate feminine and masculine gender roles were raised by second-wave feminists such as Simone de Beauvoir and Kate Millet in the 1960s, but their ideas have not necessarily influenced the generation of children who grew up in the postfeminist era of the 1990s

in North America (Mikkola). Nevertheless, Wong and her peers grew up believing that women could have it all: careers, equality, and sexual liberation. Being a wife and mother was not necessarily their main goal.

While Wong does not explicitly refer to feminist thought, her guilt, confusion, and anxiety after the birth of her first baby demonstrate her struggle with these unconscious and pervasive beliefs in gender roles. Women are still expected to possess “maternal instincts” or know how to be caregivers, with little or no training given. In an interview with *CityNews*, Wong said, “I think there’s a lot of pressure on mothers to put out an image of motherhood that is all joyful and kind of slick,” so “a lot of mothers who don’t feel that way, who don’t really love taking care of a small baby,” need to hide their feelings. In popular culture, images of proud, loving, or happy mothers abound: from the highly revered Christian image of the Virgin Mary to recent celebrity moms like Beyoncé, Cardi B, and Kylie Jenner. In contrast, discomfort and uneasiness with maternal duties are less frequently the subject of stories, *Instagram* posts, or novels. Rare and not often discussed, “postpartum depression is different from the ‘baby blues’” because it is a “deeper depression that lasts much longer” (CAMH). Though attitudes are changing, people with mental health conditions are reportedly still stigmatized and are “faced with multiple, intersecting layers of discrimination as a result of their mental illness and their identity” (CMHA Ontario). People with depression are sometimes not taken seriously, and their symptoms are trivialized. In an interview with *CTV News Calgary*, Wong says that when she first told her doctor about feeling low after she gave birth, her “doctor brushed it off as baby blues” and advised her “to go out for more walks and get more sunshine.” However, Wong “knew something deeper was happening”; she did not feel like the happy moms on TV in the first months of motherhood.

### Wong’s Artistic Techniques

Wong’s graphic autopathography was written as a form of therapy when she was pregnant with her third child and unable to sleep at night. According to Wong, the memories of the first weeks after Scarlet, her first baby, was born were “so vivid that they made [her] cry” (Koeverden), so she got a sketchbook and began drawing her fears. She



says that she did not think she was a good artist and felt self-conscious about her style of drawings. Drawn in black and white, they are simple sketches with minimal background. People's faces are circles, eyes often consisting only of dots or short lines. The illustrations look childlike, yet her graphic memoir still manages to convey a powerful story through her multi-voiced narration, splashes of colour, exaggeration, irony, humour, and parody. Though it is told mainly from Wong's point of view, Wong incorporates various discourses—from health professionals, the media, her friends and family, song lyrics—to create a sense of what she was experiencing. The book is firstly a memoir, but it also functions as a helpful guide about postpartum depression for new mothers and a challenge to discourses of happy motherhood.

One technique Wong uses to convey her deep anxiety is through the use of the colour black. Often, she uses dark backgrounds to show the state of her mind. For example, soon after giving birth to her first daughter, she loses a lot of blood. When her husband brings her their baby to look at, she is unable to focus and “things [start] going fuzzy” (15). The page describing her feelings consists of four panels which are all black except for the caption boxes and, in the last panel, a small dialogue bubble containing the cries of the baby. The page is striking for its darkness, which suggests Wong losing consciousness. Without dialogue and without drawings, Wong is able to convey her immediate physical response to giving birth, which is very different from the joyous moments one sees on TV shows or in films. Susan Squier notes how, “as a hybrid genre—a combination of word and image, narration and juxtaposition—the imagetext or graphic narrative has the capacity to articulate aspects of social experience that escape both the normal realms of medicine and the comforts of canonical literature” (Squier 130). The caption boxes describing Wong's state of mind are narrated from the perspective of the present moment. Andrew J. Kunka observes, “The use of caption boxes in autobiographical comics usually indicates the presence of the narrating I, the present version of the author who retrospectively tells the story” (62). In this example, Wong is recalling the difficulty of her experience and the use of black becomes an artistic representation of her feeling of hopelessness and the loss of control, physically, mentally,

and emotionally. For Wong, giving birth entails a loss of self, albeit momentarily, shown through colours or the lack of them.

Chute has argued that graphic narratives are particularly useful in processing traumatic experiences because they enable authors to “both tell *and* show” what “could not be communicated any other way” (2). They “push” our beliefs about “conceptions of the unrepresentable” and invisible (2). While Wong’s feelings of inadequacy as a mother and her subsequent depression are not traumatic in the same way as, for example, Lynda Barry’s stories of childhood abuse, they are unspeakable because of cultural taboos. Women in North America, as in Asia, are supposed to be good wives and mothers; they are viewed as natural caregivers. Those women who are unable to provide maternal love are seen as monstrous. After the birth of her daughter, Wong feels physically weak and unable to care for her infant, as her body is still recovering from postpartum blood loss. In her illustration of scenes in the hospital, she depicts herself caught and enchained by hospital equipment, unable to move from the bed. While her husband is able to move around the hospital room, her hands are literally tied. Intravenous needles and tubes prevent her mobility, and the illustration shows the intravenous medicine bags and stands framing her. In contrast, in the lower panel, her husband sits on an armchair, stands by the change table, and burps the baby (17). These illustrations provide a visual representation of Wong’s feelings of entrapment. Squier says

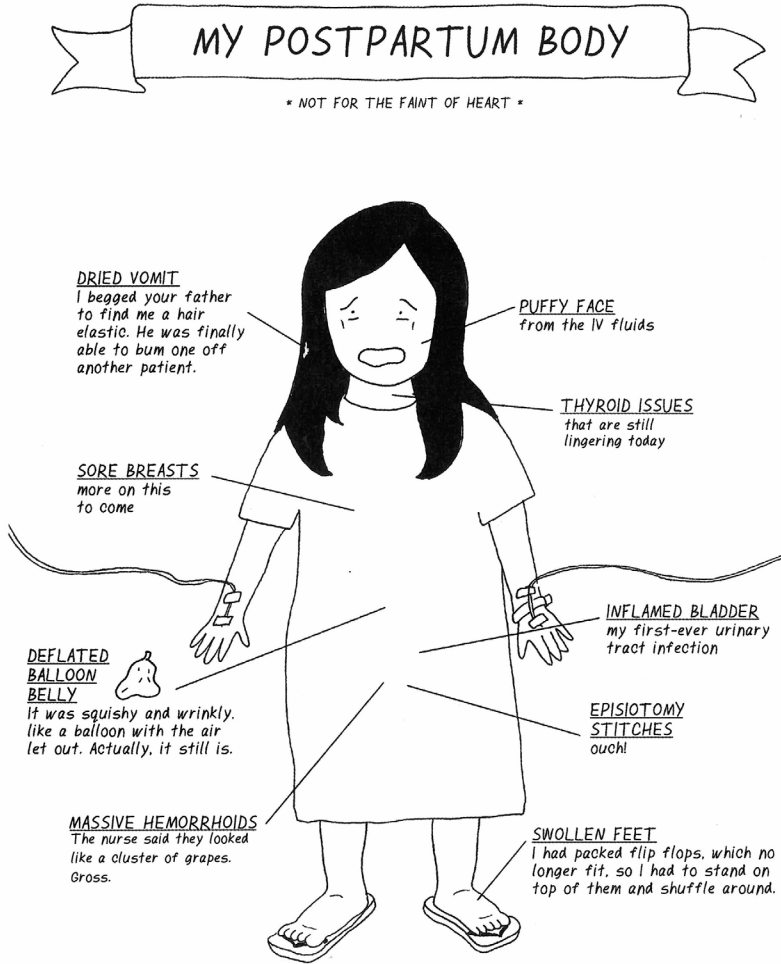
Comics can show us things *that can’t be said*, just as they can narrate experiences without relying on words, and in their juxtaposition of words and pictures, they can also convey a far richer sense of the different magnitudes at which we experience any performance of illness, disability, medical treatment, or healing. (131)

The contrast between the panels of her husband unencumbered and of Wong herself all tied up by hospital equipment not only reveals her feelings of immobility but also reminds us of the unrealistic expectations we tend to have of new mothers. Our culture leads us to expect women to bounce back quickly from the tumultuous experience of giving birth and perform the roles of motherhood regardless of their specific health complications.

The choice of words in the caption boxes also reflects the irony of gender expectations and the contrast between Wong's husband and herself. Wong describes her husband as an "expert on caring" for the baby (17), while she says of herself, "I was inexperienced and incapable . . . I had no maternal instincts and no clue how I was supposed to take care of a baby" (18). This feeling of inadequacy, which is somewhat exaggerated, comes about because of socio-cultural expectations of gender. A man would likely feel less self-conscious if he were not able to provide the baby with care because society does not expect him to fulfill that role automatically. Wong's reaction shows that she has internalized society's expectations of women's mothering roles and feels ashamed about her inability to fulfill them. Wong experiences what Sianne Ngai calls *ugly feelings*, or "negative affects that read the predicaments posed by a general state of obstructed agency with respect to other human actors or to the social" (2). They are small moments that contribute to our sense of Wong's debility and incompetence.

### **Picturing the Woman's Body**

Aside from the senses of imprisonment and inadequacy, Wong also feels like her body is no longer hers to control. She looks at herself in the mirror and sees her swollen face and hair encrusted with vomit (20). El Refaie points out, "When mirrors are used in self-portraits, they can form a potent visual metaphor for the ambiguity involved in seeing something that both is and is not 'me,' as well as for our inability to pin down our fluctuating sense of self" (66). Wong's sense of herself is destabilized. When she tries to stand up and move around the hospital room shortly after delivering her baby, she accidentally urinates on the floor and feels ashamed and embarrassed about it. This scene is described with some self-deprecation and humour, as she notes that "gravity was too strong for my bladder—I peed all over the floor" (19). Subsequently, she draws a page that looks like a health info poster pointing out all the things wrong with her body after childbirth (fig. 1). Entitled "My Postpartum Body," the splash page lists symptoms like "puffy face," "inflamed bladder," "episiotomy stitches," "swollen feet," "massive hemorrhoids," and other conditions (21). In some cases, like her "thyroid issues" and "deflated balloon belly," which is "squishy



**Figure 1.** Wong's full-page, info-poster-style diagram of her own postpartum body, clad in a hospital gown and with parts marked. Teresa Wong, *Dear Scarlet*, p. 21. Reproduced in greyscale and with permission of Arsenal Pulp Press.

and wrinkly like a balloon with the air let out,” Wong notes that these conditions still exist. While such posters and infographics are usually used as reference tools or to reinforce awareness of health and safety best practices, Wong’s infographic is self-deprecating, deliberately exaggerated, somewhat humorous, and ironic. Each part of her body is itemized, found wanting, and in need of treatment.

In her discussion of “pictorial embodiment,” El Refaie draws on Drew Leder to discuss the “appearances and dis/dys-appearances” of our bodies. She argues that since René Descartes’ valorization of the mind over the senses in the seventeenth century, we have been taught to separate our minds and our bodies (61). Our bodies essentially disappear from our conscious thought in our everyday lives. Following Leder, El Refaie explains that

it is only at times of dysfunction, when we are ill, in pain, or experiencing the physical changes associated with puberty, disability, or old age, that the body forces itself into our consciousness. The body is now perceived but is experienced as a ‘dys-appearance,’ the very absence of a desired or ordinary state, and as an alien force threatening the self. (61)

In Wong’s graphic memoir, we see how the body *dys-appears* and threatens her. She can no longer function without becoming conscious of her various bodily parts and their dysfunctionality.

Wong constructs her postbaby body as an abject body, one that is loathsome and filthy. In *Powers of Horror*, Julia Kristeva writes that the abject is the unclean and the “radically excluded” (2), something that “disturbs identity, system, order” (4). We recoil from things that are associated with the abject: the maternal body, excrement, menstrual blood. Yet the postpartum body is very much a body that is full of liquids, blood and milk, rather than one that is discreet and seemingly solid. In the months after giving birth, Wong feels tired, sad, and unable to sleep. At home alone with her baby, it seems that time has “stretched into an unending yawn” (48). The panels where she illustrates herself taking care of the baby become smaller in size (49). As Barbara Postema notes, “layout and contents profoundly affect one another on comics pages: the layout can change how the contents of the panel signify, and the panel contents can alter the signification of the layout” (29). Postema points out that “gutters and frames give structure

to the layout” and signal “the existence of sequence by creating a progression from panel to panel” (30). In a two-page spread showing how time drags on, Wong starts with a clock in the background, her avatar trying to sleep but being woken up and having to bounce the baby. The pages begin with Wong’s usual gutterless, framed panels, but then shift to three panels surrounded by framed gutters, which emphasize the passage of time (48-49). Time here becomes “subjective time” rather than clock time (El Refaie 94).

One way of visualizing the cultural ideologies that bombard Wong is through her illustration “My Depressed Mind,” where, with a cross-section diagram of her head in profile, she shows how she has internalized what people say to her and what she is feeling. In this full-page splash, she shows how her brain is so crowded with these thoughts that there is no room for anything else (53). The surrounding background, all in black, shows the darkness of her feelings at that time. Later, when she is diagnosed with depression, she presents a checklist of the symptoms of depression using another full-page splash. This list includes “excessive crying,” “feelings of shame, guilt or worthlessness,” “recurrent thoughts of suicide or death,” and “fear that you’re not a good mother” (79). The checklist goes a long way in explaining Wong’s behaviour to herself and to her readers. It makes us understand the preceding pages, where she draws herself in bed, weeping, unable to sleep and also unable to get out of bed (74-75, 77). She has experienced what Einat Avrahami calls *the invasion of the real*, a term Avrahami uses for “the experience of illness as a process of learning that underscores the changed body as a source of knowledge” (3-4). The body is no longer something that functions in the background but becomes a site of chaos and confusion. These pages, illustrating Wong’s various symptoms, function as *graphic medicine*, coined by Ian Williams to describe the use of graphic novels, comics, and visual storytelling in medical education, patient care, and other applications (see “Graphic Medicine”). Not only is *Dear Scarlet* an engaging and compelling work; Wong’s graphic life narrative can also be used to teach others about postpartum depression, help them recognize its symptoms, and build a community of those who want to share information, care for, and understand those who experience it.

### **Graphic Memoir as Cultural Ethnography**

Finally, because Wong is of Asian descent, her graphic memoir functions in part as an ethnographic narrative of Chinese cultural practices. Chinese mothers are told not to leave the house for a full month after giving birth. This custom is to allow women to heal properly and not to have to worry about the world outside. The disadvantage of this practice in Calgary, where Wong lives, is that there is not a big Asian community with which to socialize. As a result, despite her mother coming over to help her and Wong's gratitude for this motherly care, Wong finds the first month somewhat isolating. One panel shows a diminutive version of her holding her baby to emphasize her loneliness and her shrinking world (60). A full-page splash on the next page illustrates the exotic foods that Chinese consider good for postpartum women. These include marinated pigs' feet, pork liver soup, and wood ear fungus (61). These autoethnographic pages provide a cultural specificity to the graphic memoir, and the fact that they are strategically located in the middle of the book and only comprise a few pages of the narrative is important. They provide ethnographic context without taking over the whole story. Because her Chinese background is not the central concern of the graphic autopathography, the pages' inclusion does not present what Deborah Reed-Danahay calls "the persistent dichotomies of insider versus outsider, distance and familiarity, objective observer versus participant, and individual versus culture," which often troubles autoethnographic accounts. As a second-generation Asian Canadian, Wong's relationship to these Chinese traditional practices is a mix of respect, ambivalence, and amusement.

Wong ends the story with advice to her daughter as well as to her readers to learn from her example and to "never be afraid of your feelings" (111). In keeping with the theme of depression, the pages are still dark, but she ends with a quote from quintessential Canadian singer-songwriter Leonard Cohen's song, "Anthem." The song lyrics are in white bubbles amid the dark background: "Ring the bells that still can ring. Forget your perfect offering . . . There is a crack, a crack in everything. That's how the light gets in" (113-14). Through imagery and song lyrics, she suggests not a complete and quick triumph, but a slow process of healing the body and understanding its fragility.

### ***Kimiko Does Cancer***

Like Wong's graphic narrative, my second graphic life narrative reveals the gendered assumptions of medical practitioners and the influence of cultural expectations on an Asian Canadian woman with an illness. *Kimiko Does Cancer*, dedicated to "our fellow sick queers," has a more overt agenda: to advocate for queer and racialized subjects who must access and use the healthcare system. The memoir goes beyond specific health problems to raise social justice issues for underrepresented people. Tobimatsu herself is a queer, mixed-race woman and Geniza is a queer Filipina Canadian. In an interview, Tobimatsu says,

One of the main reasons I wanted to write this book is because typically we only see breast cancer survivors who are straight, white women. Not only does that mean those of us who don't fit the box don't get to see ourselves reflected, but it also creates a bunch of other problems. It means healthcare providers are less likely to provide quality care because they're not used to patients like us, it means cancer support organizations might not cover the topics that matter to us. ("Exclusive Interview")

Illustrator Geniza's style is different from Wong's. While Wong uses cartoon-like figures with simple faces and minimal backgrounds, Geniza's drawings are more realistic. Geniza uses shading, decorative patterns, and elements of setting including furniture. There are more details of characters' clothing and surroundings, such as doctors' offices and urban landscapes. Geniza draws in black, white, gray, and light green but, like Wong, she frequently uses black to create mood.

*Kimiko Does Cancer* begins with Kimiko's discovery of a lump on her chest. To show the drastic and devastating change that is about to happen, the first three pages have dark backgrounds and show Kimiko in an undershirt, only partly lit, a hand touching her chest. The black colours and images of darkly lit stairways, as well as the panels with Kimiko standing behind a door or about to open a door, present ominous metaphors of the cancer that is about to invade her life. She is hesitant to enter rooms, afraid and reluctant to enter the fray. Her thoughts are dark and morbid: "I wondered what I'd look like



without boobs. Without hair. Would I keep working? What would people say at my funeral?” (9). These scenes contrast the more energetic, lighter moments depicted in framed photos around the house.

### Gender and the Medical System

One of the issues Tobimatsu highlights is the need to educate and advocate for oneself when one is dealing with a serious illness. Though well-meaning, sometimes the advice of healthcare providers is contradictory or limited. She notes, “I had to make several important snap decisions about my treatment. I also had to wrestle with the fact that there was no consensus among my doctors about what caused the cancer, or even how best to proceed” (17). In a nine-panel waffle-iron grid, Tobimatsu and Geniza show the headshots of eight different doctors and medical practitioners who are all giving Tobimatsu different advice on topics from chemotherapy and radiation to preventive mastectomy (17). While such grids typically narrate actions chronologically where “each panel presupposes the one before and after it” (Postema 55), on this page, there is no action or sequence. Instead, the characters speak individually without connection to or dialogue with one another. The first panel, which has a dark background, contains Tobimatsu’s statement about the non-consensus among her doctors, but the overall effect of the page is rather like what Scott McCloud calls *scene-to-scene* transition between panels (71). Scene-to-scene transition offers no master narrative and mimics the feeling of confusion and randomness that Tobimatsu feels when multiple doctors offer her various alternatives. In *The Wounded Storyteller*, Arthur Frank observes that we are now in the postmodern experience of illness,

when popular experience is overtaken by technical expertise, including complex organizations of treatment. Folk no longer go to bed and die, cared for by family members and neighbors who have a talent for healing. Folk now go to paid professionals who reinterpret their pains as symptoms, using a specialized language that is unfamiliar and overwhelming. (5)

Instead of progress, this use of a waffle-iron grid by Tobimatsu and Geniza suggests the opposite. It highlights the overwhelming and

baffling effect of so many doctors offering advice to a layperson. The doctors are like talking heads on an unsynchronized Zoom call.

Not only does Tobimatsu have to deal with breast cancer in the immediate present, but she is also told to think of her fertility and of her family plans for the future. Assuming that all women wish to be mothers one day, her doctor advises her to freeze her eggs “today” in case Tobimatsu decides to have a family later (18). Tobimatsu feels pressured to decide as she replies, “Today?! I don’t even know if I want kids.” In an interview with the CBC, Tobimatsu says,

Reproductive cancers, in particular, are so connected to gender identity, gender expression, because it relates to fertility, it relates to femininity. A lot of the breast cancer movement so far has really been focused on breasts and reconstruction and what type of bras to wear . . . it’s very pink, so all of that just felt very alienating, and it was very cis, heteronormative. . . . Those conversations I just couldn’t connect to. (Tobimatsu, “Interviews”)

As a queer person, Tobimatsu finds it difficult to relate to conventional breast cancer resources and the support systems designed for heterosexual women. In the memoir, she shows how her feelings about a mastectomy are different from her mother’s as Mrs. and Mr. Tobimatsu sit beside her in an information session about radiation treatment. She reflects, “losing my breasts wouldn’t be the worst thing in the world . . . I wonder if I’d like the look. I could play with gender a bit more” (25). At another point, she recalls being given “bad medical advice” by a doctor who tells her that “only women who sleep with men need [Pap smears]” (26). Another example of how Tobimatsu feels alienated by conventional support resources occurs when she goes to meet other survivors of cancer after her six-week radiation cycle. She imagines three friendly women who welcome her to the group, but rather too artificially, too joyously, and too cheerfully. In a cheeky way, Tobimatsu calls them “Macy, Stacy, Lacy” to show their homogeneity. They proudly proclaim, “We kick cancer’s butt!” (38), as if reciting a slogan or advertisement. Keet Geniza’s illustration represents them as pretty white women with bows and flowers in their hair, rather like manga characters (38). Tobimatsu feels quite uncomfortable with this attitude.

In an interview, she comments that there are many after-effects of cancer treatments, such as menopausal symptoms and decreased sexual desire. Cancer survivors “don’t need to have this shiny image . . . it does harm to just paint a rosy picture of people just moving on” after their treatments (Tobimatsu, “Interviews”).

### **Confronting the Weakened Body**

Although Tobimatsu does not mention the model minority myth, her avatar does exhibit some features of the hard-working, self-sacrificing Asian Canadian woman. Throughout her cancer treatment, she says, “I plugged away at work” (32), going to medical appointments between work obligations at the office. A digital clock shows that she barely takes a thirty-minute break for these breast cancer appointments. She narrates, “I didn’t consider emotional stress a legitimate reason to stop working. I would have if it was happening to someone else.” As an articling student and recent law school graduate, Tobimatsu has embarked on a stressful and difficult career path, and it is not until a year after she starts treatment that she comes to the realization that she has difficulty asking for assistance. In a full splash page shown in Figure 2, Tobimatsu reclines on a couch with different thoughts going through her head: “I’m hungry . . . maybe a friend could help?”; “I feel bad asking for help”; “It’s not like I’m bedridden”; “Why am I so tired”; “I can do it myself” (66). These thought bubbles overlap one another, showing her jumbled thoughts and anxieties. They are drawn in different scripts and colours, some larger and more urgent than others. Tobimatsu is reluctant to reach out for help. She has a strong work ethic and does not want to show her vulnerability. She confesses her weakness to her readers: “Repressing emotions is typical for me, though I find it difficult to ask people for support. It requires emotional vulnerability that I’m not used to expressing” (66). She attributes her attitude to her sense of “masculinity” which is linked to her ability to “provide for others” (67), but her work ethic is similar to the attitude of Asian Canadians, who are less likely to seek help for mental health than Canadians from other ethnic groups (see Chen et al.).

Tobimatsu’s parents seem reluctant to support their daughter’s need for psychotherapy after her cancer treatment. Breast cancer does not

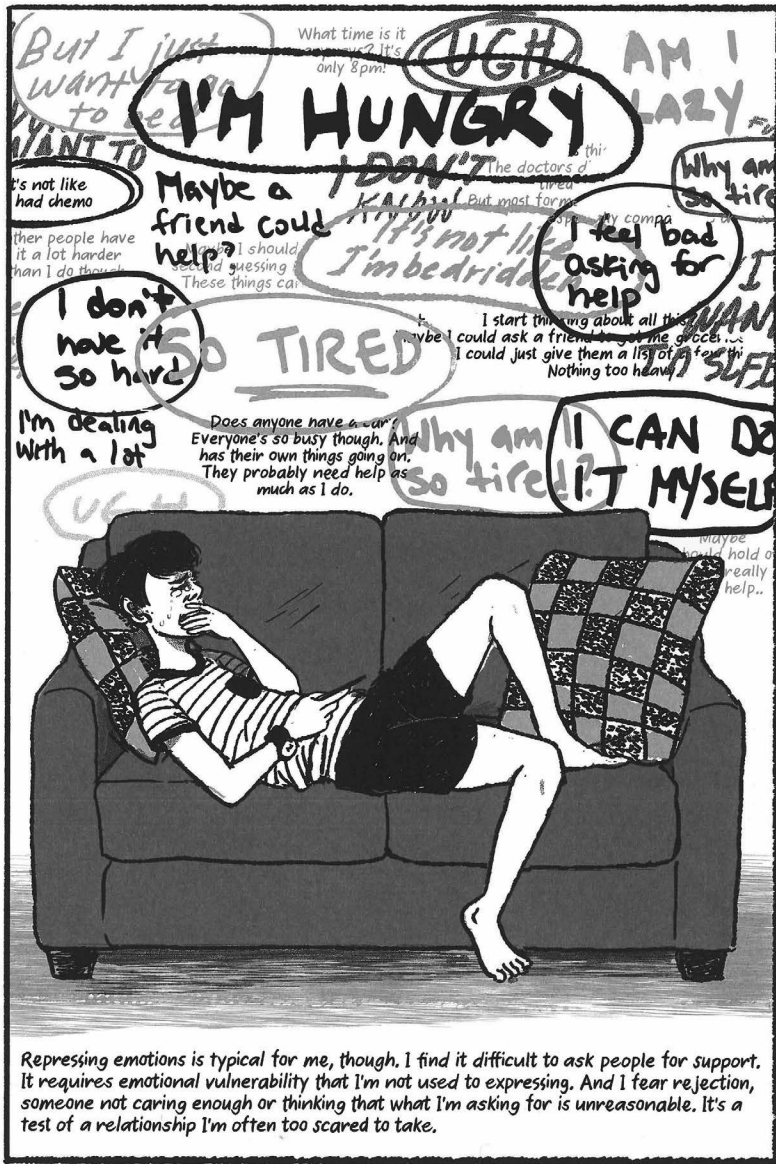


Figure 2. A full-page panel of Tobimatsu lying on the couch, debating with herself about asking for help. Thought balloons crowd the page. Tobimatsu and Geniza, *Kimiko Does Cancer*, p. 66. Reproduced in greyscale and with permission of Arsenal Pulp Press.

just affect her physical body, but also her mental health and well-being. Not understanding the full effects of Tobimatsu's illness, her mother tells her to keep to her work schedule: "You don't want the partners to think you're lazy. I had to put in a lot of time as a young lawyer to get where I wanted to be" (77). When Tobimatsu tells her mother that she has decided to go for therapy, her mother asks, "Are you sure about this? You don't want to talk through that decision first?" (81). The mother's concern about the expense of therapies is a manifestation of her reluctance to let others know about Kimiko's emotional and inner challenges. The family hides behind a veneer of respectability, as shown by the representation of a family photo. In the iconic portrait of Tobimatsu's family, the visual narrative has to be supplemented by the textual one. In the narrative box, Tobimatsu remarks that if members of her family "cry at all, it's not with each other," because they tend to "hold everything inside" (82). The image shows them all smiling at the camera, well-dressed and seemingly happy.

El Refaie reminds us that "unlike more private acts of remembering . . . autobiography is also a deliberate and self-conscious act of *communication*, whereby the events of life are made public in order to be shared with others" (100). Thus, we see Tobimatsu reconstructing and supplementing the message of coherence behind the family photograph. In the panels after the photograph, she discovers from her brother that at their last meeting, her father "seemed worn down" and "had tears in his eyes" because he was worried about Kimiko (82). At the hairdresser's, Tobimatsu learns that after Tobimatsu's cancer diagnosis, her mother "would cry" as her hair was being cut (83). Both these revelations surprise Tobimatsu because she only sees what her parents want her to see. Like her, they too need emotional and mental support but are reluctant to seek help. Through the memoir, Tobimatsu is able to be honest, revealing and sharing the difficult psychological effects of her cancer journey on the whole family.

In the epilogue, Tobimatsu resolves to "go on with [her] life" and reconciles herself to her induced menopausal state even though she is quite young (87). There are still one or two images of dark stairways and doorways that link back to the opening pages of the memoir (88, 90). Thierry Groensteen uses the term *braiding* or *tressage* to describe

“repetition . . . with or without variation” that serves to connect scenes and produce “an enhancement, a layering, a deepening of meaning” (Groensteen). Here the repetition of these panels with darkness and shadows reminds readers that even if Tobimatsu has survived cancer, she has limitations. She cannot just go back to normal. The door, once opened, cannot easily be shut. Instead of following the “mainstream cancer narrative” that is “about overcoming adversity,” she reflects on whether she may have an “ongoing disability” (92).

Tobimatsu’s graphic autopathography, like Wong’s, is a critical contribution to Canadian comics because it dares to represent the unpleasant but important subject of illness in Asian Canadian and queer communities. As Lee notes,

illness narratives, stories told by people with and about their illnesses, stories told through their ill, wounded bodies, can represent—as *no physician’s memoir can*—just how disruptive and transformative illness is to the person who experiences it. Illness most immediately and viscerally wrecks a person’s self story . . . (16)

*Kimiko Does Cancer* shows how breast cancer affects multiple facets of Tobimatsu’s life—her romantic life, her career and job, her relationship with her family—and forces her to make decisions about her body’s reproductive system before she is ready. Her narrative reveals the implicit and explicit biases of the medical system against queer people and the difficulty for Asian Canadians to let go of the myth of the hard-working and successful model minority.

The graphic life narratives of Wong and Tobimatsu and Geniza lay bare the feelings of guilt, fear, and inadequacy experienced by the body with illness. The works critique problematic medical treatments and gender ideologies and ask us for empathy and understanding. Though the graphiation of the two works differs, due in part to the more realistic and detailed illustrations of Geniza, both these graphic autopathographies depict Asian Canadian protagonists in relation to other people in their lives. They show these women as multiply-constituted, interesting subjects leading complex lives. Wong often draws herself from the shoulders up, alone against a white background, with tears, hands over her face, or eyebrows slanted downwards to

show her despair and frustration when she hears advice from health professionals (81), other mothers (92), and the media (89). What helps Wong in the end is having a postpartum doula who comes to give her practical techniques, well illustrated in separate panels by Wong: a “better way to burp the baby” and a “tighter swaddle” (82). The doula also offers psychological reassurance to Wong about her mothering attempts and reminds her “to let go.” Geniza’s illustrations of Tobimatsu show Tobimatsu’s reactions as she listens in different situations: while her mother talks about her treatments to other people (30), with the radiologist and dentist (35), with other survivors of cancer (39), and in bed with her girlfriend (31). Tobimatsu is often drawn with a worried face and looking away in these scenes, rather than interacting directly with the other characters. The images reveal her relative isolation and express, even without dialogue, her doubts and fears. The use of text and images together illustrate and validate the experiences of the sick and contest the medical model, “which assigns patients the ‘sick role’” (Couser, “Body Language” 5). These works defy preconceptions about resilience and Asian Canadian success by representing the challenges in dealing with mental and physical illness as young women. At the same time, they suggest alternative models for treatment that take into account the particularities of one’s sexual orientation, background, and ethnicity.

#### Notes

1. In this same period, Vivian Chong and Georgia Webber have also published *Dancing After TEN*, which chronicles Chong’s efforts to express herself through singing, drumming, and dancing after a rare skin disease leaves her blind. For a study of Chong and Webber’s book, see Chiu.
2. Bowlby is referring to nineteenth-century realist paintings and novels.

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*Eleanor Ty, a Fellow of the Royal Society of Canada, is Professor of English at Wilfrid Laurier University. She works on cultural memory, graphic novel, life writing, Asian North American, and eighteenth-century literature. Author of Unfastened: Globality and Asian North American Narratives (U of Minnesota P, 2010), and The Politics of the Visible in Asian North American Narratives (U Toronto P, 2004), she recently edited Beyond the Icon: Asian American Graphic Narratives (Ohio State UP, 2022).*