# Depressive Confinement in Graphic Medicine: Visualizing the Phenomenology of Restricted Lived Space in *Chute Libre* and *Marbles*

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## Abstract:

Depressive patients describe depression in relation to various distortions in their lived experience of time and space. This paper examines the role of graphic memoirs of mental illness in identifying the distortions and limitations of the mental illness patients' lived space. Drawing upon Thomas Fuchs' phenomenological conceptualization of the lived space and its constrictions in mental illness patients, graphic medicine can inform the phenomenological studies of mental illness, namely depression. This paper examines some changes and deformations in how depressive patients perceive their lived space. It also discusses how multiple facets of confinement and narrowness are visually delineated in the graphic memoirs of Mademoiselle Caroline's *Chute Libre: Carnets du Gouffre* (2013), and Ellen Forney's *Marbles, Mania, Michelangelo and Me* (2013).

## Keywords:

*graphic medicine, lived space, depression, Thomas Fuchs, Chute Libre, Marbles*

## The Phenomenological Lived Space and Depression:

In attempting to identify and understand the varying facets and modes of the personal experiences of depressive patients, or largely any mental illness, psychopathologists and psychotherapists have been inspired by phenomenological studies and research. Phenomenology "is the study which describes patients' subjective experiences and everything else that exists or comes to be within the field of their awareness" (Jaspers 53). In his book *Allgemeine Psychopatologie* (1923)[i], Karl Jaspers refers mainly to the limitations in the scientific scope of psychopathology in how it overlooks subjective experiences—the individual human being and their personal lived experiences, a matter which constitutes the essence of phenomenology. Jaspers laid the foundation of a substantial dialogue between the studies of psychopathology and that of phenomenology in framing new criteria for understating and treating mental disorders. Such collaboration has evolved exponentially, particularly over the last two decades contributing to the formation of the field of phenomenological psychopathology.

One of the key concepts of phenomenology that psychopathology embraced in understanding mental illness is that of the "lived space". This term was first introduced by the German psychotherapist Karlfried Graf von Dürckheim in 1932. Dürckheim conceptualized the term lived space to focus on examining the experiential characteristics of space rather than its physicality. He suggests that space is perceived through the individual's bodily experience. A similar approach has been adopted by the studies of phenomenology since the second half of the past century which proclaims that spaces and their spatial orders and trajectories are a production of humans—perceived, shaped, and transformed through their individual experiences (Rau 31). In promoting the role that the phenomenological conceptualizations play in developing and improving the impact of psychotherapy, in several of his studies, Thomas Fuchs examines the contribution of lived space in opening new horizons for

improving the psychotherapist and patient relationship, and ultimately in designing more effective treatment processes.

Fuchs has written extensively on areas that intersect phenomenological concepts and psychotherapeutic approaches providing significant insights with particular focus on understanding and treating depression, mania, schizophrenia and eating disorders. In his article, "Psychotherapy of the Lived Space: A Phenomenological and Ecological Concept", Fuchs examines the varieties of the experiential knowledge that the phenomenological concept of the lived space unlocks for the psychotherapists as well as psychopathology scholars. He identifies the lived space "as the totality of the space that a person pre-reflectively [i.e. implicitly] 'lives' and experiences" (Fuchs 425). Fuchs mainly argues that through identifying a mental illness patient's implicit deformations and limitations of their lived space and the way they experience the world around them, a therapist can progressively introduce changes in the patient's perceptions and dynamics of their lived space.

The phenomenological concept of the lived space is usually studied in association with the other three main phenomenological concepts: the lived body, lived time and the surrounding environment. Fuchs stretches his studies across the four concepts focusing on how, in mental illnesses, the lived experience of the body shapes and informs the patient's perception of their lived time and space. In "Corporealized and Disembodied Minds" Fuchs points out:

> the depressive person cannot transcend her body . . . , neither in space nor in time, which is what we normally do when the body serves as the medium for our intentions and actions. In addition, a loss of vitality in many systems of the organism occurs, which further restricts the space of the lived body. The exchange with the environment is inhibited, excretions cease; processes of slowing down, shrinking, and drying up prevail. (99)

Thus, the bodily symptoms associated with depression curtail the lived experience of the patient, enforcing restrictions on their movement, shrinking their lived space, and limiting their interactions with their environment.

In their studies on the distortions in the perceptions of a person's lived space and its relevance to understanding mental illness, Seymour Fisher and Thomas Fuchs, reveal that the dysfunctionality of the lived space is not limited to patients of spatial-related psychiatric disorders as in claustrophobic and agoraphobic patients. Apparently, in most mental illnesses, patients experience various deformations in their perceptions of their lived space. In defining the phenomenological concept of space in relation to human existence, Ludwig Binswanger[ii] explains that "[s]pace can only be comprehended in the regression to the world, spatiality is only discoverable on the ground of world. . . one can also say that space constitutes the world" (35). This phenomenon is further affirmed by Fuchs, as in identifying the main characteristics of the term lived space, he remarks that perceiving the proportions of a lived space is fundamentally ordained by the experience of the body in which the person's body is in interaction with the spatial features and dynamics of their surrounding environment or world. In that sense, the lived space may be perceived as vast versus narrow, accessible versus restricted, proximate versus distant, connected versus detached, and familiar versus estranged. Or, to borrow Fuchs' exact words, he states that the lived space can be identified through "vicinity or distance, wideness or narrowness, connection or separation, attainability or unattainability, and structured by physical or symbolic boundaries that put up a rigid or elastic resistance to movement" (425).

The graphic narrative form offers a wide variety of spatial affordances within the layout of a page or panel that can convey the changes of the spatial dynamism of the lived space of a depressive patient. For the purpose of this paper, the aspects of narrowness and confinement will be investigated.

## The Origins and Development of Graphic Medicine:

Graphic medicine is an emerging movement in the comics world and has established itself recently as a well-rounded sub-genre of comics. The term was coined by the British physician and comics artist Ian Williams, in 2007, after he coincidently read Brian Fies's graphic memoir, *Mom's Cancer*. He then launched a website that catalogues and reviews comics that tackle subjects of healthcare, medical problems, and illnesses, both physical and mental, and caregiving (Czerwiec et al. 16).

Scholarly and artistic interest in the subject matter have prolifically increased particularly with the publishing of the first book in the Graphic Medicine Series in 2015, entitled *Graphic Medicine Manifesto*. The book charts the main trajectories of the scope of graphic medicine and introduces the graphic form with its visuo-verbal delineation of illness and medicine-related issues as a new contributing medium to the literary field of illness narratives. According to the authors of the manifesto, graphic medicine is "the intersection of the medium of comics and the discourse of healthcare. . . . [It] combines the principles of narrative medicine with an exploration of the visual systems of comic art, interrogating the representation of the physical and emotional signs and symptoms within the medium" (Czerwiec et al. 1). The visuo-verbal formula of the graphic memoirs illuminates new knowledge about the personal experiences of both mental and physical illnesses. Graphic medicine provides answers to multiple questions raised by medical professionals and researchers about the complexities of the embodied emotional experiences of patients and how they feel about and interact with the world around them.

A set of images in sequence on a page or a single panel or image can instantly communicate multiple complexities of an illness that cannot be expressed in text-based personal narrative accounts. In this paper, the graphic delineations of two different experiences of the changes depression has brought on their sufferers' attunement and interactive dynamics with their lived space. The images from a phenomenological perspective are

analysed with the aim of highlighting the capacity of the graphic form to express nuanced distortions in the depressive patients' perception of their lived space in ways that contribute to the psychopathological and psychotherapeutic studies of depression.

The two graphic memoirs examined in this paper are Mademoiselle Caroline's *Chute Libre: Carnets du Gouffre* (*Free Fall: Notebooks from the Abyss*) and Ellen Forney's *Marbles: Mania, Depression, Michelangelo and Me.* Written and illustrated by the French comics artist Mademoiselle Caroline, *Chute Libre* is considered her first attempt at making a graphic narrative. Throughout the book, Caroline depicts how she suffers through three different episodes of depression. Although it is not directly mentioned in the book, the first episode is most likely of a post-partum depression. In multiple incidents in the memoir, Caroline depicts how her lived space and time and day-to-day social interactions are entirely distorted and reconstructed by her experience with depression. Caroline offers a personal testimonial of how it feels to live with severe depression, demonstrating that living with depression and surviving its physical and social changes has nothing shameful about it.

Forney's *Marbles* is by far one of the most popular and well-received graphic memoirs of mental illness and of bipolar disorder, in particular. Forney published several comics; however, this is her first graphic memoir. Forney is an American artist and cartoonist; she currently teaches comics at Cornish College of the Arts in Washington. In 2018, she published another book about her bipolar disorder entitles *Rock Steady: Brilliant Advice from My Bipolar Life*, a graphic self-help book in which, she raises awareness about the illness itself and about some of the most effective coping strategies that have proven helpful for her condition. In *Marbles*, Forney gives a detailed account of her daily life starting with the day she discovered she has a mental disorder. She discovered she had bipolar disorder after she turned thirty. In a very sincere and hilarious manner, she visualizes the devastations and discomforts of living on anti-depressants and other medications stressing the

horrific effects of those medications on her career and talent as an artist.

### A. Narrowing and Confinement of the Depressive Lived Space:

Depression distorts its sufferer's perception of their lived space, its spatial dimensions, dynamics, and overall interaction within it. In depression, patients usually report feelings of narrowness in their surrounding physical space and a sense of being bodily entrapped and confined to a world of their own in isolation from the rest of the world. Depression survivors are usually, as Fuchs puts it "over-identified with the spatial boundaries of their homes" ("Psychotherapy of the Lived Space" 428). In one of David Karp's documented interviews with depressive patients, a woman describes her perception of her lived space saying that for her it feels like a "sense of being trapped, or being caged . . . That's sort of how I feel. I feel like I'm in a cage and I'm trapped" (*Speaking of Sadness* 94).

In *Chute Libre*, in a single-page panel, Caroline visualizes the restriction of her lived bodily experience during one of her depressive episodes. Throughout the memoir, there are repeated images of Caroline lying or sitting within the confinement of her bed, a couch, or a lonely armless chair. However, none of these are depicted against a background that shows details of any decoration, furniture or even any static composition of where she lives. From a high-angle, a rather bird's-eye view angle, the reader looks down to see Caroline curled up tightly on a single-bed mattress in an empty narrow room. At a first glance, the room might look like one in a mental asylum, but, upon a closer look, it rather has a striking resemblance to a prison cell which resonates with what Arthur Tatossian[iii] describes in his phenomenological study of depression, as an "imbalance in spatial experience [which] is revealed to the detriment of the subject's proximity to the world, by composing an empty space" (Souza et al. 18-19). This panel accounts for a deep sense of spatial imbalance signifying how narrow and deformed

Caroline's experience of her lived space is. Both the high angle and the monochromic pale shade of gray-green splashed over the panel contract and tighten the viewing perspective of the reader, so the room looks more like an abyss where Caroline is trapped down its pit. The monochromic colour further accentuates the aspect of emptiness that dominates her social encounters and overall being.

Furthermore, Caroline infuses text in the form of voiceover narration with many sequences throughout the memoir. Blending a narrator's voice with the visual construction of a panel/image could either complement a visual concept, emphasize it, or suppress it, and thus shatter and fragment the overall meaning and diverts the readers' attention. In a top margin that is not shown the image above, Caroline says that she repeatedly asks herself if she's alright, and she always tries to convince herself that she is fine. Whereas, inside the panel, she clarifies adding, "at the beginning, just to reassure myself. / Then, because I was really worried. / After that, because I was really not well" (51). Her words inside the panel complement and intensify the narrowness and confinement in the drawn physical space; her voice echoes an unheard internal feeling of tightness and fear.

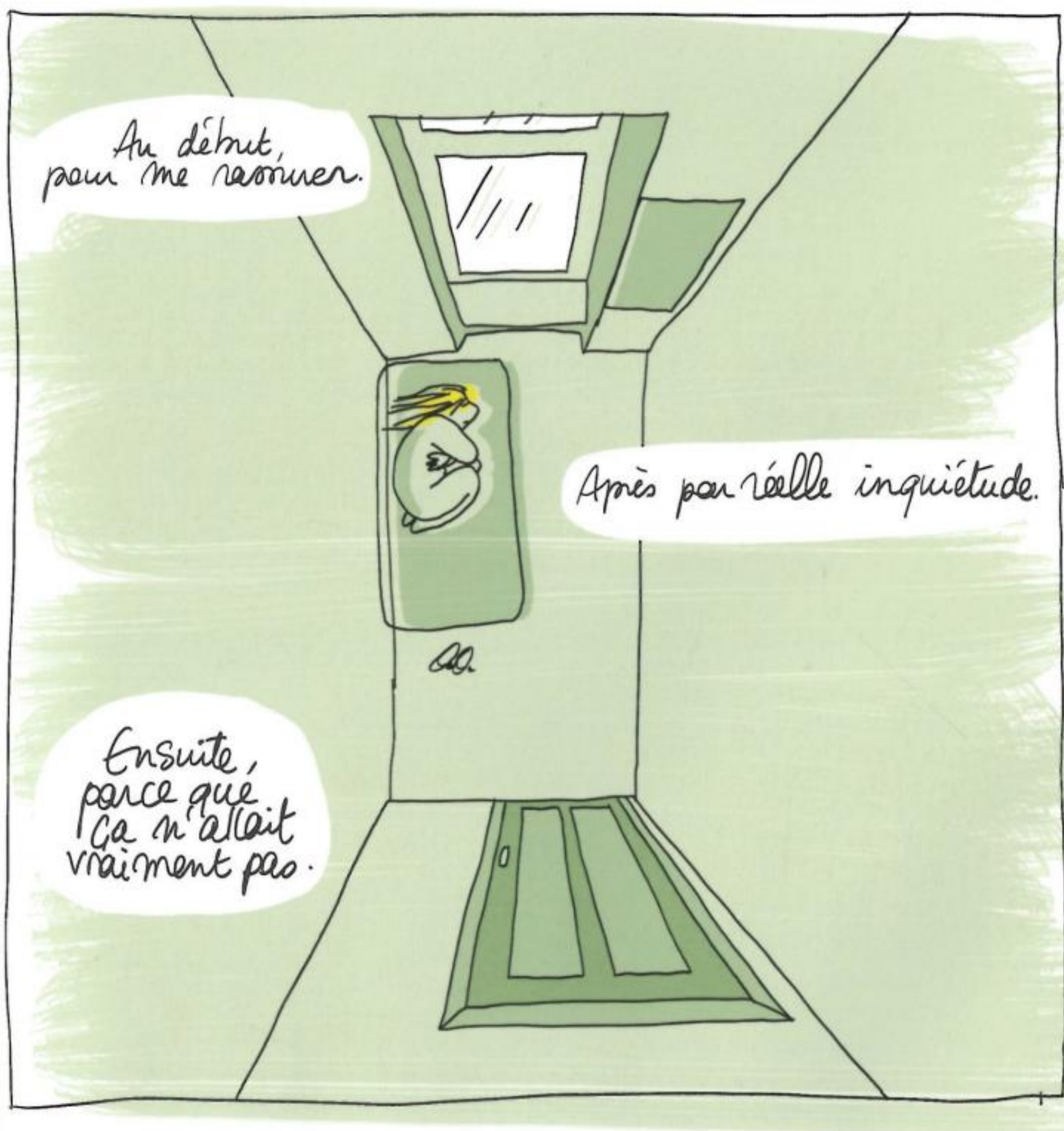


Figure 1, Chute Libre, p. 51

In one of his studies, Fisher proposes that an individual experiencing sad emotions or in a sad mood is more prone to experience distortions in their spatial perceptions of up-down dimensions, where they are more inclined to perceive their lived space in a downward directionality. In "Depressive Affect and

Perception of Up-Down" Fisher deduces that the more depressed or sad a person is, the more they "minimize up and exaggerate down" (29). The bird's-eye view places Caroline in a downward perspective to the reader which features her deep sense of vulnerability and helplessness. It further creates a *mise en page* that capitalizes a stark duality of proximity and distance as she stirs the reader's empathy by pulling them closer to her confined space, and yet at the same time by placing them in an upward position to her, she distances them.

The repetition of the fetus-like position dominates Caroline's personal iconography of her story with depression. But unlike other visualizations of the same bodily position which are mostly abstract and metaphorical in mode and design, here, the panel's border as well as its spatial composition introduce to the reader for the first time how, in severe bouts of depression, her personal lived space is overtly characterized with separation from others and exhibits definite constraint, confinement, and limitation of spatial possibilities such as mobility, responstivity to others and the surrounding environment.

**B. Loss of Bodily Vitality, Loss (absence) of Spatial Possibilities**

This is one of the most frequently dissected and analyzed sequences in Forney's *Marbles*. Scholars and critics, in most cases, interpret it in a metaphorical light. However, my reading of it is entirely non-metaphorical in essence and approach. Forney's depression locks her up, so she almost lives in a vacuum, out of space which is reinforced by the minimal style through which her silhouette as well as the bed and ground are drawn. Adding to a complete absence of the verbal element, she drops the conventional panel structure replacing it with an irregular, fragmented and mismatched sequence of images to communicate the deformed nature of her lived space. The panelized structure of organizing images is frequently withdrawn in Forney's and replaced by splashes. But on this page, though the images are stacked in two-three images across five almost equal-in-size tiers, the absence of

borders signifies how her lived time is in complete detachment and de-synchronicity from the world time. It, more boldly, emphasizes the sense of immediacy and severity of her experience during that episode of her depression. Like Caroline, Forney portrays her depression in images that display her lack of vitality, and overall loss of her bodily fluidity and movement in her surrounding space. Addressing the issue of the loss of bodily vitality, Fuchs in "Corporealized and Disembodied Minds" explains:

> Sense perception and movement are weakened and finally walled in by this rigidity [of the body]. . . . To act, patients have to overcome their psychomotor inhibition and push themselves to even minor tasks, compensating by an effort of will what the body does not have by itself anymore. With growing inhibition, their sensorimotor space is restricted to the nearest environment, culminating in depressive stupor.(99)

Forney's environment offers no potential possibilities for any accessible tasks or interaction. It is illustrated in a special layout configuration that provides a partial portrayal of the reality, a fragmentation of her lived spatial experience, with only a door that defines the separation point on the horizon of her attainable spatial possibilities: the bed, or the couch. Her featureless body and face juxtapose the unbearable conspicuous presence of her heavy body.

This sequence is designed upon the conception of "ellipsis": the disappearance and invisibility of some or all main background décor to augment the action, movement or even the presence of specific subjects in the foreground. As Geraint D'Arcy affirms in his book—in which he compares *mise en scène* in theatre and cinema to that in the production of comics or graphic novels—"[t]he establishment of the significance of the décor in comics can be reduced by becoming invisible in the mise en scène so that the continual presence of detailed backgrounds does not distract or add superfluous information into the scene" (39). In that sense, Forney

directs the reader's gaze to her or rather to her body, a body that has lost its "fluidity, mobility, and flexibility" (Stanghellini 139). This sequence underlines how her body in similar phases of her depression takes over her attention as well as her entire lived space.

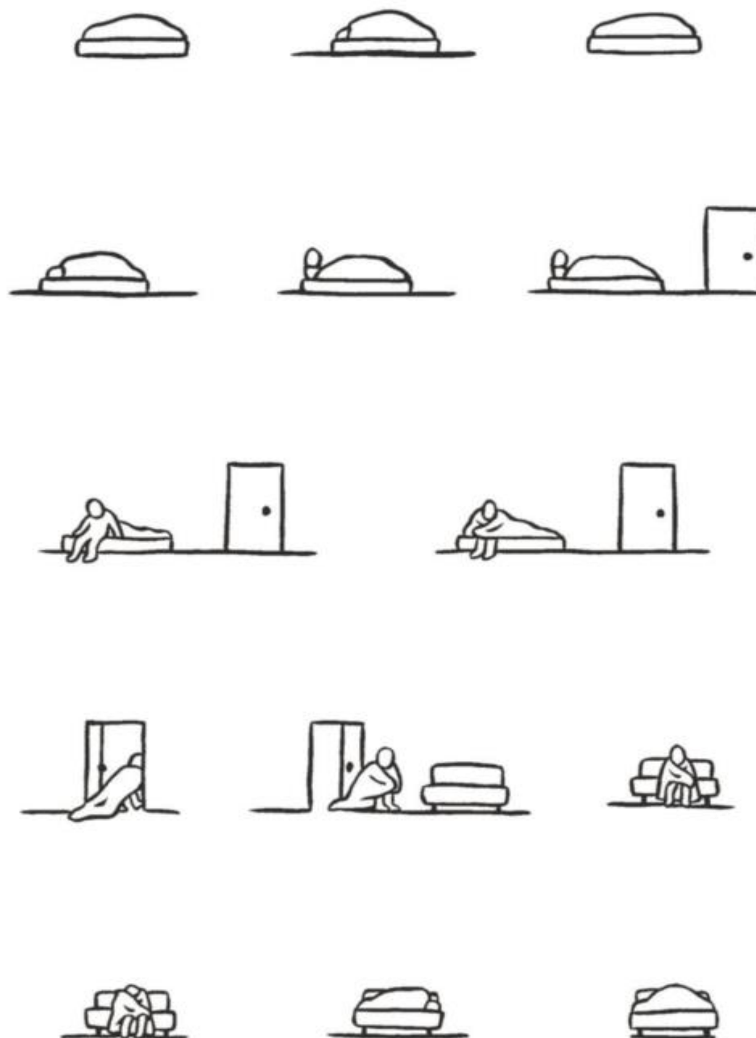

Figure 2, Marbles, p. 77

In "Psychotherapy of the Lived Space" Fuchs states that Forney's bodily experience of heaviness and frailty morphs over her personal "ecological niche"[iv] (423). As she is incapable of influencing her environment or even responding to any of its

possible valences, it seems to have ceased to exist. In this sequence, Forney dramatically communicates to the reader the limitations of her physical and social lived space or "niche" and provides a sort of a story framing outline in the first three panels. The first panel shows her sleeping in her bed with her body fully covered under a blanket. Although it is implicitly signified that she sleeps in her bedroom, she purposefully refrains from showing a bedroom-like set up or any other objects—not even a sign of a door, window or even walls--except for what seems to be a bed on which she sleeps. In the second panel, she slightly lifts down the blanket to show her head and with that appears the floor beneath her bed which disappears again in panel three when she covers her head.

With the fifth panel, she raises her head in an upright position and with that she introduces to the reader what she is looking at, her bedroom's door in the sixth panel. In panels six, seven and eight, the floor expands between the bed and the door providing a new spatial parameter for her which suggests a probable movement. However, only by the seventh panel that she gets from under the blanket and heavily sits in bed. Still with the eight panel, she remains siting in bed unable to stand and walk out of the door as she seems to have desperately planned two panels earlier. Potentially, the succession of panels conveys the passage of time yet with hardly any changes or effective progression in her lived space. With the second part of the sequence, Forney successfully manages to cross the door offering herself a new spatial opportunity but only to take few steps and sit on a couch that appears with the tenth panel right outside the door in which the reader might gather is her living room. From the eleventh panel till the last one, Forney reemphasizes how her depression characterizes her experience of her lived space with a persistent restrictiveness and confinement. The position of the couch right outside her room and the blanket she covers her body with define her preordained pattern of movement within the confinement of her lived space. At first, she sits motionless on the couch covering up with the blanket, then unable to even hold her back in an upright position, she slowly

surrenders to her fatigue and lies horizontally on the couch covering her whole body with the blanket. The retraction of the floor underneath the couch with the last panel signifies her shrinking ecological niche and lived space.

**To conclude,** graphic medicine's power lies in showing and telling stories of illness through the integration of image and text as much as through silent images that impactfully communicate experiences of detachment or even absence from the world spatial dynamics. In addition to the multiple layers of new meaning which the visuo-verbal narrative offers, it conveys unspoken bodily and emotional disruptions and distortions that are beyond articulation in conventional prose narratives. In its essence, as a graphic narrative form, graphic medicine requires active interaction from its readers. From determining the navigation process of the page—reading and reading the panels in sequence, to filling in the hidden temporal and spatial information in the gutter gaps between panels to compounding together the various visual and textual messages and symbols displayed on each page, both Caroline and Forney effectively invite the reader to play an active immersive part in the perception process of their graphic personal experiences with depression.

## Endnotes

[i] The book's English translation, *General Psychopathology* was published in 1963 and was translated from German by J. Hoenig, M.D., D.P.M. and Marian Hamilton.
[ii] Ludwig Binswanger, a Swiss psychiatrist who pioneered the field of existential psychology and wrote extensively on Melancholy and time and with inspiration from the writings of Edward Husserl and Martin Heidegger on being-in-the-world and being-with-others-in the world conceptions.

[iii] Arthur Tatossian, a French Psychiatrist who addressed the phenomenological concepts of lived body, time and space in depressive patients in a number of his papers such as: (1975) Phénoménologie de la dépression. Psychiatries (1975), Le sens de la depression (1977), Aspects phénoménologiques du temps humain en psychiatrie (1977) and Phénoménologie de la dépression. Encéphale (1981) which is quoted in this study.

[iv] In his paper, "Psychotherapy of the Lived Space", Thomas Fuchs establishes a connection between a person's lived space and their ecological niche which signifies their surrounding habitat, both their physical and social environment.

### Works Cited

Binswanger, Ludwig. *Basic Forms and Knowledge of Human Existence.* third ed., ERNST REINHARDT MONKS/BASEL, 1962.

Caroline, Mademoiselle. *Chute Libre: Carnets du Gouffre.* DELCOURT, 2013.

D'Arcy, Geraint. Mise en Scène, Acting, and Comics. Palgrave Macmillan, 2020.

Fisher, Seymour. "Depressive affect and perception of up-down." *Journal of Psychiatric Research*, vol. 2, no. 1, 1964, pp. 25–30, https://doi.org/10.1016/0022-3956(64)90026-3.

Forney, Ellen. *Marbles Mania, Depression, Michelangelo, & Me: a Graphic Memoir*. Robinson, 2013.

Fuchs, Thomas, and Jann E Schlimme. "Embodiment and Psychopathology: A Phenomenological Perspective." *Current Opinion in Psychiatry*, vol. 22, no. 6, 2009, pp. 570–575, https://doi.org/10.1097/yco.0b013e3283318e5c.

Fuchs, Thomas. "Corporealized and Disembodied Minds: A Phenomenological View of the Body in Melancholia and Schizophrenia." *Philosophy, Psychiatry & Psychology*, vol. 12, no. 2, 2005, pp. 95–107.

---. "Psychotherapy of the lived space: A phenomenological and ecological concept." *American Journal of Psychotherapy*, vol. 61, no. 4, 2007, pp. 423–439, https://doi.org/10.1176/appi.psychotherapy.2007.61.4.423.

Karp, David Allen. *Speaking of Sadness: Depression, Disconnection, and the Meanings of Illness*. Updated and expanded edition., Oxford UP, 2017.

Quesenberry, Krista, and Susan Merrill Squier. "Life Writing and Graphic Narratives." *Life Writing*, vol. 13, no. 1, 2016, pp. 63–85., doi:10.1080/14484528.2016.1130571.

Rau, Susanne. *History, Space and Place*. Routledge, 2020.

Souza, Camila, et al. "The lived space of Ana: A clinical case study from the perspective of Phenomenological Psychopathology." *Trends in Psychology*, vol. 28, no. 1, 2020, pp. 16–30, https://doi.org/10.9788/s43076-019-00010-5.

Stanghellini, Giovani. *Disembodied Spirits and Deanimatied Bodies: The Psychopathology of Common Sense*. Oxford UP, 2004.