

“Falling into Depression” in
Graphic Medicine: The
Making of Graphic Personal
Iconographies of the
Emotional Bodily Experience
in *Chute Libre*

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Abstract

This study examines how graphic medicine contributes to creating what can be termed *graphic iconography of the emotional bodily experience of mental illness*. This paper highlights the role of visual metaphors of the body, and bodily feelings, in forming iconographies of the metaphorical conception of “falling into depression” in the French comics artist Mademoiselle Caroline’s memoir of depression *Chute Libre: Carnets Du Gouffre* (2013). This study builds upon the British physician and comics artist Ian Williams’ notions of the “unofficial iconography” of illness in graphic medicine, as well as George Lakoff’s and Mark Johnson’s mappings of conceptual metaphors. Furthermore, Elizabeth El Refaie’s new taxonomy of visual metaphors is examined to show how graphic medicine of mental illness, as a visuo-textual form of storytelling, creates a new chapter in the history of the “iconography of illness”, specifically, of how the body *feels* in the emotional experience of mental illness.

Keywords: Graphic Medicine, Iconography of Mental Illness, Embodied Conceptual Metaphor, Visual Metaphor, Depression, *Chute Libre*

Graphic Depression:

In his chapter of the *Graphic Medicine Manifesto* (2015), the British physician and comics artist, Ian Williams argues that graphic narratives of illness contribute to the “the bank of available images that inform our collective conceptions of illness and healthcare” (115). Extending Williams’s thoughts, the role of graphic medicine is tackled in transforming the personal autobiographical iconography of embodied emotional experiences of mental illness into an accessible referential and readily identifiable collective body of mental illness iconographies. The visual depictions of heightened moments of emotional suffering in depressive episodes chart the influence of visual (embodied) conceptual metaphors into the formation of what is called *the graphic iconographies of emotional bodily experience of mental illness*. In their *originality*, those personal iconographies contribute to shape truthful and sincere illustrations of the real struggle of how *the body* feels to live with a mental illness. It equally creates a new chapter in the history of the art of the iconography of mental illness.

The term depression was originally derived from the Latin word *deprimere* which means (to press down), and it is made up of “*de* (down from) and *premere* (to press)” (McMullen and Conway 168). Apart from its medical attributions, depression is mainly defined as: (1) a “[r]eduction of the level of functioning”; (2) “a hollow or sunken area” (3) a sense of “[d]isplacement of a part downward or inward” (Medical Dictionary for the Health Professions and Nursing). Along the same lines, in the emotional experience of depression as a mood disorder, the word depression denotes feelings and sensations of “going down” or “feeling low” or feeling “pressed down” and descending in general mood and physical functioning. In defining his conception of “the iconography of illness” specifically in relation to depression, Sander L. Gilman asserts that “[t]he iconography of depression, with its emphasis on the body, stresses the age-old association of the nature of the mind . . . with the image

of the body. The image of the body is made to "portray" the state of mind" (99). Thus, naturally, expressions of the emotional experiences attached to depression are mostly entangled in bodily movements, behaviours, and feelings.

According to the American Psychiatric Association's DSM-V (The Diagnostic and Statistical Manual of Mental Illness, 2013), depressed patients report experiencing several common symptoms such as: fatigue, or loss of energy, loss of interest in daily activities or any activities at all, insomnia, dissociation and disinterest in social engagement (160-1). A mental illness affects the body with its feelings and sensations as excruciatingly as the brain functioning and the social behaviour of the patient. The body markedly manifests most of the above symptoms and changes, yet they are usually invisible to the people around the patient.

In *Experiences of Depression: A Study in Phenomenology*, Matthew Ratcliffe explains that depressive patients might find it difficult to describe their depressive moods in metaphors or that sometimes "their metaphors fall short". He argues that even when the use of metaphors is considerably effective, metaphorical language alone cannot fully encapsulate or entirely reflect all the different experiences of depression, nor can it clearly distinguish several forms of depression (40). Graphic medicine allows for the formation of new types of visual metaphors that push the boundaries of language expression, offering new nuanced personal iconographies of how it feels to live with depression. In that sense, graphic medicine not only offers survivors of mental or other invisible illness an outlet for their unheard voices and unseen pain—particularly for those who are incapable of putting into words what it feels like for them to live with depression—but also significantly promotes understanding, awareness and empathy among the general readers.

Graphic Medicine: Graphic Illness Narratives:

For more than two decades, literature has been employed as a “reflective tool” in the study of medicine in a way that creates a channel between apprehending the nature of an illness or a disease and understanding the patient’s experience of that illness or disease (Williams 21). Medicine, as a theme, despite its prominence and prevalence in comics and graphic narratives, was not novel to the literary genre of comics or introduced only over the last two decades. Patients of both physical and mental illnesses were portrayed in comics in the early twentieth century; however, the degree of centrality in which ill protagonists are portrayed in recent graphic narratives is unprecedented.

Furthermore, themes and plots that encompass stories of people who live with disabilities, illnesses or diseases have been significantly emerging in the early years of this century. In 1972, the publication of Justin Green’s autobiographical comic *Binky Brown Meets the Holy Virgin Mary* marked the inauguration of graphic memoirs and autobiographical comics as a genre (Quesenberry and Squier 68). Then later with the prevalence of graphic illness narratives, the comic was revisited by critics and considered the first to address a mental disorder, obsessive-compulsive disorder (OCD), in the comics form. The term graphic medicine was first used by Ian Williams in 2010 “as a sub-category of the field of medical humanities” (Kunka 121). Graphic medicine or graphic illness narratives or as some scholars prefer to call it “Graphic Pathologies” has emerged and proliferated so rapidly and immensely that it has become labeled a subgenre of comics. It is also commonly regarded as a subgenre of the wider scope of health humanities.

Graphic Medicine and Graphic Body Studies

One of the main characteristics of graphic medicine narratives, particularly autobiographical ones, is how artists use drawings of their own bodies as a representation of their experience with their illness, be it a physical or a mental one. As Elizabeth El

Rafaie clarifies, “[b]ecause of cartoonists’ heavy reliance on visual storytelling, the tendency in all illness narratives to engage with the body is further amplified in the case of graphic pathographies, . . . through drawing multiple (self-)portraits” and drawings of the whole body with special attention to different details in each image (57). Those body drawings in some cases serve to enhance their creators’ sense of control and balance where their pain and suffering are rendered expressible and containable. They also offer graphic memoirists a therapeutical outlet that tranquilizes such pain and struggle through producing visual graphic self-representations. “[S]elf-portraits are depictions of what I feel” (99), explains the American comics artist Ellen Forney in her graphic memoir *Marbles, Mania, Depression, Michelangelo and Me*. In 2014, Martha Stoddard Holmes used the term “Graphic Body Studies” to identify scholarly studies that focus on embodiment in comics as well as discuss the importance of representations of the body in forming meaning about experiences of illness in graphic medicine narrative:

By graphic body studies, I mean a theory and analysis of graphic representations of embodied experiences and social identities, drawing on the work of disability studies and other body studies theories but attending to the specific attributes of a hybrid genre that draws words and writes pictures (147-8).

In a similar framework to what fits within graphic body studies, the aim of this study is to focus on the use of verbal metaphors which depict the bodily emotional experience of falling, descending and losing control in the personal experience of depression in Mademoiselle Caroline’s graphic memoir, *Chute Libre*. However, in studies of graphic memoirs of illness, or graphic medicine, little attention has been given to examining the embodied emotions in an exclusively deep and expansive manner. Although the myriad supply of embodied metaphors used in graphic illness narratives have increasingly informed academic studies of the

genre, I believe the dynamics of the bodily emotional experience encrypted in graphic narratives of mental illness are yet to be explored.

Iconography of Mental Illness in Graphic Medicine:

For images to become iconographic of illness they have to be interpreted as culturally significant of certain conditions and emotional experiences specific to being mentally ill. In art history, “iconography refers to the description and classification of visual motifs and symbols, aimed at situating their meanings in historical contexts” (La Cour, et al 153). One of the informants of such visual and cultural motifs are visual metaphors that are originally encoded in verbal metaphors and are structurally embedded in our verbal discourse. In this study, iconographic images in graphic memoirs of illness are examined. They can equally be descriptions of visual forms of metaphors which have a grounded significance and meaning in cultural and historical contexts. In describing the iconography of illness in relation to comics, Ian Williams comes up with a dichotomic classification where he identifies iconographies of illness as (medically) official and unofficial ones:

In official Iconography, t]he visual aspects of the discourse are mediated though an analogous official [discourse] that shows how sick people should look and helps distinguish the “normal” from the “abnormal.” The marks of disease on the body are appropriated by medical photographers or illustrators; positioned in “neutral,” anatomically “correct” positions and in the “correct” light; and captured in photographs or drawings. [Whereas] “unofficial” iconography of medicine emerges from any graphic work that creates new ways of representing disease, whether or not the author necessarily means to challenge the official knowledge: subjective interpretations, even when explaining conventional wisdom, may provide new insights. The independent comics artist may create an original

iconography that transmits the raw veracity of lived experience (*Graphic Medicine Manifesto* 129).

As Williams clarifies, in unofficial iconographies of illness, artists inform both the medically qualified and the public reader of the personal struggle of illness in an individualistic authentic manner that, despite being utterly subjective, can transport relatable collective realities of the lived experience of illness. In the investigation of the role of visual conceptual metaphors in the formation of graphic iconographies of falling into depression in graphic medicine, this paper aims to advocate the power of the unofficial realm of the iconography of illness.

Embodied Visual Conceptual Metaphors

With the rise of cognitive studies over the past decades, metaphors have received a wide scholarly interest beyond the terrains of language. They have been conceived, not only as forms of linguistic expressions and figures of speech, but largely as ways of constructing our thoughts and actions, or, more straightforwardly, as “concepts that we live by” (Lakoff and Johnson, *Metaphors We Live by* 4). Such perception is what formulates the theory of conceptual metaphors.

According to George Lakoff and Mark Johnson, the fathers of CMT, the conceptual metaphor theory (1980), a conceptual metaphor is structured upon comprehending the notions of an *abstract concept* through another *concrete concept* which is usually construed from the sensory dynamics of our bodily experiences (*Philosophy in the Flesh* 50). The domain of the abstract idea is known as the “source domain” whereas that of the concrete sensorimotor experience is called the “target domain”. For example, in the conceptual metaphor “TIME IS MONEY”, time is comprehended through the concrete concept of money as a “valuable commodity”, and “a limited source”. In the English language this conceptual metaphor is manifested in various linguistic expressions such as: “You’re *wasting* my time”, “I don’t

have the time to *give* you” which shows time as a personal commodity to be owned, preserved and spent carefully, or in statements that entail a quantifiable value of time as in: “I’ve invested a lot of time in her” and “Do you have much time left?” (Lakoff and Johnson, *Metaphors We Live By* 15-16). Conceptual metaphors are categorized into three main types: *structural*, *orientational* and *ontological* metaphors. The second and third will be examined in the present study.

The above mentioned example represents how a concept can be metaphorically understood in terms of another; this is the essence of the *structural* metaphor. However, the *orientational* metaphor creates an entire system of concepts that are comprehended in association with each other. Its name, orientational metaphor, is derived from our spatial experience as embodied beings in the world. We experience the physical environment around us with our bodies; thus, all spatial orientations arise from our embodied experiences and how our bodies function and interact with the world around us. Orientational metaphors, as Lakoff and Johnson clarify, provide the concept of “spatial orientation”, as in “HAPPY IS UP” and “SAD IS DOWN”. In that sense, the concept HAPPY is spatially oriented in an upward direction, UP, whereas the SAD concept is oriented in a downward direction, DOWN (*Metaphors We Live By* 22). Orientational metaphors are usually the most expressive types of metaphors in illuminating new meanings of the embodiment of emotions in varying forms of emotional experiences. For example, orientational conceptual metaphors appear vibrantly in everyday verbal expressions of emotions of happiness and sadness as in: “I’m feeling *up*. That *boosted* my spirits. My spirits *rose*. You’re in *high* spirits. I’m feeling *down*. I’m *down* in the dumps. He’s really *low* these days” (Lakoff, “Language and Emotion” 270).

As for ontological metaphors, they are the type of metaphors that allow us to understand our experiences in terms of concrete physical objects, entities, or substances “(especially our own bodies)” (Lakoff and Johnson, *Metaphors We Live By* 32). In

ontological metaphors, events, activities and states are conceptualized as physical containers. Popular examples are when we say “someone’s in love” where the state of love is conceptualized as a physical place or container in which a person steps into and comes out of. More examples of the conceptual metaphor of A STATE IS A CONTAINER are: “He’s getting out of coma”, “We’re out of trouble now” and, of course, “He fell into depression” which informs the main systematic structure of the metaphors analyzed in this paper. Looking at visual manifestations of the above types of conceptual metaphors, namely, the orientational and metaphorical ones are of great interest in this study.

Towards the end of the 1980s and beginnings of 1990s, metaphor theorists and scholars started looking for manifestations of conceptual metaphors in non-verbal expressions, a shift of interest which gave rise to the visual or pictorial metaphor in multiple types of visual arts such as in paintings, cartoons, comic books, films, theatrical performances, and advertisements. Charles Forceville, one of the pioneering theorists of visual metaphors constructed his taxonomy of verbal metaphors upon the CMT core notion that metaphors cannot be manifested only in language but rather through thought and perception. He came up with basic visual metaphors or what he prefers to call pictorial metaphors. Then, recently, in 2019, in her book, *Visual Metaphors and Embodiment in Graphic Illness Narratives*, Elizabeth El Refaie added several new metaphors such as stylistic and spatial metaphors, which she developed from Lakoff’s and Johnson’s, however, introducing dynamics and meanings inspired from the form and contexts of graphic illness narratives. A more detailed iterations of the El Refaie’s metaphors will be discussed in the following sections.

Slipping, Falling, Free-Falling: The Body in Depressive Emotions:

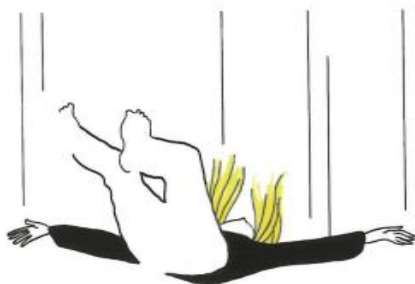
When concrete ideas and concepts fall short in describing a personal emotional experience of illness, particularly if it was a fully or partly invisible mental illness, a patient might resort to expressing how it feels in abstract ideas and concepts. If we look closely, we will reach Lakoff’s and Johnson’s conclusion that “[a]bstract concepts are largely metaphorical” (*Philosophy in the Flesh* 14). In graphic memoirs of (mental) illness, verbal and visual metaphors function as a structural catalyst for the memoirists to channel their emotional experiences to the readers. In *Chute Libre*, metaphors associated with bodily movements, postures or sensations such as: falling or free-falling, slipping, sinking, or being suspended midair; “curling” or “crouching” in a fetus-like position; crushed or pressed down are repeatedly drawn and redrawn as embodied conceptual metaphors manifesting severe bouts of despair, and a sense of complete loss of purpose.

Chute Libre is Mademoiselle Caroline’s first graphic memoir. She had written several graphic novels previous to it and in most of which she maintains her personal graphic style of bold bright colors, detailed depictions of objects, personal belongings of characters or other spatial elements that define how these characters occupy spaces around them and interact with their environment. In *Chute Libre*, she recounts her personal experience with depression from the time she received her first diagnosis and throughout a span of several years. Caroline takes the reader through her daily personal and social struggles as well as her journey with medication, psychiatric sessions and various other types of alternative non-medical therapeutical attempts. Her narrative technique varies between traditional adjacent panelized layouts, and splash pages where she mostly depicts visual chaotic renderings of some of her severest and lowest points of depressive moods.

For Caroline, “falling” is an embodied visual expression of how it feels to lose control and descend into a depressive mood disorder. As Ratcliffe observes, “first-person accounts of depression sometimes describe the experience in terms of losing one’s balance, falling, or having already fallen” (60). Depression is conventionally conceptualized in various cultures in relation to physical forces; bodily movements, statures, and sensations, as in Depression is low/ down/ heavy/ dark. In the introduction of “*Cultural Variation in Metaphor*” Falling is employed as a sensorimotor domain in a conceptual metaphor of depression as in “DEPRESSION IS DOWN/DESCENT” (Kövecses, 267), or in statements as “I fell into a depression” or “My spirits sank” (Lakoff and Johnson, *Metaphors We Live By* 16). Similarly, one of the feelings associated with the emotions of sadness, despair, and hopelessness, which are the most ubiquitous emotions for depressed patients, are those conveyed in idiomatic expressions as in “feeling low” or feeling down”. The bodily sensation of “falling” also conceptualizes the idiomatic statement: “falling into the abyss”—a recurrent verbal and visual metaphor in Caroline’s account. Caroline draws her body falling off as a cue to the reader that signals the beginning of an episode, a deep dive into depression.

Caroline draws her body in a free-falling position several times throughout the memoir embodying a transitioning point in her emotional experience with each fall. She frames her entire personal narrative of depression within a *conceptual* iconographic image of a falling body or a body that has already fallen. On the front cover of the book, she draws her body in a free-falling position right below the book’s title: *Chute Libre: Carnets du Gouffre* which translates into “Free-fall: Notebooks from the Abyss”. The whole cover is drawn on a fully saturated black background. On the back cover, the reader sees a drawing of her sitting on the floor in a tired posture with a clearly heavier body, and a couple of empty pills packs lying next to her reflecting retrospectively the toll this illness has taken on her. She sits with

her eyes gazing upwards and with one hand pushing down the ground beneath her signaling that despite her depressive state she remains hopeful of pushing back up from the abyss of her depression. Through the graphic illustrations on the front and back covers, she previews to the reader *three* fundamental conceptual *visual* metaphors which embody her most persisting disordered affective states of depression: DEPRESSION IS 1) DOWN; 2) DARK; 3) HEAVY. These particular metaphors are used widely in various cultures by depressed and non-depressed people in describing depression as a mental disorder as well as when talking about depressive feelings in relatively short mood changes (Meier and Robinson, 239-252).



La chute libre.

Fig. 1 *Chute Libre*, p. 15

Caroline employs visual metaphors of falling either to signal the beginning of one of her successive depressive episodes or to simulate her physical and psychological struggle with medication. For each episode, she creates an iconographic embodied image of her emotional experience in the form of a fall. In the above splash or whole-page image, Caroline uses the exact metaphor of free-falling on the book’s front cover; however, her position is slightly changed as she places it here up towards the top of the page, signaling the beginning of her free-fall into illness, or as she puts it verbally at the far bottom of the page: “La Chute Libre” (15); “The free-fall”. It is significant to point out that the image as a whole captures a very personal experience of time, for even though the lines emanating from her body as well as the lowered position of her torso compared to her legs visually convey the speed that is naturally aligned with the concept of a free-fall, the position of Caroline’s body on the page, occupying the top third of the page, seems to suggest that she is suspended in mid-air. It signals to the reader that although she is getting low and depression is manifesting its symptoms in her quite swiftly, Caroline’s depressive condition is still in its early stages. In a similar manner, both the image of Caroline’s body falling at the top and the text at the far bottom work together contextually in tandem, yet they occupy opposite positions with a significantly wide white gap in between them which spatially reflects a lived time experience of depression that moves rather slowly for her.

Unlike the blackness in the background of the cover page illustration, with this image, the complete whiteness arouses the curiosity of the reader and activates a mode of unpredictability and strikingness upon the rest of the book. Although the white colour in most colour theories and colour psychology interpretations denotes positive meanings and pleasant concepts such as purity, freshness, innocence and light, it might as well signify feelings that are not particularly pleasant and are perhaps rather disheartening such as emptiness, blankness, barrenness, sterility and uncertainty. According to El Refaie, stylistic metaphors contour “metaphorical

meanings emerging from the style of pictures, words, abstract visual elements. . . and/ or the materiality of the book” (117). One of the subcategories of the stylistic metaphors is the isomorphic metaphor which signifies mainly basic visual properties that “suggest nonvisual sense perceptions or abstract meanings”, such as color, shape, contrast, brightness, texture, quality of line (117). Combining simple stylistic layout, Caroline puts together an image that qualifies as an isomorphic visual metaphor that creates a new potential conceptual metaphor of depression as in **DEPRESSION IS EMPTY**.

Right after she receives her formal diagnosis, Caroline starts taking antidepressants, and as her condition improves, her much-awaited relief at thinking that she has finally retrieved her normal depression-free self puts her under the illusion of being fully recovered and in control, so stops taking anti-depressants completely. Consequently, her second depressive episode unfolds more as a relapse, a much more severe bout of depression which the medication takes longer to break and contain. In the second image, in Fig. 2, Caroline suspends the panel form one more time to offer the reader a graphic timeline that embodies her deteriorating condition across time in the form of successive slips down a dark steep hill slope. These slips happen every five days, and end with a final fall down into a hidden place from where she pulls out one hand in a desperate attempt to get out. More significantly and interestingly, here, she seems to stumble and struggle several times before she finally falls. The time sequence in this image conveys that she has developed a new sense of resistance, and awareness of what awaits her if she falls again. The first slip embodies an alerting signal that she is about to fall in a new episode. So, unlike her passive surrender in the free-fall above, she mindfully attempts not to lose her balance by turning her body around and up towards the tip of the mountain, and, and even when she fails, she falls in with her head up. This indicates that after receiving medication for a while, she is more in control; she falls in a standing position.

For the reader, this hidden, undrawn place she falls in is obviously the abyss that appears repeatedly throughout the memoir. With this image, Caroline shares with the reader new information, verbally, about her emotional experience down in the abyss of depression. She first says, “I had all the leisure of falling again.” and then down at the bottom she adds, “There, *where* it stings” (Caroline 31). The metaphor “Depression is a Monster” is quite recurrent in graphic as well as prose narratives of depression. However, for Caroline, depression rather signifies a location, towards which she gradually descends, and even when she describes one of the feelings pertaining to her depression, she attaches the stinging feeling to it as a place and not necessarily as a monstrous or an evil creature that stings. Depression for Caroline is a space she unwillingly steps down to and resides in for time intervals.

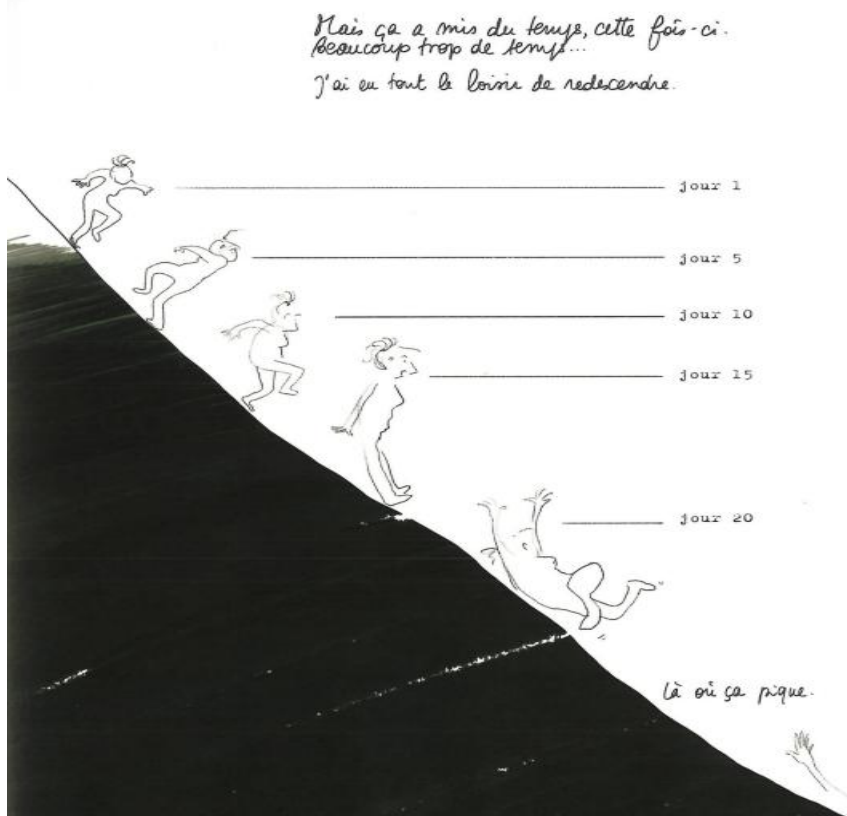


Fig. 2, *Chute Libre*, p. 31

The conceptual metaphor in this image is of the ontological type. It is structured upon the mapping of the Location-Event Structure metaphor, “States Are Locations”, which is based upon the primary metaphor, “Changes Are *Movements*”, through which events are conceptualized in terms of locations (Lakoff and Johnson, *Philosophy in the Flesh*, 163). As Lakoff investigates, “What this mapping does is to allow us to conceptualize events and all aspects of them—actions, causes, changes, states, . . . in terms of our extensive experience with, and knowledge about, motion in space” (163). He presents several examples of “States Are Locations” conceptual metaphor including one about depression that considerably encapsulates Caroline’s underlying message of this visual metaphor: “[Sh]e’s in a deep depression” (163). In Lakoff’s and Johnson’s example, depression is communicated as a space or location that a depression patient inhabits. Nonetheless, reaching that location requires a movement force either on the part of the state or the person experiencing it. For example, depression, as a state, may come on a patient gradually or a patient might feel they are heading slowly, quickly, or perhaps steadily towards it.

Lakoff further suggests that moving towards a location can be desired or forced. In forced movements the driving force might be internal or external (163). In *Chute Libre*, Caroline engages the reader in her forced journey or movement from one depressive state to a hideously severe another. To augment the basic conceptual metaphors of her narrative that contextualize depression as a dark down space—a descending movement, she visualizes her movement down the deep pit of depression as a gradual fall *down* a slope of a black hill that gets darker in colour and saturation, width and depth as she falls down.

The metaphor of falling here is coupled with the temporal temperament of the act of falling where she visualizes herself descending in that second episode of depression gradually over a number of days. As Lakoff and Johnson assert, “[t]ime is as basic a concept as we have. Yet time, in English and in other languages is, for the most part, not conceptualized and talked about on its own

terms. Very little of our understanding of time is purely temporal. Most of our understanding of time is a metaphorical version of our understanding of motion in space” (*Philosophy in the Flesh* 129). In its essence, graphic form conveys the working mechanism and changing dynamics of time in the form of spatial structures and visual stylistics as exemplified in this iconographic image.

This illustration represents a fundamental transitioning point in the course of the whole narrative as it marks the introduction of a new avatar of Caroline’s to the reader, a new facet of her identity that reappears particularly during her severest moments of depression and deepest downs. In “Depression and the Self” Fredrick Svenaues explains “[Depression] so thoroughly changes the identity of the person, the illness has to be lived with and integrated in the life story of the sufferer” (18). The new avatar embodies her emotional experience in the lowest points of her despair and anguish showing only her silhouette, a naked shadow of her body, a colourless and figureless one. It conveys an overall internal emptiness that creeps out and splashes over her outward bodily being. Her new avatar is entirely stripped off her socially and culturally identifying physical features: her blonde hair, red nail polish, rosy cheeks, fit body and overall cheerful aura, all of which she explicitly exaggerates and emphasizes verbally and visually in earlier pages in portraying her original avatar. Later in the book, she adds the blonde colour to her hair on her formless, heavy, distressed body as the only reminder to the reader of her original physical identity, that of an undepressed self. In constructing the cartoon avatar of her depressed self, Caroline reflects her internal as well as external bodily emotional experience during the severest stages of her depression episodes and most significantly accentuates her iconographic identity.

Caroline uses splash pages to break the reading rhythm, pace and introduce a new iconographic image that charts either a new stage in her depression or communicates to the reader that an ongoing episode has tightened its grip and reached its severest stage. The latter scenario applies to the following image. In

continuation of the series of iconographies that are structured upon the conceptual metaphors of Depression is Down/Low/Dark, the following image represents the time phase that follows the previous two images where Caroline has experienced fluctuating symptoms of depression. This image illustrates the final stage in depression where she descends into the darkest and deepest depressive point and hits the bottom. Curled-up in a fetus-like position, she describes this final stage in saying: “Welcome *into* nothingness” (82), which communicates that she has already fallen to the lowest point where she sees and feels nothing and hopes for nothing. “Welcome into nothingness” is a verbal metaphor that aligns with the verbal metaphor “She fell into depression”, where the main concept “Depression is a container” formulates the new subcategory DEPRESSION IS AN ABYSS, or rather DEPRESSION IS A DARK ABYSS OF NOTHINGNESS. Once again, Caroline’s use of the white colour is also central to the meaning of nothingness conveyed in this image. Although the hole is black, the bottom of nothingness is white. Again, white here introduces a deeper layer of her suffering, beyond the feelings of despair and overall gloominess that the darkness here conveys. White signifies that her emotional experience has reached the point of infinite numbness, banality, and nothingness; she feels nothing.

With a humorous flare, Caroline breaks the tension and juxtaposes the bleakness of the drawn image with the delightful word “welcome”. Addressing her readers through that statement, she subtly conveys how feelings of emptiness and nothingness attached to her illness have become familiar to her and she sarcastically invites the reader to witness how she perceives her emotional experience. Caroline’s narrator’s voice is persistently present in text form throughout the narrative, and rather exuberantly in the background of most of her visual metaphors attached to her depression as if refusing to let the reader wander off in their imagination or step outside the panels/pages to retain their subjective perspective as an outsider.

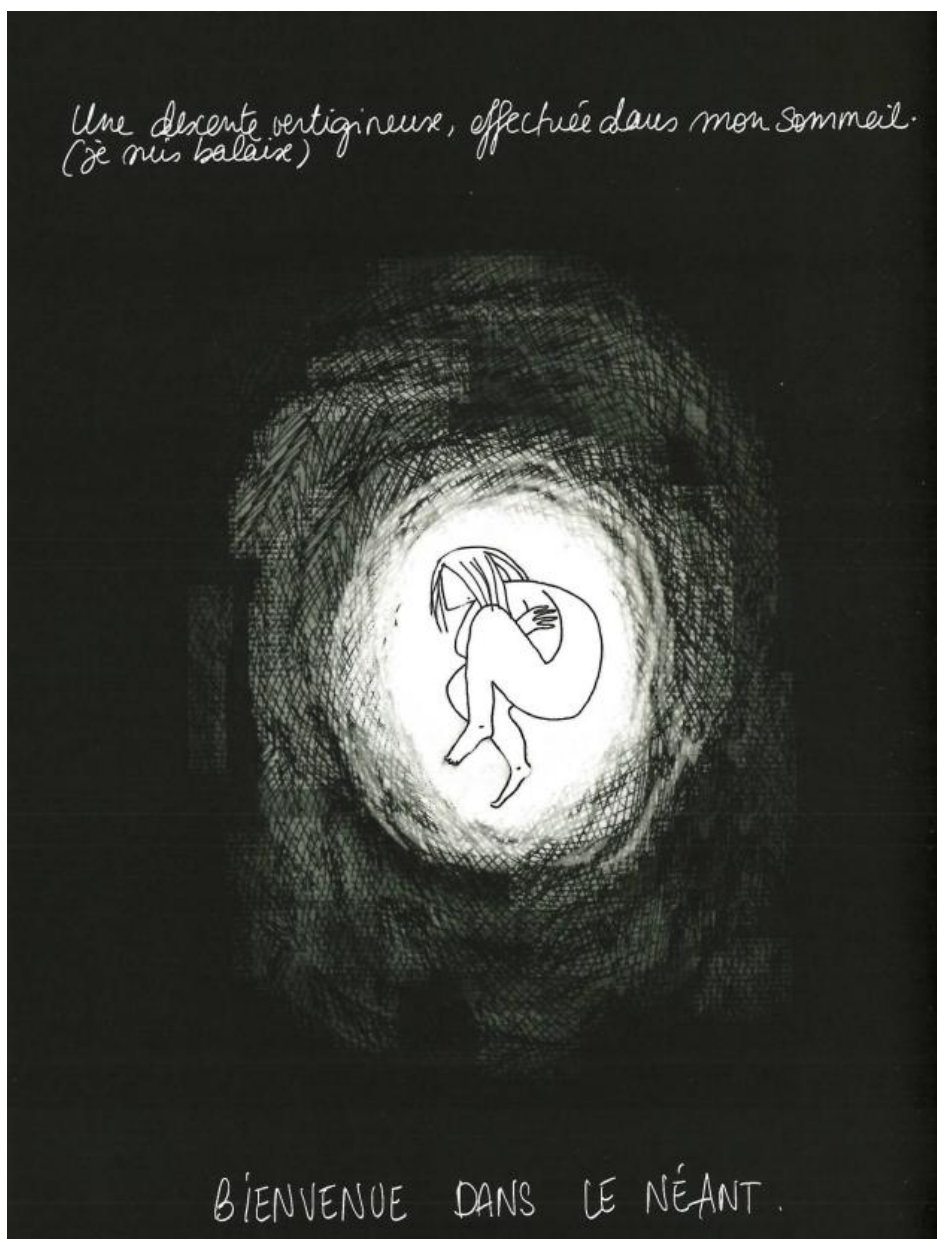


Fig. 3, *Chute Libre*, p. 82

To conclude, some mental illnesses are associated with social and cultural misconceptions or limiting conceptions that convey only one dimension of the truth about how it feels to live with such mental illness. Many images that are being fed to people through social media associate, for example, depression with mere

bouts of deep sadness, and disorders such as anorexia nervosa with an obsession, with slenderness and getting in shape. Such images do not only limit the perspective of the viewer but rather misinform about the underlying realities of living with mental illness as well as diminish the deeper layers of the emotional distraught, the mental and physical pain and struggle, and the life-threatening attributes of these mental illnesses. In employing embodied visual metaphors in graphic medicine, a set of descriptive features of some personal bodily emotional experiences can turn into iconographic representations that directly construct a photographic memorable reference and contribute to a collective iconography of mental illness.

Therefore, the visual metaphors originating from the graphic medicine narratives create a new perspective of individualistic experiences of depression, and most specifically, of their emotional bodily experiences which verbal metaphors in their full capacities cannot thoroughly express. As discussed in this study, what distinguishes Caroline’s personal narrative and description of depression is that her use of visual metaphors is so deeply entrenched in her minutely personal struggle that, though entirely personal, they are capable of immersing the reader so subtly into her lived experience of depression. Her visual demonstration of the process of falling seems to cross the line between the abstract and the concrete corporeal of how it feels to have your legs slip, descend and fall uncontrollably to the bottom of nowhere. Visual metaphors in graphic medicine, furthermore, provide depression sufferers and other mental, or any “invisible” illness survivors, an outlet to contribute to the realm of mental illness iconography, most importantly, an outlet to generate new insightful meanings of how the body feels in experiencing depression.

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