

## **‘Keep it Gothic, Man’: Gothic and Graphic Medicine in Ian Williams’s *The Bad***

### ***Doctor***

#### **Abstract:**

Exploring the intersection of Gothic Medicine and Graphic Medicine in Ian William’s graphic novel, *The Bad Doctor*, this article discusses the ways in which gothic aesthetics, particularly representations of the abject encounter, contribute to an understanding of mental illness whilst also interrogating dominant paradigms within medical discourse. Further, this study suggests that the gothic aspects of comics as a medium contribute to the effectiveness of Graphic Medicine as a genre by offering insight into visual and verbal representations of the body. Detailed close readings indicate that Williams’s work draws a parallel between the symptoms of obsessive-compulsive disorder on an individual level and the hostility toward the Gothic that formed a cornerstone in the foundation of modern medicine as a discipline.

**Keywords:** Graphic Medicine, Gothic Medicine, Abjection, Julia Kristeva, Occult, Comics Theory

‘It is thus not lack of cleanliness or health that causes abjection but what disturbs identity, system, order.’<sup>1</sup>

My copy of Ian Williams’s debut graphic novel, *The Bad Doctor* (2014), is inscribed with a personal sketch and injunction from the author: above the standard salutation — ‘All the best, Ian Williams’s — a grinning skull reminds the reader to ‘Keep it Gothic, Man.’ The legacy of several late-night conversations on the intersection of aesthetics and mental health, the black-ink drawing and message motion not only toward the cross-fertilisation of academic research (Gothic Studies) and creative practice (comics creation), but also toward the discovery of a shared lexis for exploring the experience of mental illness. By his own account, Williams’s interest in comics coincided with popular iterations of gothic horror: ‘the first time I got really excited about comics was upon reading

Issue 16 of *Dracula Lives*'.<sup>2</sup> Moreover, given that this introduction to comics occurred before the widespread emergence of specialist comics shops, purchasing these books entailed a broader encounter with alternative culture via 'regular forays to buy the comics from seedy "alternative" book shops that seemed to specialize in pornography and occult literature'.<sup>3</sup> Such associations make comics, as Kimberley Myers notes, 'ideal for exploring taboo or forbidden areas of illness and healthcare'.<sup>4</sup> Gothic aesthetics, with their capacity to depict bodies and patterns of thought considered abnormal, offer visual and verbal vocabularies for exploring the interconnectedness of rational and irrational worlds in medical encounters.

The term 'Gothic medicine' was coined by Meegan Kennedy to name a tradition of writing that 'pairs' medical discourse with gothic aesthetics.<sup>5</sup> Her work focusses on the nineteenth century, where she identifies significant overlaps between Gothic fiction and medical case histories, remarking on 'how successful twentieth-century medicine has seemingly been in attempting to render such cases obsolete'.<sup>6</sup> In the early twenty-first century, however, an increasing emphasis on patient experience has shifted the discursive terrain once again such that the Gothic's preoccupation with the intersection of power, knowledge and desire has acquired renewed relevance. As the significance of personal narrative to the practice of medicine becomes more widely recognised, the verbal and visual lexicons developed by Gothic writers and artists offer modes of representation that sit outside the privileged register of medical discourse.

In this respect, Gothic Medicine has much to offer the practice of 'Graphic Medicine', which, as Williams notes, 'disrupts the "objective" case study, exploring the myriad ways that health and disease can be represented in graphic form'.<sup>7</sup> Broadly defined by Williams as 'the intersection of the medium of comics and the discourse of healthcare',<sup>8</sup> Graphic Medicine can neither be defined solely in terms of artistic genre nor academic discipline. It is perhaps best described as, in Susan Squier's words, 'a movement for change',<sup>9</sup> one which includes both academic enquiry and creative production. This activity incorporates comics that approach the medical encounter from a variety of perspectives including that of the medic, the patient or an interested third party (e.g. a family

member or close friend). Graphic Medicine thus not only challenges dominant representations of illness, but it does so precisely by disturbing the distinctions between genre, discipline, and perspective which appear foundational in the establishment of modern medicine.

*The Bad Doctor* provides an excellent example of such disruption offering a fictionalised account of Williams's experiences as a General Practitioner living with mental illness. His public acknowledgement of the life experiences underpinning this graphic novel transgresses the taboo against publicly discussing one's own mental health, a prohibition felt particularly strongly amongst medical professionals themselves:

I had experienced recurrent bouts of mild to moderate depression since childhood, but during my teens I developed an enervating obsessive-compulsive disorder (OCD), which I managed to keep hidden for many years out of fear that I would be ridiculed, medicated, or incarcerated.<sup>10</sup>

Thus, the particularities of his own illness, as represented through Iwan's story, offer an opportunity to reflect on what happens if the encounter with the abject results in a pathology. The story Williams creates is itself replete with gothic elements, including hidden desires, non-normative body-types, corpses, suggestions of the supernatural and references to the occult. Iwan is on the cusp of a midlife crisis: unhappy in his marriage, in perpetual conflict with the other G. P. partner at the surgery (Robert, a chauvinist with a penchant for delegating work), suffering with longstanding mental health issues, and falling for Lois, the third G. P. at the surgery. His work regularly involves dealing with abject matters – from bleeding head injuries and incontinence to decomposing bodies – and a number of his patients elicit feelings of disgust, anxiety or terror. His only source of release takes the form of cycling with his friend and fellow doctor, Arthur, but these trips often exacerbate matters for Iwan who 'can't separate the landscape from the misery and suffering of [his] patients'.<sup>11</sup>

Below, I will undertake close readings of *The Bad Doctor* to bring together Gothic Medicine and Graphic Medicine for the first time. Whereas Kennedy's work considers the relationship between medicine (including medical illustrations) and the Victorian novel, widening the scope to

include the genre of the graphic novel allows for a detailed consideration of the interaction between different types of visual language in a contemporary environment. In relation to Graphic Medicine, adopting a gothic perspective yields fresh insight into the ways in which the comics medium reveals perspectives and ideas often excluded from modern medicine. In its emphasis on the subjective dimensions of medicine for medics, scholars, and patients (and indeed for medics and scholars *as patients*), Graphic Medicine offers readers a sense of not only how encounters with illness feel on the inside, but also how such maladies call into question the distinction between the interior and the exterior. Here, the resources of Gothic Studies, and in particular a nuanced consideration of abjection and the abject, can deepen our understanding of the relationship between the body and the often-disavowed aspects of modern medicine. *The Bad Doctor* introduces the abject in both its structure and content, disrupting key divisions underpinning conventional assumptions about medicine (doctor v. patient, subject v. object, rational v. irrational). In its engagement with modern and archaic medical discourses, moreover, it serves to conjure what Kennedy calls ‘the ghost in the clinic’ from within the practice of medicine today.<sup>12</sup> The first part of this essay discusses how Williams’s representations of the abject body participate in an interrogation of medical authority and demonstrate the impossibility of entirely separating the professional from the personal in the embodied experience of medics. The second part, meanwhile, approaches abjection as a process that is operative on cultural as well as individual levels, ‘manifesting itself in various cultural taboos, in literary texts as well as in religious rituals and doctrine’.<sup>13</sup> Here, I propose that Williams draws a connection between the microcosm of individual mental health and the macrocosm of medical practice demonstrating how the formation of an identity constructed around an attempt to control or evade the abject encounter tends toward pathology.

To appreciate the position of abjection in medical discourse and practice, it is helpful to draw on the work of Julia Kristeva whose reflections on the abject are intricately bound up with her investigations of human communication. Unlike other prominent graphic memoirists — foremost among them, Alison Bechdel — Williams does not engage directly with psychoanalytic theory and it

would be misleading to undertake a reading of his work that presents psychoanalysis as a privileged hermeneutic or therapeutic tool. However, there are informative synergies not only between Williams's tell-all account of life as a doctor and Kristeva's exploration of abjection in cultural and psychological formations, but also between her investigation of different modes of expression (the semiotic and symbolic) and his use of the comics medium to represent mental illness from the inside. Rina Arya provides a careful discussion of the relationship between language and the formation of the subject. For Kristeva communication involves two distinct but interconnected aspects: the symbolic and the semiotic. The semiotic is here understood as the non-representational aspects of language – 'babbles, cries and coos' – that Kristeva associates with the 'chora', a space linked to the maternal and with a mode of interaction that is anterior to speech and individuation: 'The infant experiences the world in rhythms and movements, and registers vocalizations and tones in its environment which correlate with bodily drives'.<sup>14</sup> In contrast, the symbolic is representational and initiation into this order entails a growing mastery of referentiality via a system of signs that mediate our experience and understanding of the world, establishing borders between self and other, subject and object. The symbolic thus relies upon an act of distancing that underpins medical authority. The abject, meanwhile, which includes 'tears, saliva, faeces, urine, vomit, mucus', and 'marks bodily sites which will later become erotogenic zones',<sup>15</sup> disrupts the symbolic by demonstrating the permeability of the body and the persistence of an unruly desire.

### **'All sounds a bit gothic!': Aneurin Cotter and the Abject Disruption of Medical Practice**

Williams draws his medics holding their noses, contorting their faces in disgust, and adopting postures indicative of strong emotions like alarm or regret as they encounter the abject in various contexts: treating a bloody head-wound, kneeling in urine-soaked carpets and examining a decaying corpse. These behaviours emphasise psychological and physiological responses that sit outside the narrow circumference of scientific objectivity and they show how abjection can be used to interrogate the intersection of the personal and the professional in medical settings. By reminding

readers that doctors are embodied and emotional beings, this deployment of the abject invites us to uncover the persistence of desire and human frailty in what medical discourse leaves unsaid.

It is precisely this subjective element that contemporary medical discourse excludes as a result of the professionalisation of medicine that took place in the nineteenth-century. During this period physicians campaigned for 'the formal, objective, and professional clinical discourse that serves as their contribution to a realist aesthetic... explicitly rejecting eighteenth-century medicine's... subterranean affiliation with the unknown, the unexplainable, and the subjective'.<sup>16</sup> For Kristeva, the emergence of the subject coincides with an initiation into the language system which, through the subject-object relation, offers an illusion of autonomy and permanence, 'the assurance of being ourselves, that is, untouchable, unchangeable, immortal'.<sup>17</sup> Kristeva herself suggests that medical discourse – in not only its verbal but also, and pre-eminently, in its visual representations – operates at the level of the symbolic, promising a degree of control over death and the body by replacing the abject with technologically-mediated representations:

A wound with blood and pus, or the sickly, acrid smell of sweat, of decay, does not signify death. In the presence of signified death—a flat encephalograph, for instance—I would understand, react, or accept.<sup>18</sup>

The affects occasioned by an encounter with the abject occur at the level of the semiotic, whilst at the same time such meetings impact the symbolic by disrupting and unravelling meaning. What modern medicine rejects – on the part of the medic at least – are precisely the sort of bodily drives and utterances associated with the semiotic and occasioned by an encounter with that which exceeds comprehension: 'abjection, indescribable pain, rage, sheer ecstasy, fear, and mental disintegration'.<sup>19</sup> Medical discourse performs an abjection of abjection, leaving medics to come to terms with such reminders of morbidity and moribundity by drawing on the strength of a community of others whose work requires regular encounters with such horrors and using whatever resources are available. While changes in training and practice might address some of these problems, *The Bad Doctor* suggests that at present medics remain caught in a conflict between the abject (bodily

vulnerabilities and desires) and a medical discourse that promises but fails to fully deliver authority and control through the exercise of reason and detachment.

*The Bad Doctor's* introduction of the character Aneurin Cotter registers the disruptive impact of the abject both within the story world and at the level of the discourse that produces it (i.e. in relation to the form of the comic itself). The representation of this rural loner performs a function common to the Gothic novel from the eighteenth-century to the present: it simultaneously articulates and challenges the foundational binaries of enlightenment thought (rational/irrational, urban/rural, civilised/uncivilised). Williams portrays Cotter as a recluse from a community which, on the basis of his behaviour and physiological differences, represents him as alternately sub-human and super-natural: 'People talk about him having 'goat's eyes', Robert 'reckons he can put curses on people', and 'His father was rumoured to be some sort of warlock!' (76). Williams depicts Cotter and his home, both in the panelling and the drawings themselves, as a gothic figure who stands in opposition to Iwan and James who cycle through the forest on one of their many outings. Whereas Cotter's clothing – black hoody and dark glasses – connect him with the arboreal gloom of the wood in which he resides, the doctors appear detached from this environment, differentiated from the landscape through a combination of colouring and framing that associates them with light, rationality and a mastery over the environment. *The Bad Doctor* directly situates these drawings within a specific set of genre conventions via the exclamation attributed to James at the end of this encounter: 'All sounds a bit gothic!' (76).

The doctors themselves appear at first to be positioned outside (and above) this gothic environment. This semblance of detached superiority is most evident when the forest first appears on the top of page 73 (see Figure 1). Here, Iwan's pointing hand not only transgresses the panel border, but suggests someone pointing to a picture or slide. This sense of control, however, is undercut by two uncanny effects related to the lack of panel borders in scenes depicting the narrative present (in *The Bad Doctor* solid borders are, for the most part, retained in depictions of past events or the interior experience of OCD). First, the lack of borders on panels with little or no

background highlights the violence inherent in the very act of framing upon which the narration of comics depends. Evident throughout the graphic novel, in panel one this violence is enacted on the body of a doctor, Arthur, whose head is bifurcated by the panel's invisible upper-edge. Second, the element of narrative control that this violence seeks to impose is subverted as the white background from the first panel – which is nothing other than the absence of ink characteristic of the gutter – spills into the second panel, pooling across the road and grassy verge.

Here, the panelling and page layout both suggest that the system of representation contains within itself the kernel of disruption that they seek to regulate, contain, and control. In comics, the empty gutter operates in a manner analogous to the space between words in written language, an absence of signification upon which the symbolic order itself depends. It is perhaps unsurprising, then, that the proliferation of the gutter occurs alongside the narrative's introduction of Cotter and the dead animal he carries, while, the amount of written language decreases dramatically (see Figure 2). The bodies of Cotter and the cat, in combination with the page layout and sparing use of words, suggest a movement from the logical realm of the symbolic, to the irrational and uncontrollable world of the abject body. The irregularity of panel size and spacing emphasises the void of the gutter such that the panels hang in empty space without clear connection to narrative sequence (the page can be read either horizontally or vertically). Cotter's hand, like Iwan's arm on the preceding page, protrudes beyond the panel border, but whereas the doctor's gesture was deictic, Cotter's encodes a gestural command that breaks the fourth wall and stops the narrative in its tracks. The close up of the cat's mutilated corpse, tongue protruding from broken mouth, blood dripping from open wounds, is clearly abject and Cotter's proximity to the corpse is similarly unsettling.

These panels establish a pattern throughout the graphic novel, which regularly uses images of Cotter to trigger a shift toward the visceral, pre-verbal responses associated with Kristeva's semiotic. This effect is experienced throughout subsequent scenes depicting Cotter's medical appointments. Here, the visual depictions of Cotter – always in black, eyes covered – suggest



antagonism and his speech, whilst operative at the level of symbolic language, is clearly outside the politeness norms governing doctor-patient interaction. This disruptive potential of Cotter's bodily presence reaches its apex at the point in the narrative when Iwan is called to the scene of his suicide and first encounters his dead body (196). The preceding page depicts a dialogue between medical professionals organised across three rows of two equally-sized panels. The page turn interrupts this narrative rhythm with a large, single panel depicting Cotter's decomposing corpse. Though the panel is wordless, the movement lines around the flies clearly suggest noise and the smell of decomposition, a suggestion cemented via the depictions of Iwan holding his nose on the adjacent page. Yet, if Cotter represents the interruption of the object within the narrative – both as 'primitive' and as 'corpse' – he thereby, and counter-intuitively, functions as the element calling into question the association of the doctor with rationality and civilisation. At the very point in the narrative where Iwan demystifies the stories about Cotter having goat eyes – 'He's got bilateral colobomas' (197) – the panelling and pictures reinvolve the uncanny and the object. The dismemberment of the body enacted by the borderless panels is heightened in the depiction of Iwan donning his gloves, which hang isolated in the gutter-space. Notably, the medical diagnosis is accompanied by a series of panels that zoom-in on Cotter's dead face, juxtaposing objective medical language with the deeply emotive images of Cotter's bleeding nose, mouth, and ocular defect. Rather than establishing Iwan as a moral authority, this scene points to the inability of medical discourse to fully capture the dimensions of embodied experience; that is, in the face of human suffering the technical language of medicine can demystify through a process of abstraction, but the distance thereby enacted (between doctor and patient, mind and body) leaves a psychic gap that medical practice alone cannot suture. The diagnosis of the rare, but ultimately mundane condition, responsible for his stigmatisation, transforms Cotter into an object of sympathy; at the same time, the incident causes Iwan to question his own actions and demonstrates the inability of the NHS to fully identify and address the health needs of patients.

## **'On nodding terms with the Devil': The Fetish and the Abject in Gothic Graphic Medicine**

While we might well wonder at the fact Cotter's condition was unknown to his G. P., Iwan subsequently reveals that his regrets over the case – 'Maybe I could have done more' – stem from a discomfort not unrelated to gothic aesthetics: 'He gave me the creeps' (199). This response, which he earlier communicates to Arthur – 'I hate seeing him in surgery, he gives me the creeps' (73) – is a shared experience: Robert 'is terrified of him' and Arthur declares him to be a 'fucking weirdo' (76). But it also relates to Iwan's mental illness, which incorporates a considerable amount of magical thinking and ritual even as it centres on anxieties over Satanism and Black Magic. This paradox is symptomatic of OCD, which often manifests as an obsessive return to the source of terror as well as the construction of elaborate rituals and systems that keep close the very object or idea that provokes debilitating anxiety; however, it is also emblematic of medicine itself which bears a proximity to irrational that is both necessary and disavowed. This parallel between personal pathology and disciplinary norms is thematised through specific plot elements, but it also operates on a formal level in the way that Williams visually depicts the experience of OCD.

*The Bad Doctor* foregrounds magical thinking in two separate incidents, both unsurprisingly related to encounters with Cotter. Immediately after remarking on the 'gothic' tenor of Cotter's reputation, Arthur advises Iwan that he needs the "'purple cloak" of protection' (76), which he explicitly describes as 'magic' that offers protection against 'evil vibes' (77). After Cotter's death, meanwhile, Robert reveals that his own father committed suicide and that he subsequently became a spiritualist. At issue here isn't the validity of Robert and Arthur's beliefs so much as the fact that, behind the closed doors of surgeries and hospitals, the persistence of the occult is something of an open secret. Moreover, Arthur insists that an openness to the pre-scientific forms of knowledge can be an asset: 'Doctors, like artists, need to be on nodding terms with the Devil. Otherwise we'd be ignoring a large part of... the reality of existence (77; ellipsis in original).

The difficulty is that, like Iwan, the medical establishment is deeply uncomfortable with opening the door to the forms of knowledge it has spent the better part of three centuries abjecting.

Williams's work demonstrates that for the obsessive compulsive it is precisely the objects of desire which become sites of revulsion. Initially, this manifests in the child Iwan's fears, guilt, and responsibility for his loved ones (his family and the neighbour's dog). In adolescence this relates to a burgeoning interest in heavy metal music and, concomitantly, the occult. In adulthood, anxieties over sex and reproduction become bound up in fears over supernatural contamination. This fear, however, is tied directly to childhood fears of the self as at once invested with a terrible power and yet powerless in the face of death. In the first narrative flashback (30–2), we see the young Iwan exhausting himself with an elaborate bedtime ritual, which, if violated, provokes the fear that 'something terrible will happen!' (32). Eventually, as we see in a second flashback to a similar childhood bedtime ritual, worrying about a mortal accident – such as brake failure on the family car – becomes a risk in itself as he comes to believe that the thought or mental image of an accident has the capacity to actually cause the disaster (55–6). Though the foundational proposition (e.g. that thinking of a disaster will cause it to happen) might appear illogical from the outside, the mental system generates its own sense of coherence incorporating additional elements that not only reaffirm the underlying set of beliefs but also develop such a level of detail that the mind becomes trapped. In effect, the supernatural power accorded to verbal and visual thoughts operates as both the origin and the antidote for Iwan's anxiety.

Whereas medical science depends upon the analysis of verifiable evidence, it nevertheless demonstrates the same propensity toward self-closure because as a discipline it has historically enacted a hostility toward otherness that is analogous to the fear of the unknown manifested in Iwan's OCD. Such autonomy, however, remains illusory as both the discipline and the individual are thoroughly imbricated in wider cultural formations. Williams shows how Iwan's childhood feelings of responsibility for the family incorporate alarmist declamations linking heavy metal music to Satanism in the popular culture of the time. Thus, when the neighbour's dog, Sammy, is run over, the fact that Iwan is listening to Black Sabbath's 1973 album, *Sabbath Bloody Sabbath*, confirms the validity of his anxiety and extends its scope (85–6). Participating in the same distrust of the occult, of desire, and

of gothic aesthetics that were operative in the establishment of an authoritative medical discourse in the nineteenth century, the moral panics of the late-twentieth century seek to resurrect the very cultural values interrogated by Gothic novels throughout the earlier period. Understanding these connections involves exploring the way abjection operates, at a personal and cultural level, in instances where fear becomes pathological.

In this respect, reading Kristeva's discussion of phobia alongside Williams representation of OCD offers insight into healthy and unhealthy responses to fear and uncertainty. Specifically, Kristeva's exploration of the relationship between phobia and language offers a useful framework for connecting the form of Williams's graphic novel in general to his specific representation of the 'tortured divide between rational logic... and obsession' common in OCD (127). Reflecting on the symptoms of OCD, Williams writes of 'a form of viral thought proliferation, with rapidly forming connections between unlinked propositions... which would then congeal into a rigid framework'.<sup>20</sup> This account of OCD points toward the potential for any symbolic system to become pathological, a vulnerability that, according to Kristeva, leads to 'an over-mastery of the linguistic and rhetorical code', in which the phobic subject seeks to express the 'not yet a place' that underpins 'a language of want [manqué]'.<sup>21</sup> This language of want 'refers to fear—a terrifying, abject referent',<sup>22</sup> which is nothing other than the failure or lack occasioned by the process of signification underpinning the symbolic itself. An originary lack 'positions sign, subject and object' to create a language that offers 'the assurance of being ourselves, that is, untouchable, unchangeable, immortal';<sup>23</sup> however, this promise is illusory because initiation into the symbolic requires that we wilfully forget that the substitution of the sign for the thing fails to give us access to the things we are after: 'Language, precisely, is based on fetishist denial'.<sup>24</sup>

These references to the fetish and to the gothic demarcation of a spectral place resonate with the recent comics theory of Thierry Groensteen, which, as Julia Round argues, reveals the gothic dimensions of the comics medium itself. Drawing on Groensteen's discussion of the interdependence of images on the page ('iconic solidarity') and of the use of visual repetition to

create non-linear connections across a textual network ('braiding'), Round describes the panel as a 'gothic "place"' and the comics page as 'a (haunted) architecture that contains within it echoes and allusions'.<sup>25</sup> Moreover, in a section provocatively entitled 'the pregnancy of the panel', Groensteen himself notes that because the panels on the page — 'framed, isolated by empty space... and generally of small dimensions' — appear before the reader altogether and because the reader can linger longer on some than on others, the individual panel 'is offered, in certain cases, to the affective investment of the reader, so that it is transformed into some sort of fetish'.<sup>26</sup> Thus fetishized, 'the panel has the power to hail the reader, momentarily frustrating the "passion to read" that drives the images so as always to be in the lead'.<sup>27</sup> Round's description of this aspect of the panel as 'ornamentation versus function'<sup>28</sup> allows us to see a direct link between Groensteen's fetish and Kristeva's as the panel here hails the reader from beyond its functional position in the narrative. In its aesthetic aspect, with its full status as ostentatious ornamentation on display, the panel thus reminds us of language beyond 'the contract of communication';<sup>29</sup> that is, of language as fetish: 'when a subject confronts the factitiousness of object relation, when he stands at the place of the want that founds it, the fetish becomes a life preserver, temporary and slippery, but nonetheless indispensable'.<sup>30</sup> In the case of the phobia, the fetishistic disavowal fails: 'the object splits and becomes signifiable as phobia'.<sup>31</sup>

In a passage particularly suggestive in the context of Graphic Medicine, Kristeva makes explicit a link between the subject 'in want of metaphoricalness' and the image: 'incapable of producing metaphors by means of signs alone, he produces them in the very material of drives—and it turns out that the only rhetoric of which he is capable is that of affect, and it is projected, as often as not, by means of *images*'.<sup>32</sup> For his part, Williams notes both that 'images help structure the schemata of illness within the mind of the clinician', and that a process of disavowal is involved in according objectivity to such 'mental frameworks of visual knowledge' because these 'might admit more than pathology into their structure: no one is immune to media portrayals of their chosen vocation or immune to prevailing cultural attitudes'.<sup>33</sup> Graphic medicine enables a direct

intervention at the level of such visual schemata, enabling artists to literally change the way the patient and the illness are seen. Williams's depictions of OCD directly translate mental images of fear into drawn images on the comics page; however, *The Bad Doctor* goes beyond simply externalising the interior experience of illness, and reflects on the way in which fear and disavowal render pathological the creation and organisation of signification more broadly.

Williams argues that 'making autobiographical comics is a type of symbolic creativity that helps form identity—a way to reconstruct the world, placing fragments of testimony into a meaningful narrative and physically reconstructing the damaged body'.<sup>34</sup> This reconstruction is a multi-stage process and determining how best to express the experience of mental illness required him to experiment with the representational capacities of comics. Reflecting on his experience of the disease and the challenge of representing its effects visually, Williams draws parallels with occult spiritual traditions: 'my infected adolescent logic was bound up in ideas of luck, spiritual contamination, and magic, so... I used the Sefiroth of the Kabbala to provide the framework for a drawing that attempts to convey my experience'.<sup>35</sup> Williams includes an early version of this image in *The Graphic Medicine Manifesto* and two revised versions of that drawing appear in the published version of *The Bad Doctor* – one conveying his experience as a pre-adolescent (57) and one as an adolescent (87) – as well as two further pages that make use of the tree-of-life motif but which contain very different visual elements. Taken together, these Kabbalistic pages make a series of four tableaux which convey the schematics of Iwan's developing mental illness. During the composition process, Williams shared a large selection of sample pages with me and these included very different depictions of the child Iwan's experience of visions and mental patterns that in retrospect appear as the precursors to OCD. The inclusion of the Kabbalistic pages represents a significant shift in the way Williams depicts OCD. The second tableaux, in particular, replaces a page dominated by the semiotic (i.e. by representations of how the illness *feels*) and offers instead more abstract representations of how these feelings are organised within a symbolic system. This change involves directly replacing the page which concludes the scene depicting the death of Sammy and its impact on Iwan. Here, the

published version of the narrative develops the tree of life drawing to convey a sense of Iwan's association of heavy metal and satanism with guilt and death (Figure 3); however, the page it replaces depicts this experience in a much more visceral manner (Figure 4).

While compositionally the first two Kabbalistic tableaux appear to depict a greater assertion of control over the abject than the pages they replace, this shift away from the semiotic actually provides a detailed exposition on the way in which the construction of a symbolic system represents a loss of control; that is, the symbol itself has become a symptom of pathology. The hexagonal frames are introduced in the first Kabbalistic tableau and after the second they begin to infiltrate the narrative by appearing at points where the sequential arrangement of panels begins to break down. Most often, they function as phobic images, symbols that operate like objects, the fixations of Iwan's obsessiveness. As fetishes that both stand-for and occlude inarticulate fears and anxiety, they represent attempts to contain the abject, to embody the void in an object. The mental image thus acquires an aura of objectivity which both positions Iwan as the one responsible and robs him of power over the figurations developed in his own mind. Perhaps the best example of this process occurs in a scene, set during Iwan's university days, in which he is invited back to a woman's room for sex but instead suffers an OCD attack triggered by the discovery that she listens to Black Sabbath. The double-page spread depicting this attack incorporates a number of hexagonal panels that contain braided images referencing scenes from other panels in the graphic novel, including the death of Sammy, childhood rituals, and sexual fantasies about the woman before him (106–7.). Here we see these fetishes for what they are, tokens of unprocessed anxiety and trauma emanating from Iwan himself, which surround and overwhelm him. Across the graphic novel, these hexagonal panels signalling irruptions of OCD represent what Harrington calls 'the desperate dance of metaphors that must represent the unrepresentable'.<sup>36</sup> Like Kristeva's encephalograph these images are flat (on page 127 one morphs into the thirteenth trump card of the tarot) and in isolation we know how to respond to each of them. But in combination, through their coexistence on the same page and through the accrual of meaning generated by braiding, they serve to impede the narrative,

disrupting the dichotomies underpinning our symbolic systems (inside/outside, real/imaginary, past/present).

The last two kabbalistic tableaux move from Iwan's childhood fears to the way in which OCD exacerbates anxieties over becoming a new parent and in so doing summon gothic dichotomies of fear and desire. The third tableau, 'SEVEN MONTHS OF CONCENTRATION' (167), shows Iwan trying to remember all of the practical and magical duties he needs to perform, surrounded by seven sephiroth, each of which contains an image of his wife in subsequent stages of pregnancy. The fourth tableau, meanwhile, places a naked female torso at the centre of the tree and hexagonal sephiroth frame words that combine references to medical research with ideas about magical intent (see Figure 5). Her breasts are clearly visible and her stomach is depicted with a circular opening, ringed by an ouroboros, in which we can see twin foetuses. The body itself is surrounded by Christian and occult symbols as well as the satanic 'devil's horns' hand gestures familiar to fans of heavy metal. This tableau thus highlights an unsettling overlap between the medical and the occult, whilst at the same time replacing the subject (Iwan) with the abject maternal object, site of both desire and fear. Aside from the foetuses visible in the abdominal cavity, this body does not appear pregnant and the breasts are suggestive of mainstream pornography, foregrounding an overlap between sexual voyeurism and the sort of medical imaging that we find in anatomical illustrations from the nineteenth century and earlier, but bracketing the patient's face in a manner that Janis McLarren Caldwell associates with the growing ascendance of a more descriptive (i.e. ostensibly objective) illustrative practice from the late-eighteenth century onward.<sup>37</sup>

Many such medical illustrations appear designed to delight as much as to educate and it is not uncommon to find depictions of partially-dissected women that invite an erotic as well as scientific interest. William Spratt's *Obstetric Tables*, a lavishly illustrated book on midwifery first published in 1833 and expanded in 1835, offers a case in point. Spratt's tables utilise a design stretching back to the Renaissance, the anatomical flap sheet, in which the layering of paper flaps allows the reader to strip away successive layers and peer more deeply into the body. The



reproductive organs of women seem to have been a popular theme during a time when, as Rebecca Whiteley notes, 'the proliferation of pornographic prints became associated with a new genre of "popular" medical literature'. Spratt's work exemplifies the 'potential for multiple kinds of looking', transforming the reader into 'an actor in the medico-erotic realm of the image'.<sup>38</sup> In Table Three, for example, the reader is invited to open 'two flaps representing the labia majora... to expose the clitoris, labia minora, and urethral and vaginal openings'.<sup>39</sup> Lifting the flaps on Tables Five and Six, meanwhile, allows the viewer to watch – and in some senses control – the insertion of the doctor's hand into the uterus through the vaginal canal followed by the manual manipulation of the foetus and placenta.<sup>40</sup> Indeed, while *Obstetric Tables* deftly stresses the agency of the reader, it participates in a growing trend within nineteenth-century medical culture, which emphasised the passivity of a female body whose health required it to be accessible to examination by male doctors. In Whiteley's view, 'Spratt's idea of bodily docility is tinged with a violent Gothic eroticism',<sup>41</sup> but here too it exemplifies a broader cultural trend for as anatomy becomes more descriptive, rejecting the older tradition of depicting cadavers as lifelike or animated, the link between the body (or body part) on the table and the personhood of the deceased becomes severed.<sup>42</sup>

Not only does *The Bad Doctor* uncover the gothic violence involved in severing the link between the body and personhood, it also emphasises the psychological violence involved in pretending that medics are not emotionally or mentally affected by the bodies they encounter. Janis McLarren Caldwell proposes that 'An ethics of and for bodies... would do well to acknowledge the emotional impact, or the rearrangement of experience, that one body encounters in the presence of another'.<sup>43</sup> Showcasing the mechanisms of disavowal which have allowed Iwan to cope thus far, the graphic novel nevertheless insists that the doctor's recovery begins once he starts to dismantle his symbolic system, accepting the disruptive presences of irrationality and vulnerability in everyday experience (represented in the graphic novel's coda by a visit to a pub bearing a Masonic crest and owned by one Mr. A. Crowley). On a broader cultural level, *The Bad Doctor* suggests that the movement between the simultaneous disavowal and incorporation of the object, which is evident in

earlier iterations of Gothic Medicine, continues today. Further, in staging the attempt to cover-over and contain the abject in a series of phobic images, Williams's graphic novel points to the schematic imposition of rational control operative both within medical discourse and OCD. Though medicine strives to be evidence-based, while OCD is based on the individual observation of correlations, such combinations of empiricism and rationalism not only exert a powerful pull on post-enlightenment thought, but also represent an earlier stage of medical practice. Without suggesting that the empiric is equivalent in therapeutic value to the evidence-based, *The Bad Doctor* nevertheless underscores the fact that they share a fixation on control. The gothic aspects of the comics medium itself similarly highlight places where the abjection of the irrational and of desire from the practices and world-views of particular doctors breaks down. Further, the persistence of the perverse in the everyday, which echoes the persistence of the semiotic in the symbolic, suggests that this attempt at abjection is itself profoundly unnatural, running contrary to human experiences of the world. Beyond this, the graphic novel's specific presentation of how OCD manifests in Iwan suggests that the seeds of pathology are contained within the symbolic order itself. While the close reading of a single graphic novel is insufficient to conclude that all Graphic Medicine falls within the purview of Gothic Medicine, *The Bad Doctor* nevertheless demonstrates that the gothic aspects of comics can provide fertile ground for exploring the importance of recalling abjection in medical contexts and beyond. Further, it allows us to read the injunction, 'Keep it Gothic!', not simply as a mark of shared enthusiasm, but indeed as a prescription for good mental health.

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<sup>1</sup> Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon S. Roudiez (New York: Columbia University Press, 1982), 4.

<sup>2</sup> Ian Williams, 'Comics and the Iconography of Illness', *Graphic Medicine Manifesto*, ed. M. K. Czerwiec et al (University Park, PA: Penn State University Press, 2015), 115–42 (115).

<sup>3</sup> *Ibid.*, 116.

<sup>4</sup> M. K. Czerwiec et al, 'Introduction', *Graphic Medicine Manifesto*, ed. M. K. Czerwiec (University Park, PA: Penn State University Press, 2015), 1–20 (3). This introduction is joint-authored and presented in comics form such that text is attributed to the hand-drawn avatars of individual authors.

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- <sup>5</sup> Meegan Kennedy, 'The Ghost in the Clinic: Gothic Medicine and Curious Fiction in Samuel Warren's "Diary of a Late Physician"', *Victorian Literature and Culture* 32, no. 2 (2004): 345. Kennedy capitalises only the first word in this coinage, 'Gothic medicine', which names grouping of texts rather than a specific discipline or well-defined movement. By comparison, 'Graphic Medicine' names a discipline which is also part of a larger movement. Outside of direct quotations, I have opted for maximal capitalisation not only for consistency but also to mark my sense of 'Gothic Medicine' as an emergent discipline.
- <sup>6</sup> Ibid.
- <sup>7</sup> Czerwiec et al, 'Introduction', 3.
- <sup>8</sup> Czerwiec et al, 'Introduction', 1.
- <sup>9</sup> Ibid., 2.
- <sup>10</sup> Williams, 'Iconography', 116.
- <sup>11</sup> Ian Williams, *The Bad Doctor* (Brighton: Myriad, 2014), 71. All subsequent quotations are from this edition. Page numbers will follow in brackets in the text.
- <sup>12</sup> Kennedy, 'Ghost', 346.
- <sup>13</sup> Elizabeth Grosz, 'Julia Kristeva', in *Feminism and Psychoanalysis*, (Oxford: Blackwell, 1992), 194–200 (197).
- <sup>14</sup> Rina Arya, *Abjection and Representation: An Exploration of Abjection in the Visual Arts, Film and Literature* (Basingstoke: Palgrave Macmillan, 2014), 20–1.
- <sup>15</sup> Grosz, 'Kristeva', 198.
- <sup>16</sup> Kennedy, 'Ghost', 328.
- <sup>17</sup> Kristeva, *Powers*, 38.
- <sup>18</sup> Ibid., 3.
- <sup>19</sup> Arya, *Abjection*, 22.
- <sup>20</sup> Williams, 'Iconography', 128.
- <sup>21</sup> Kristeva, *Powers*, 38.
- <sup>22</sup> Ibid.
- <sup>23</sup> Ibid.
- <sup>24</sup> Ibid., 37.
- <sup>25</sup> Julia Round, *Gothic in Comics and Graphic Novels* (Jefferson, NC: McFarland, 2014), Chapter 3; Groensteen's discussion of iconic solidarity and braiding can be found, respectively, in *System of Comics*, trans. Bart Beaty and Nick Nguyen (Jackson: University of Mississippi Press, 2007), 22–5 and 122–132.
- <sup>26</sup> *System*, 29.
- <sup>27</sup> Ibid.
- <sup>28</sup> *Gothic in Comics*, Chapter 3.
- <sup>29</sup> Kristeva, *Powers*, 38.
- <sup>30</sup> Ibid., 37.
- <sup>31</sup> Thea Harrington, 'The Speaking Object in Kristeva's "Powers of Horror"', *Hypatia* 13, no. 1 (1998): 146.
- <sup>32</sup> Kristeva, *Powers*, 37
- <sup>33</sup> Williams, 'Iconography', 117.
- <sup>34</sup> Williams, 'Iconography', 119.
- <sup>29</sup> Grosz, 'Kristeva', 197.
- <sup>36</sup> Harrington, 'Speaking Object', 146.
- <sup>37</sup> Caldwell notes that 'once anatomists reject textual, especially narrative, elements in anatomical illustration, they encounter difficulties in representing the face, with its lingering suggestion of personhood'; Janis McLarren Caldwell, 'The Strange Death of the Animated Cadaver: Changing Conventions in Nineteenth-Century British Anatomical Illustration', *Literature and Medicine* 25, no. 2 (2006): 325–57.
- <sup>38</sup> Rebecca Whiteley, 'Spratt's Flaps: Midwifery, Creativity, and Sexuality in Early Nineteenth-Century Visual Culture', *British Art Studies* 19 (2021): 30, <https://doi.org/10.17658/issn.2058-5462/issue-19/rwhiteley/p30>.
- <sup>39</sup> Ibid., 28, <https://doi.org/10.17658/issn.2058-5462/issue-19/rwhiteley/p28>
- <sup>40</sup> George Spratt, *Obstetric tables: comprising graphic illustrations, with descriptions and practical remarks: exhibiting on dissected plates many important subjects in midwifery /*, 2<sup>nd</sup> edn. (London: John Churchill, 1835), <https://universalviewer.io/uv.html?manifest=https://www.digitalcollections.manchester.ac.uk/iiif/PR-MANM-M-00005-00001-S-00024-00002?manifest=https://www.digitalcollections.manchester.ac.uk/iiif/PR-MANM-M-00005-00001-S-00024-00002#c=0&m=0&s=0&cv=78&xywh=-823%2C3119%2C5546%2C4064>.
- <sup>41</sup> Ibid.
- <sup>42</sup> Janis McLarren Caldwell, 'The Strange Death of the Animated Cadaver: Changing Conventions in Nineteenth-Century British Anatomical Illustration', *Literature and Medicine* 25, no. 2 (2006): 340–3.
- <sup>43</sup> Ibid., 351.