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Visualizing Patients' Unreliability

Abstract

In graphic storytelling, insight into characters' consciousness and cues to the fictive reality around them are highly condensed: as it is often the case, characters' perception of reality (in captions or bubbles) overlaps with the surrounding reality (visually represented) in the same panel. According to Seymour Chatman's traditional definition of unreliability in literary works, the unreliable narrator's account diverts from the implied reader's speculations about the story: then, how do graphic novelists manage narrative unreliability when it stems out of the narrator's (maybe temporary) cognitive impairment, not from greed or credulity or lack of information? Furthermore, in graphic pathographies on neurological conditions, the narrator is a carer, not the patient: what is the role of narratorial intervention here and which techniques are privileged to raise ontological doubts in graphic storytelling? More importantly, how can authors represent this kind of unreliability, so that it engenders sympathy, rather than suspicion in the reader?

«Do illness autobiographies have a privileged access to authenticity? Or, conversely, is the status of the reliability of the narrator-protagonist particularly fragile in them?»¹ Shlomith Rimmon-Kenan wonders, in conclusion to her article on what narrative theory can learn from illness narratives. Despite the open nature of these questions, she undoubtedly affirms the rich potential that illness narratives hold, when it comes to challenging traditional narratological issues. In line with this view, I

¹ Shlomith Rimmon-Kenan, *What Can Narrative Theory Learn from Illness Narratives?*, in "Literature and Medicine", 25, 2, Fall 2006, p. 253.

will consider here what a subgenre of pathographies, i.e. graphic memoirs of neurological conditions, may contribute to the ongoing debate on narrative unreliability. In particular, I will address related questions in the critical arena, such as: how do authors manage narrative unreliability when it stems out of the narrator's (maybe temporary) cognitive impairment? How can authors represent this kind of unreliability, so that it engenders empathy, rather than suspicion in the reader? How can impaired narrativity be represented in graphic pathographies? Building upon Karin Kukkonen's suggestion that comics can function as a test case for transmedial narratology², I would like to propose that graphic pathographies can also help us better evaluate the role of narrative and narratological concepts in the medical humanities.

1. Narrative unreliability and empathy

Since Wayne Booth first described narrative unreliability in 1961³, this concept has been variously corroborated or contested in literary theory: much has been written to challenge the original simplistic «insider joke»⁴ model, according to which the narrator's oddities compounded to hardly more than a clever puzzle with which the (implied) author tickled the reader's alertness. Greta Olson's article *Reconsidering Unreliability: Fallible and Untrustworthy Narrators* provides an exhaustive summary of the main ramifications of this debate⁵. For example, the current widespread rejection of Booth's constant unreliability provides a profitable starting point for my following analysis⁶: recent models that

² Karin Kukkonen, *Comics as a Test Case for Transmedial Narratology*, in "Sub-Stance", 40, 1, 2011, pp. 34-52.

³ Wayne Booth, *The Rhetoric of Fiction*, Chicago Univ. Press, Chicago, 1961.

⁴ Greta Olson, *Reconsidering Unreliability: Fallible and Untrustworthy Narrators*, in "Narrative", 11, 1, January 2003, p. 95.

⁵ *Ibid.*, pp. 93-109.

⁶ James Phelan and Mary Patricia Martin, *The Lessons of 'Weymouth': Homodiegesis, Unreliability, Ethics, and The Remains of the Day*, in David Herman

take into account shifting levels of reliability in narrators and characters are better suited to describe the different stages of chronic neurological illnesses and their impact on narration. Olson's own contribution to the debate with her distinction between fallible and untrustworthy narrators spurs some intriguing reflection with regard to forms of unreliability that originates from cognitive impairment. Starting from the assumption that «homodiegetic narrators are subject to the epistemological uncertainty of lived experience»⁷ (just like any other character in the story), Olson differentiates situationally motivated fallibility from untrustworthiness, which on the contrary is a behavioural trait. These two different origins of unreliability evidently engender different readers' responses: «untrustworthy narrators meet with our skepticism about their characters, whereas fallible narrators are more likely to be excused for their failures to deliver on the informational goods»⁸.

Knowing that cognitively impaired narrators are not scheming when telling an unreliable story, we are thus led to categorize them as fallible; yet, can Olson's observation that «we can imagine circumstances in which fallible narrators [...] might tell their tales completely and reliably» be candidly applied here? Stephan Freißman introduces a third helpful subcategory in his study of the interrelation between autism and autodiegesis in Christopher, the protagonist of Mark Haddon's *The Curious Incident of the Dog in the Night-Time*: «his report is honest but his perspective and his knowledge are severely limited in comparison with ordinary persons. [...] This limited vantage point is a central characteristic of Christopher's cognition as well as of his storytelling. Therefore, the narrator of *The Curious Incident* is not so much an unreliable narrator as what should rather be called a limited narra-

(ed.), *Narratologies: New Perspectives on Narrative Analysis*, Ohio State Univ. Press, Columbus, 1999, p. 96.

⁷ Olson, *Reconsidering Unreliability* cit., p. 102.

⁸ *Ibid.*, pp. 104-105.

tor»⁹. Freißman highlights how Christopher's non-conventional perspective and knowledge do not conflict with his honesty: in a sense, his fallible narration ultimately circumvents the principles of unreliability.

Embracing this kind of fallible honesty on the part of the readers hinges upon their disposition to narrative empathy, which, according to Suzanne Keen, can be located «at the intersection of aesthetics, psychology and philosophy»¹⁰. Bearing in mind that readers' empathetic responses are subjective and should not be naively generalized, we can still postulate authors' purposeful use of «strategic narrative empathy»: as Keen explains, authors may attempt to manipulate «target audiences through intentional, though not invariably efficacious, representations designed to sway the feelings and even influence the beliefs of their readers»¹¹. Of the three subcategories of Keen's strategic empathizing (bounded, ambassadorial, and broadcast), authors that represent cognitive impairment arguably mobilize the third one «by emphasizing the commonalities of our embodied experiences, our psychological dispositions, and our social circumstances»¹² at a very basic level: we can safely assume a certain degree of cognitive ability, in order to engage in the reading activity in the first place. Empathy here does not rely on the readers' affiliation to a circumscribed group (bounded) or on their empathetic investment on alien characters (ambassadorial)¹³.

The broadcast strategic empathizing we find in depictions of cognitive impairment is also a recurrent device in postcolonial literature,

⁹ Stephan Freißmann, *A Tale of Autistic Experience: Knowing, Living, Telling in Mark Haddon's The Curious Incident of the Dog in the Night-Time*, in "Partial Answers: Journal of Literature and the History of Ideas", 6, 2, June 2008, pp. 396-401.

¹⁰ Suzanne Keen, *Empathy and the Novel*, Oxford UP, Oxford, 2007, p. 34.

¹¹ Suzanne Keen, *Empathetic Hardy: Bounded, Ambassadorial, and Broadcast Strategies of Narrative Empathy*, in "Poetics Today" 32, 2, Summer 2011, p. 366.

¹² Suzanne Keen, *Strategic Empathizing: Techniques of Bounded, Ambassadorial, and Broadcast Narrative Empathy*, in "Deutsche Vierteljahrs Schrift", 82, 3, Sept. 2008, p. 488.

¹³ Keen, *Empathy and the Novel* cit., p. xiv.

where, according to Keen, «novelists often deliberately employ [it], provocatively embracing the universality so often rejected by contemporary champions of difference, [...] and [...] they do so fully aware of exploiting the tension between universalizing and anti-universalizing positions»¹⁴. In order to tease out this tension, postcolonial writers introduce «bridge characters» that the implied, target audience can identify with to a certain extent and thus feel assisted in their exploration of outlandish environments or experiences¹⁵. A similar mechanism is to be found in graphic pathographies of neurological conditions, in which the narrator is often a carer, David B.'s *Epileptic* and Sarah Leavitt's *Tangles* being two prominent examples. While carers/narrators bridge cognitive discrepancies in the text, readers are confronted with other characters' unreliability. I would nonetheless suggest that the visual component of graphic storytelling is also entrusted with this bridging function.

2. Bridging character's unreliability

In his *Constructing Postmodernism*, Brian McHale explains that a character's (un)reliability may be interpretative or epistemological and is guaranteed by direct narratorial intervention (when the narrator substantiates a character's perceptions with a description of the external reality) or by the reader's extra-textual knowledge. At a more superficial level, realism collapses when «ontological doubt, uncertainty about what is (fictively) real and what fantastic, insinuates itself» in the text¹⁶. In graphic storytelling, this complex process of providing both insight into the characters' consciousness and cues to the fictive reality around them is highly condensed. Scholars agree on the essential contrast be-

¹⁴ *Ibid.*, p. 490.

¹⁵ *Ivi.*

¹⁶ Brian McHale, *Constructing Postmodernism*, Routledge, London and New York, 1992, pp. 64-65.

tween verbal and visual information in comics¹⁷: because characters' perception of reality, in captions or bubbles, overlaps the visually represented, surrounding reality in the same panel(s), readers will immediately detect any incongruity between the two.

A good example of McHale's epistemological unreliability is to be found in a sequence of panels from *Epileptic* (original French: *L'Ascension du Haut Mal*, 1996-2003), in which David B.'s recounts his brother Jean-Christophe's severe epilepsy. As far as the interplay of illness and homodiegesis is concerned here, Jonas Engelmann points out that «epilepsy is the limit against which the narration in David B.'s work constantly struggles»¹⁸. In the first panel, we see Jean-Christophe on the ground having a seizure, only to find him denying it when he regains consciousness in the third panel¹⁹. The narration proceeds to the description of another seizure on the next page, with David's final commentary: «I'm going to go to sleep, but where is he gone to? Death? Unconsciousness? Is he dreaming? Is he in another dimension?»²⁰ His confusion seems to suggest that external observers will always have a partial perception of seizures: they might equate losing consciousness and involuntary movements to the shared experience of dreaming, but that is nothing more than a speculation in the end. Engelmann maintains that «this alienation from his brother is transferred by the narrator into a general renunciation of reality, a phenom-

¹⁷ Scott McCloud, *Understanding Comics: The Invisible Art*, Harper Collins Publishers, New York, NY, 1993; Susan Merrill Squier, *Beyond Nescience: the Intersectional Insights of Health Humanities*, in "Perspectives in Biology and Medicine", 50, 3, 2007, pp. 334-347; Kai Mikkonen, *Presenting Minds in Graphic Narratives*, in "Partial Answers: Journal of Literature and the History of Ideas", 6, 2, June 2008, pp. 301-321.

¹⁸ Jonas Engelmann, "Picture This:" *Disease and Autobiographic Narration in the Graphic Novels of David B and Julie Doucet*, in Mark Berninger, Jochen Ecke and Gideon Haberkorn (eds.), *Comics as a Nexus of Cultures. Essays on the Interplay of Media, Disciplines and International Perspectives*, McFarland, London, 2010, p. 51.

¹⁹ David B., *Epileptic*, Jonathan Cape, London, 2005, p. 177.

²⁰ *Ibid.*, p. 178.

enon that becomes visible in the appearance of the phantoms»²¹. Hence, the narrator puts in place a particularly complicated empathetic bridge: while aligning himself with readers' puzzlement on the verbal level, he gradually infuses the book's fictive world with non-realistic elements (e.g. fantastical animals, spectres, mandala-like panels), so that the audience can participate in, at least, an artistic rendition of Jean-Christophe's mind-world. David B. says of his almost compulsive drawing in childhood «It's my own form of epilepsy. I expend the rage that boils in me. Jean-Christophe suffers from the same rage, but we express it differently»²². It is worth noting here that Keen singles out two main factors likely to evoke readers' empathy in graphic novels: anthropomorphized animal characters and the visual representation of facial expressions and bodily postures²³. Accordingly, David B.'s creative choice of depicting epilepsy as a snake-dragon is a clear reference to Biblical wicked creatures²⁴, meant to prompt «culturally scripted responses to familiar schemas of sympathetic and antipathetic animals»²⁵.

Along similar lines, the shared experience of petty forgetfulness is mentioned in Sarah Leavitt's *Tangles: A Story about Alzheimer's, My Mother and Me* (2010) as a possible entry point into the daily reality of her mother Midge's disease. Sarah describes a light-hearted conversation, in which her family members admitted watching movies or reading books twice, because they could not remember them. Her mother, still intermittently aware of the epistemological misalignment between her own perception and reality, explains: «Every day is like that for me.

²¹ Engelmannn, "Picture This" cit., p. 48.

²² David B., *Epileptic* cit., p. 19.

²³ Suzanne Keen, *Fast Tracks to Narrative Empathy: Anthropomorphism and Dehumanization in Graphic Narratives*, "SubStance", 40, 1, 2011, p. 136.

²⁴ David B., *Representation of Epilepsy in L'Ascension du Haut Mal* (keynote delivered at the 4th International Conference on Comics and Medicine "Ethics Under Cover: Comics, Medicine and Society," Brighton and Sussex Medical School, University of Sussex, Falmer, UK, July 5-7, 2013).

²⁵ Keen, *Fast Tracks to Narrative Empathy* cit., p. 137.

I get up and I think it's a new early morning and Rob says no, it's 11pm»²⁶. The visual representation of Midge's facial expression adds a subtle, disquieting element to her confession: far from being upset or frightened by this realization, she looks quite serene, maybe apathetic. Is she slowly embracing her new fragmentary approach to reality? Or is she numbed by Alzheimer's? The contrast between the narrated cognitive difficulty and the visual clues that accompany the narration is particularly striking in another set of panels from *Tangles*, when the reader can see Sarah washing up and not leaving, as her mother thinks²⁷. The puzzling discovery that Sarah is not leaving prompts Midge into an apologetic and affectedly ironic, rhetorical stance («It was just a joke»), amplified by the visual representation of her body language, indicating embarrassment. Once again, bridging characters provide a connecting experience readers can easily relate to: as Keen maintains, «the depiction of facial expressions and bodily postures to convey emotional states (that may or may not be glossed verbally) calls upon readers' neural systems for recognition of basic emotions»²⁸. Nonetheless, in contrast to what happens in *Epileptic*, visual elements complicate any straightforward identification in *Tangles* and might paradoxically intensify our sense of estrangement.

Leavitt does play with (fictive) ontological unreliability in an episode in her book, in which she announces she is going to tell the reader «what really happens», namely that her mum was not affected by Alzheimer's disease at all, but a participant in a top-secret government social experiment to investigate how Alzheimer's impacts on families²⁹. It is now Sarah – whom we have come to perceive as a reliable first-person narrator – providing us with a bizarre, yet plausible explanation

²⁶ Sarah Leavitt, *Tangles: A Story about Alzheimer's, My Mother and Me*, Jonathan Cape, London, 2011, p. 72.

²⁷ *Ibid.*, p. 80.

²⁸ Keen, *Fast Tracks to Narrative Empathy* cit., p. 137.

²⁹ Leavitt, *Tangles* cit., p. 112.

of her mother's unreliability we have been witnessing so far. The surrounding fictional reality confirms this anecdote and we are tempted to re-categorize Midge as an untrustworthy, rather than limited, narrator. We learn only in the last panel on the page that this is a story Sarah has made up, possibly as part of her general coping mechanism. She confesses, nonetheless, that a part of her did believe it. This raises all sorts of questions and reflections on how we manage reliability and unreliability, or more generally truth and fiction, vis-à-vis life-changing events: where is the boundary between an unreliable story told by an Alzheimer's patient and an unreliable story made up by a distressed carer? Is there such a boundary at all?

3. Fragmentation and unreliability

An interesting case of narrator's unreliability is to be found in Élodie Durand's *La Parenthèse* (2010) [which translates as "the parenthesis" in English], a graphic memoir on her experience of brain tumour. The interplay of the visual and the verbal for an effective depiction of neurological illnesses we have witnessed in *Epileptic* and *Tangles* permeates *La Parenthèse* from its earliest days. A series of naive self-portraits in a small black notebook, which Élodie/Judith (Durand's alias in the book) draws to make sense of her illness as it develops, constitutes the original core of the story. These sketches will later alternate with retrospective graphic storytelling in her memoir for a heightened, possibly more authentic sense of introspection. They also testify to Durand's creative, as well as cognitive, process, in which the visual precedes the verbal: as she explains, «I believe that this [sketching] really helps me to understand what happens to me... to find the words»³⁰.

Being this a first-person narrative, Judith's (albeit temporary) unreliability has a greater impact on narration, in comparison to what hap-

³⁰ Élodie Durand, *La Parenthèse*, Delcourt, Paris, 2010, p. 17 [translation mine].

pens in *Epileptic* and *Tangles*. The fragmentation of the ill self we have read against the grain in these two graphic memoirs becomes a vivid stylistic feature in *La Parenthèse*: Judith's dismembered body recurs at different moments in the book. For example, when she is mistakenly diagnosed with epilepsy and cannot identify with this diagnostic label, she portrays herself as a black, naked silhouette, in the act of removing her head off her neck: a dramatic gesture that hints at obliteration, vulnerability, self-denial and disassociation³¹. Similar feelings are depicted later in the story, when, during a particularly severe phase of her illness, Judith perceives herself as if she was made up of mosaic tiles or as a tiny body, swallowed up by a huge, sinister, black head³².

Her intermittent impairment of consciousness affects not only her self-representation, but also her narratorial construction of the book's fictive reality. By way of an example, her out-of-character reaction and sense of void during a complex partial seizure is described in matter-of-fact words and depicted by means of an obliterating black colouring of her silhouette³³. In the following panels, she explains that she has lost memory of those days and her incapability of recalling and narrating the event translates into blurred, approximate drawings of her holiday spot³⁴. She does not employ any bridging character, but, similarly to David B., she hands over bridging introspection to the visual component of her narration. With a reinstatement of Philippe Lejeune's autobiographical pact³⁵, Élodie/Judith conveys to her readers only what she can: if the memories of her holiday are irretrievable to her as author/narrator/protagonist, so will they be to her readers. Epistemological and ontological unreliability conflate here. Shlomith Rimmon-Kenan maintains that «the tension between a thematization of disinte-

³¹ *Ibid.*, p. 47.

³² *Ibid.*, pp. 141-143.

³³ *Ibid.*, p. 34.

³⁴ *Ibid.*, p. 36.

³⁵ Philippe Lejeune, *The Autobiographical Pact*, in Paul John Eakin (ed.), *On Autobiography*, University of Minnesota Press, Minneapolis, 1989, pp. 3-30.

gration and a writing that preserves qualities of narrative order may be a dramatization of the struggle between an acceptance of fragmentation and the need to overcome it by creating a coherent narrative»³⁶. The occasional blurring of Judith's realistic drawing style in the storytelling sections of the graphic novel prevents any neat separation between the uncertainty of illness and the lucidity of retrospective autobiographical narration: as a consequence, readers are confronted with a tangible distortion of her cognitive faculties.

4. Narrativity in the clinic

In his article advocating the use of graphic pathographies in medical schools, Ian Williams underlines how, in traditional medical education, «students are trained to pick up and note signs of an 'unreliable' history such as an inconsistent account of events or a contradictory description of symptoms»³⁷: this is ultimately a discriminating usage of the narratological concept of unreliability in the clinic, aimed at discounting patients' authority. Neurological conditions, which may cause cognitive deterioration, function as privileged entry points into the question of the validity and limits of narrative in medicine, brilliantly summed up by Angela Woods. Starting from philosopher Galen Strawson's rejection of the supposedly natural human narrativity, she moves on to suggest that:

scholars in the medical humanities can do more to denaturalise narrative, to acknowledge not only that different cultures (including familial, institutional and professional cultures) will tell and find meaningful different kinds of stories, but

³⁶ Rimmon-Kenan, *What Can Narrative Theory Learn*, p. 244.

³⁷ Ian C. M. Williams, *Graphic Medicine: Comics as Medical Narrative*, in "Medical Humanities", 38, 1, 2012, p. 26.

also, more fundamentally, that the attachment to and valorisation of narrativity is not universally shared.³⁸

The three graphic memoirs I have described so far point in this direction: while narrativity is not completely rejected, shifting levels of unreliability and a bridging use of visual elements confirm the limitations of an exclusivist, over-rationalized cult of verbal expression.

On the other hand, Johanna Shapiro – in her article *Illness narratives: reliability, authenticity and the empathic witness* – warns us that both clinical and literary scholarship contesting the inherent authenticity of patients' narratives may ultimately have the unintended effect of de-legitimizing the patient's voice because of concerns regarding its trustworthiness. She endorses Sayantani DasGupta's «narrative humility»³⁹ as a profitable strategy to tackle this issue and explains:

For patients facing serious illness, telling their stories is one of the few aspects of their lives that remains somewhat under their control. Are these 'true' stories? Almost certainly not, at least not in the sense of being truer more reliable, or more authentic than other stories – even than other stories the patients may decide to tell at other points in time [...]. But, at least, for the patients, these can be 'good stories' in the sense that they are shaped in the way the patient wants, and convey the meaning and significance that the patient intends to convey. From this perspective, the storyteller should be granted the privilege of poetic licence, which trades accuracy and precision for personal meaning.⁴⁰

This invitation is meant to have profound implications on the future development of the medical humanities and their integration into clinical practice. Opening up even more to non-narrative representations is

³⁸ Angela Woods, *The Limits of Narrative: Provocations for the Medical Humanities*, in "Medical Humanities", 37, 2, 2011, p. 76.

³⁹ Sayantani DasGupta, *Narrative Humility*, in "The Lancet", 371, 9617, 22 March 2008, pp. 980-981.

⁴⁰ Johanna Shapiro, *Illness Narratives: Reliability, Authenticity and the Empathic Witness*, in "Medical Humanities", 37, 2, 2011, p. 71.

likely to counterbalance the current dominance of literature and philosophy within the medical humanities – both arguably relying on narrative forms of representation and argumentation. This directs scholarly attention once again to the intricate cultural issue of representation, with its dual meaning of «speaking of» (e.g. in literature) and «speaking for» (e.g. in the clinic). Narrative medicine theorist Rita Charon suggested that «it may be, in the end, the ultimate failure of representation that unites our many narrative-using disciplines»⁴¹. Graphic storytelling could possibly counterbalance this tendency in narrative writing and research. The word-image interaction in graphic pathographies, such as the three analyzed here, can engender a particularly nuanced form of illness narrative and welcome multiplicity of perspectives and representation modes, thus complicating traditional notions of narrative accuracy and authority. The proliferation of graphic pathographies in recent years calls for more sustained research on the juxtaposition of images and text that could ultimately provide better insight into the question of how we can credibly and respectfully represent a human being.

⁴¹ Rita Charon, *The Self-telling Body*, in Michael Bamberg (ed.), *Narrative: State of the Art*, John Benjamins, Amsterdam and Philadelphia, 2007, p. 233.

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