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INSANITY'S CRESCENDO: MENTAL ILLNESS AND ITS EFFECT ON LITERARY PRODUCTION WITH(OUT) TREATMENT IN JOHN PORCELLINO'S *THE HOSPITAL SUITE* (2014) AND RACHEL LINDSAY'S *RX: A GRAPHIC MEMOIR* (2018)

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ÖZET

Ece Kasapoğlu, Deliliğin Doruk Noktası: John Porcellino'nun *The Hospital Suite* (2014) ve Rachel Lindsay'in *RX: A Graphic Memoir* (2018) Eserlerinde Tedavi ile (veya Tedavisiz) Ruhsal Hastalıkların Edebi Üretime Etkisi, Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Amerikan Kültürü ve Edebiyatı Tezli Yüksek Lisans Programı, 2025.

Bu tezde John Porcellino'nun *The Hospital Suite* (2014) ve Rachel Lindsay'in *RX: A Graphic Memoir* (2018) adlı eserlerindeki zihinsel engellilik, damgalanma ve hasta özerkliğinin temsilleri, engellilik çalışmaları ve tıbbi beşerî bilimler çerçevesinden incelemektedir. Tezde, her iki eserin de psikiyatrik hastaların deneyimlerini merkeze alarak zihinsel hastalığa yönelik damgalamaya karşı çıktığı ve engelliliğin tıbbi ve sosyal modelleri arasındaki ayrımı göz önünde bulundurduğu ileri sürülmektedir. Porcellino'nun anlatısı, yazarın fiziksel hastalık sonrası ortaya çıkan obsesif-kompulsif bozukluk ile mücadelesini betimlerken, Lindsay özellikle kadınların duygularının geçmişte hastalık olarak görülmesini ve toplumsal cinsiyete dayalı normları dikkate alarak, zorla uygulanan tedavileri normalleştiren toplumsal ve ailevi baskıları eleştirmektedir. Tez, tedaviyi veya hastaneye yatışı reddetme hakkı gibi ruh sağlığı hizmetlerinde özerklik meselesi etrafında dönen etik tartışmaları ayrıntılı şekilde incelemektedir. Porcellino ve Lindsay'nin bu meseleleri nasıl ele aldıkları analiz edilerek bireysel deneyimleri ve tercihlerine öncelik veren hasta odaklı yaklaşımların önemi vurgulanmaktadır. Her iki eser de sanatsal ifadenin kişisel iyileşme sürecinde bir araç olabileceğini gösterdiği için, bu çalışmada sanatın iyileştirici gücüne de dikkat çekilmektedir. Tez, damgalamanın biyomedikal model içinde nasıl işlediğini ve biyolojik, psikolojik ve sosyal etkenleri birleştiren biyopsikososyal modelin ruh sağlığının daha bütüncül bir şekilde anlaşılmasına nasıl katkı sağladığını tartışmaktadır. Sonuç olarak bu çalışmada beşerî bilimlerin ruh sağlığı konusuna dâhil edilmesinin, özellikle yaratıcılık, hasta bakımı ve engellilik temsili bağlamlarında ne denli kapsamlı etkiler yaratabileceği ortaya konmaktadır.

Anahtar Kelimeler: engellilik çalışmaları, damgalama, John Porcellino, Rachel Lindsay, yaratıcılık

ABSTRACT

Ece Kasapoğlu, Insanity's Crescendo: Mental Illness and Its Effect on Literary Production with(out) Treatment in John Porcellino's *The Hospital Suite* (2014) and Rachel Lindsay's *RX: A Graphic Memoir* (2018), Başkent University, Institute of Social Sciences, Master's of American Culture and Literature with Thesis, 2025.

In this thesis, the representation of mental disability, stigma, and patient autonomy in John Porcellino's *The Hospital Suite* (2014) and Rachel Lindsay's *RX: A Graphic Memoir* (2018) are explored through the frameworks of disability studies and medical humanities. In this thesis, it is argued that both memoirs challenge the stigmatization of mental illness by foregrounding the experiences of psychiatric patients, drawing on the distinction between the medical and social models of disability. While Porcellino's narrative portrays obsession triggered by physical illness, Lindsay criticizes societal and familial pressures that normalize forced treatment, especially considering past pathologization of feminine emotion and gender-based standards. The ethical debates surrounding autonomy in mental health care, particularly the right to refuse treatment or hospitalization, are studied in detail. By analyzing how Porcellino and Lindsay navigate these issues, the significance of patient-centered approaches that take individual experiences and preferences into account is underscored. As both works illustrate how artistic expression can serve as a tool for personal healing, the healing power of art is also emphasized. In this study, how stigma functions within the biomedical model and how the biopsychosocial model, which combines biological, psychological, and social factors, provides a more comprehensive understanding of mental health are considered. Ultimately, the broader impact of integrating humanities into the conversation about mental health, particularly in regard to creativity, patient care, and the portrayal of disabilities is emphasized in this study.

Keywords: disability studies, stigma, John Porcellino, Rachel Lindsay, creativity

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INTRODUCTION

With the rise of interest in medical humanities, some medical departments have included the subjects of disability, ethics, and medical humanities in their curriculum. As such, to further understand disability and illness through the patient's perspective, some of these programs include reading the accounts of some writers with mental illness (Czerwiec et al., 2015, p. 76). As Alan Bleakley states (2017) "writers have possibly described mental illness better than the psychiatrists and psychologists who constitute the therapeutic community" (p. 103), which may be the reason why the curriculum of medical schools has increasingly incorporated such narratives like memoirs and autographics. Graphic memoirs have become more popular recently in the field of medicine because they not only describe one's experience but also visualize it. As Susan Squier (2015) suggests, "While narrative medicine focuses on the textual and verbal, graphic medicine can access those aspects of illness and medicine that we experience visually and spatially, as enduring, if intractable, aspects of the patient experience" (p. 46). As she argues in her article, graphic novels can show the reader incidents that cannot be described with words. The use of autographics in healthcare combines science with literature to present another account on the current problems in medical treatment such as stigmatization of mental illness, doctor-patient relationship, and pathologization of disability.

The Hospital Suite (2014) of John Porcellino and *RX: A Graphic Memoir* (2018) of Rachel Lindsay both address the issue of stigmatization and artistic production in relation to psychiatric disability. The aim of this thesis will be to analyze the two works by focusing on mental illness narratives and the quest of living with a psychiatric disability. Since both Porcellino's *The Hospital Suite* (2014) and Lindsay's *RX: A Graphic Memoir* (2018) initiate an argument on productivity and creativity of a writer/illustrator with a diagnosis of mental illness, the relation between mental health, its stigmatization, and its effects on creativity can be studied in these narratives.

Porcellino deals with the relationship between physical and mental illnesses and highlights the self-stigmatization he faces in his work *The Hospital Suite* (2014). An award-winning American cartoonist, Porcellino was born in 1968, in Chicago, Illinois. He went to the Art School at Northern Illinois University. After struggling with severe allergies and hypersensitivity in his ears, he had an operation due to a benign tumor in his small intestine,

which later resulted in him being diagnosed with obsessive-compulsive disorder (OCD). He ran his own music and comics distribution company, Grinding Wheels Enterprise, for several years before abandoning it, then he worked as a manager in various health food stores. After abandoning his distribution company, he mostly edited and self-published his own works, including his ongoing series *King-Cat Comics and Stories*, started in 1989. His work *Diary of a Mosquito Abatement Man* (2005), which is a collection of various King-Cat stories about his experiences as a pest control worker, won an Ignatz Award in 2005. His works, similar to Lindsay's, are graphic memoirs that visualize some specific periods from his life. Porcellino visualizes the struggles he has been through with his minimalist illustrations. His autographics are mainly about his physical and mental illnesses, his life as a writer and as a worker in other fields, and the struggles he has endured due to severe allergies and other mental and physical health problems. His work *The Hospital Suite* (2014) is a memoir that focuses on the time when he suffered from a tumor in his small intestine, and this experience resulted in a relapse of his obsessive-compulsive disorder. *The Hospital Suite* (2014) consists of three independent novellas which come together and create a larger story about Porcellino's life, his approach to dealing with illnesses, and his efforts to be productive while having health problems. Because he deals with stigmatization, and the relationship between physical and mental illness and how this affects his creativity, Porcellino's work *The Hospital Suite* (2014) will be analyzed in this thesis within the framework of medical humanities.

Born in 1987, Rachel Lindsay is an American cartoonist. She graduated from Columbia University with a degree in American Studies. She struggled with bipolar disorder throughout her life. She worked as a branding and advertising account manager to have health insurance and to be able to afford her treatment. She both wrote and illustrated her memoir *RX: A Graphic Memoir* (2018), which is her first graphic memoir and was featured on US National Network of Libraries of Medicine in 2019 for mental health month, and was included on the American Association of Medical Colleges' top ten summer reads list in 2019. She is also the author of *Rachel Lives Here Now* (2013-ongoing), *the Wizard of Life* (2015), *Spiralbound* (2019), and *Rock Bottom* (2021). Her autographics mainly focuses on the issue of mental illness and its effects on creative production and how she was forced to reshape her life and decisions around this problem. In her first graphic memoir, *RX: A Graphic Memoir* (2018), Lindsay questions the definition of mental illness and the role of diagnosis while illustrating the consequences of prioritizing financial stability over her

passion for illustration and graphic storytelling to afford medication. Her autographics criticizes the absence of consent in her hospitalization while trying to convince everyone around her that being able to be creative and follow a different career path will heal her more than being hospitalized. By analyzing her work, one can see different opinions on stigmatization and mental health, and establish a multi-faceted view of the subject.

To have a better understanding of these two writers' struggles with creativity while having mental illness and their points of view on the subject of having a psychiatric disability, medical humanities and disability studies will be applied as a theoretical framework. Specifically, this study will make use of the theories of Tom Shakespeare from "The Social Model of Disability" (2017), Paul Appelbaum and Thomas Grisso from "The MacArthur Treatment Competence Study. I: Mental Illness and Competence to Consent to Treatment" (1995), Erwing Goffman from *Stigma* (1963/2017), and MK Czerwiec et al. from *Graphic Medicine Manifesto* (2015). Furthermore, in this thesis, Keith Wailoo's analysis of the contemporary perspective of medical humanities will be used. As such, he states that medical humanities is "a redemptive, utilitarian idea: that broad learning could nurture the soul of the doctor at a time when medicine, enraptured by science, was losing touch with the patient" (2022, p. 195). This perspective sheds light on the view that taking into consideration only diagnosis-based perspectives limits one's views towards the experiences of the mental health patient, and a more wholesome approach that makes use of discussions on humanities is needed. Even though some examples of famous and successful writers with a mental illness can be found throughout history, it can be argued that a mental illness diagnosis might destroy a person's creativity and prevent a writer from producing literary works. The theory of medical humanities suggests that a patient with mental illness, who can comprehend the world and formulate logical thoughts, should have the right to refuse treatment or to choose hospitalization. In John Porcellino's *The Hospital Suite* (2014) and Rachel Lindsay's *RX: A Graphic Memoir* (2018), the distinct difference between two writers can clearly be seen in the sense that Lindsay does not want to be hospitalized but Porcellino has the freedom to choose to use medication or try alternative ways of treatment. These two works can be compared within the framework of medical humanities, by asking questions whether a person should have the right to choose hospitalization or to be medicated with free will, and whether a person should be given the option to have a choice.

Understanding the historical context of disability could be beneficial to examining how psychiatric conditions, and the stigma surrounding them, have influenced creative expression and literary production. Throughout history, the perception of disability has been deeply influenced by cultural, economic, and medical frameworks. While indigenous communities in North America embraced a more inclusive and fluid understanding of disability, where individuals were accepted into society through suitable roles, European colonial settlers introduced a labor-based definition. People who were considered unproductive faced isolation, confinement, and eventually medicalization as disability came to be associated with an incapacity to make economic contributions. As medical practitioners increasingly attempted to categorize and control mental illnesses, the transition from community-based care to institutionalization marked a turning point in the history of psychiatric disability. Positioning mental illness as a personal failing rather than a socially constructed experience, this transformation not only shaped public policies but also reinforced stigma.

Before European colonization, the understanding of disability of indigenous communities in North America contrasted with later Western perspectives. According to Kim Nielsen (2012), indigenous societies maintained an inclusive attitude toward those with physical or mental disabilities because they believed that the body, mind, and spirit were interconnected;

> Prior to European conquest, the worldviews of indigenous peoples understood body, mind, and spirit to be one. These beliefs allowed for fluid definitions of bodily and mental norms, and fundamentally assumed that all had gifts to share with the community—and that for communities to exist in healthy balance, each individual needed to do so. (The Living of Daily Life section, para. 12)

Individuals who experienced disabilities were assigned roles that allowed them to contribute to their communities instead of being marginalized. Disability was therefore viewed as a difference that could be adjusted within the social framework rather than as a deficiency. However, this view changed when European settlers arrived. In Europe, the discussion of mental illness started under the name of madness during the Middle Ages. At the end of the Middle Ages, “madness and madmen become major figures” because they symbolized “a great disquiet” (Foucault, 1988/1961, p. 13). The madmen were always at the center of attention regardless of time because their illness was invisible due to “the absence of body” (Foucault, 2006, p. 271). Since most mental illnesses lack physical markers, doctors have

long sought alternative diagnostic and treatment methods, making the distinction between physical and mental illnesses a subject of debate for centuries. European colonial societies started to define disability in terms of production of labor. Kim Nielsen (2012) claims that in the new American colonies, people who were unable to work were labeled as disabled and, as a result, were seen as a burden on society (European Notions of "Able Bodied," and Communal Response to Disability section, para. 19). Consequently, disability evolved from a medical or mental illness to a key organizational concept for early colonial laws and policies.

The limitations of community-based care for disabled people emerged in the late colonial era as settlements grew. While some families tried to care for their disabled relatives at home, others chose more drastic methods when they were considered "unmanageable" (Nielsen, 2012, The Limits of Community Care section, para. 3). A mentally ill man was kept in a room until his death in one of the first documented cases of confinement in colonial America. It can be said that this incident demonstrates the changing perceptions of mental disability as isolation was frequently seen to be the only option when care became challenging or inconvenient. Thus, isolation led its way to institutionalization. Almshouses, which served mostly the poor, were the first institutional responses to disability. Poverty and disability started to overlap as those who were unable to work were placed in these facilities, where they frequently experienced abuse and neglect. Although almshouses were initially meant to offer refuge and assistance, they were usually overcrowded and filthy, becoming places of pain rather than healing. Additionally, physical disabilities were still mostly disregarded, only those who were unable to work were placed in these institutions. Gender also played a significant role in determining the experience of institutionalization. "Historian Karin Wulf found that in colonial Philadelphia, poor-relief officials were more likely to force men into institutions like an almshouse, but fund women in private homes" (Nielsen, 2012, The Limits of Community Care section, para. 11). Men were supposed to be the breadwinners, and their incapacity to work made their disabilities more obvious to the public. In the meantime, it was frequently believed that women, especially those classified as "poor," were cared for by family members, even when their disabilities were equally severe.

Disability, especially mental disability, became more and more medicalized by the early 19th century, after the American Revolution. This change took place at the same time that formal medical education increased at schools like Harvard Medical School and

medicine became more professionalized. Doctors started classifying mental disease using scientific terminology, as Nielsen (2012) suggests, "theological and supernatural explanations of madness began to be replaced by biological explanations" (Institutions, Medicalization, and Treatment section, para. 7). Early psychiatric procedures, such as forced labor, bloodletting, purging, and submersion in freezing water, were mostly cruel. These approaches revealed a persistent belief that disability should be "cured" or "corrected" instead of accepted. The development of medical knowledge also had significant effects on politics and society. States in post-Revolutionary America passed laws preventing people with disabilities from using their right to vote. "States increasingly developed disability-based voting exclusions, alongside and often as a part of those of race and gender" (Nielsen, 2012, The Deviant and the Dependent section, para. 3). People who were classified as "mentally unfit" were frequently excluded from full social engagement, which further showed that disability is a social construct. Also, community hospitals for the poor, schools for disabled people, and insane asylums were established during this time, resulting in an increase in institutionalization. Although these facilities were presented as progressive steps for better treatment, they frequently functioned as places for social control. There was more shame and stigma as a result of social pressure on families who had previously cared for family members with mental illnesses at home to put them in institutions. People began to view disability as a medical issue that needed professional help rather than as a family duty.

Another important moment in the history of disability in the United States occurred after the Civil War. An increased focus on disability policies resulted from the large number of injured veterans returning home. Veterans with psychiatric disability, however, received very different treatment than those with physical disabilities. Soldiers with visible wounds were frequently given jobs, while those with brain injuries or what is now known as post-traumatic stress disorder (PTSD) were continuously stigmatized (Nielsen, 2012, I Am Disabled section, para. 10). The gendered aspect of disability policies also became clear during this period. Many men found it difficult to fulfill the masculine standards of strength and independence of the time, which reinforced the public fears of mental illness and manhood. Gender inequality got worse by the exclusion of women from disability-related payments because "as noncombatants, women could not receive disability service pensions" (Nielsen, 2012, I Am Disabled section, para. 17). The public opinion towards disability became even more conflicted between 1860 and 1920. On one hand, laws prohibiting disabled people from appearing in specific places led to their systematic exclusion from

public settings. However, the emergence of "freak shows," in which people with physical disabilities were shown for entertainment, was a result of public interest about disability. According to Leslie Fiedler, the public interest was also a result of the invention of novels. "No sooner had the novel been invented than it too began to portray the monstrous and malformed as object of pity and fear- and, of course, wonder, always wonder" (Fiedler, 1984, p. 41). People with mental disorders, on the other hand, turned the emergence of the invention of novels in their favor. Shoshana Felman states that "literature [became] the only recourse for the self-expression and the self-representation of the mad" (2003, p. 4). So, in time, the people who were called "the madmen" began expressing themselves through literature.

Early in the 20th century, eugenics, a movement influenced by Gregor Mendel's genetic research and aimed at limiting the reproduction of people considered "unfit," became associated with disability. Eugenicists supported forced sterilizations of disabled people and restricted immigration laws that targeted people with disabilities. The belief that disability was a social issue that required elimination rather than acceptance was further strengthened by these ideas. However, resistance to these oppressive policies began to emerge, particularly during the Great Depression. Especially parents of disabled children rejected medical professionals' recommendations to institutionalize their children and advocated for their education and inclusion in society (Nielsen, 2012, Creating Community, Despite All section, para. 4-5). With the Disability Rights Movement of the late 1960s and 70s, activists opposed the idea that disability was solely a medical condition and suggested that it was rather a social construct. "Movement participants argued that disability was not simply a medical, biologically based condition. Indeed, the movement sometimes directly challenged medical authority to define 'disability'" (Nielsen, 2012, Becoming Activist Citizens section, para. 5). The Americans with Disabilities Act (ADA) of 1990, which aimed to guarantee equal rights and opportunities for disabled people, was one of the legal successes obtained by this movement.

It can be argued that the antipsychiatry movement is among the movements that resist these oppressive policies and may have contributed to the development of medical humanities. The movement emerged during the 1960s to criticize psychiatrists' approach to the patients and the problems of diagnoses. As one of the most important names of antipsychiatry, psychiatrist Thomas Stephen Szasz (1970/1997), argues, "psychotherapy is

the name we give to a particular kind of personal influence" (p. 219). One of his main claims is that the diagnoses are biased and not precise, it depends solely on the psychotherapist's perspective, and since it is not on objective ground, it cannot be trusted.

By taking Nielsen's work into account, it can be suggested that physical disabilities have historically been the main focus of disability studies. However, distinguishing between physical and mental disabilities may highlight inequalities in opinions of society and medical practices. Only lately has disability studies begun to focus on mental disabilities. As Elizabeth Donaldson (2020) suggests;

> In its early days disability studies scholarship focused more often on physical disability, and in recent years disability studies scholars working on mental illness have grappled with the best ways to describe their distinct concerns and their relationship with disability studies at large. (p. 354)

So, it can be argued that disability studies overlooked the difficulties resulted by mental illness, which might be a result of its invisible nature. While the focus on physical disability have led to accessibility laws and workplace accommodation, they mostly did not include mental illness as it is not visible. This distinction between mental and physical disability also caused various debates on terminology. For instance, Margeret Price (2017) indicates that "although discursive alliances can be drawn between physical and mental illness, important differences exist as well" (p. 337) and considers the use of terminology as one of these differences. Price (2017) emphasizes that while many members of the disability rights movement embrace the term "disabled," those within the c/s/x movement (consumer/survivor/ex-patient) often approach the term with caution. She argues that this hesitation results from the way psychiatry portrays mental illness as permanent harm, which frequently leads to the loss of civil rights and autonomy. This distinction shows how psychiatric disability is frequently treated as a personal pathology rather than a socially constructed experience.

The c/s/x movement, as described by Price (2017), emerges from Mad Studies, involving people who identify themselves as "psychiatric system survivors" (p. 334). By exemplifying her own experience, she suggests that even though she did not have a traumatic experience with psychiatrists, it was because she had "the economic and cultural privilege … to try out and reject various caregivers," which is "not open to many in the c/s/x group" (Price, 2017, p. 335). She also acknowledges the fact that "[the psychiatrist] … wields the

power of the prescription pad" (Price, 2017, p. 335), so even if the patient has the freedom to choose their psychiatrist, their freedom is still limited. The movement criticizes how psychiatric diagnoses can deprive people of autonomy and reduce them to their conditions instead of recognizing people's real experiences. The c/s/x movement prioritizes self-definition and community support and resists the pathologizing labels imposed by medical authorities.

It can be suggested that another important aspect that limits the autonomy of patients is psychiatric medicines. They have played an important role in shaping mental health institutions and reinforcing the medical model of disability, which will be explained later. Institutional care gradually moved toward outpatient treatment with the introduction of psychotropic medications in the middle of the 20th century, but this change also reinforced the dominance of medication in the treatment of mental illnesses. This approach has been further institutionalized by the Diagnostic and Statistical Manual of Mental Disorders (DSM), which uses a clinical perspective to classify mental diseases and frequently reduces psychiatric disability to a collection of symptoms that need to be managed by a doctor. Regarding this approach of DSM, Price (2017) suggests that;

> In the third and fourth editions of the Diagnostic and Statistical Manual of Mental Disorders, the authors have made a great show of considering social factors in their new classification of "mental disorders," and also of having involved a broad base of patients and clinicians in developing the manual. Yet, … that show is largely illusory; the central developers of the landmark DSM-III (and inventors of its categories) numbered just five persons, and the over-arching rationale for the manual is increasingly positivist and biological. (p. 340)

In addition to offering consistency in diagnosis, DSM has come under criticism for pathologizing a variety of human behaviors, promoting social stigma, and defending the broad medicalization of mental health, which promotes the medical model of disability. Thus, the biological determinism that still dominates the definition of psychiatric disability overlooks the social and environmental elements that affect mental health experiences.

The way the DSM defines psychiatric disability is a direct reflection of the medical model, reinforcing the idea that mental illness is an individual pathology rather than a socially constructed experience. The medical model of disability views disabilities as personal deficiencies rather than as socially constructed situations, conceptualizing disability as an individual pathology. Tom Shakespeare (2017) distinguishes the medical model from

the social model, arguing that, "whereas [the social model] defines disability as a social creation -a relationship between people with impairment and a disabling society- the [medical model] defines disability in terms of individual deficit" (p. 197). So, this approach reinforces the idea that disabled individuals must be "fixed" or "cured." Rosemarie Garland-Thomson's term "medical gaze" can be considered as another important concept for the medical model of disability, which means objectifying disabled bodies and examining them as case studies rather than as people with lived experiences, which also negatively affects the way disabled people perceive themselves. Garland-Thomson (2005) criticizes the medical model and its effects on disabled people, suggesting that, "we expect medicine to wipe away all disability. As a consequence, when disability enters our lives, often our only available responses are silence, denial, shame, or determined and desperate vows to 'fight it'" (p. 525). Even though Garland-Thomson's term is generally used to describe physical disability, this idea can be applied to mental disease since psychiatric patients are frequently regarded more as subjects of medical intervention than individuals.

The medical model of disability also causes a classification in medicine and psychiatry as "normal" and "abnormal" as it pathologizes the ones who don't fit in. Leslie A. Fiedler (1984) indicates that the war against "abnormality" signals a dangerous political ideology, where fear of difference evolves into a "tyranny of the Normal" (p. 42). By creating feelings of guilt and self-hatred in those who are considered "abnormal," especially those with disabilities that are still considered incurable or medically or socially unpreventable, this tyranny is encouraged (Fiedler, 1984, p. 42). Also, Linda Morrison (2005) suggests that once an individual is diagnosed with a mental illness, returning to "normal" is seen as nearly impossible. "For persons with a psychiatric diagnosis, especially for 'serious and persistent mental illness,' it is very difficult to return to normal no matter how well one is feeling" (Morrison, 2005, p. 5). The idea that psychiatric disability is a permanent abnormality rather than a condition that is dependent on context or fluid is supported by the medical model of disability. Thus, the medical model and the binary opposition created by this model feed each other, and individuals diagnosed with psychiatric disabilities remain as clinical cases.

While the medical model focuses on individual deficiencies and considers individuals as case studies, the social model argues that disability is constructed through societal structures. As Tom Shakespeare (2017) states, disability has historically been considered through biological, moral, and religious lenses, frequently portraying disabled people as the

victims of divine punishment, personal failings, or medical flaws (pp. 195-196). Also, Michael Oliver (1990) suggests that disability is seen either as a tragedy or a medical issue in societies (p. 25). However, the distinction of "people with disability" that is made by the public only alienates them from the society and restricts them from public places such as work environments. As the "abnormal" ones, they are being excluded by the "normal" people. These individuals would become "normal" if people could stop considering them as being disabled. "The social model suggests that people are disabled by society not by their bodies. Rather than simply opposing medicalisation, it can be interpreted as rejecting medical prevention, rehabilitation, or cure of impairment" (Shakespeare, 2017, p. 199). So, disability is a social issue instead of a personal problem. Disabled people are oppressed, and non-disabled groups are the oppressors/contributors of oppression. Shakespeare (2017) also argues that the disability rights movement has shifted the dominant narrative by redirecting focus toward social oppression, cultural discourse, and structural barriers that shape disabled people's experiences (pp. 195-196). According to the social model of disability, people are not essentially disabled but become disabled by the society which alienates them and does not provide for their needs.

It can be argued that the strict expectations of production that are imposed by societal structures, which frequently equate economic output with human value, is the central reason why disabled people are alienated. This exclusionary pattern can also be seen in early colonial societies as it was mentioned before. Erwing Goffman (1963/2017) suggests that "society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories" (p. 134). People who do not meet these standards, such as disabled people, are frequently marginalized in society. These societal perceptions contribute to the stigma surrounding psychiatric disability, which further marginalizes individuals with mental illnesses.

The concept of psychiatric disability is not only shaped by medical discourse, but it is also deeply integrated into social and cultural structures that establish what is considered "normal" and "abnormal." Goffman's theory of stigma can be studied as an important framework for understanding how these perspectives lead to the marginalization and exclusion of individuals with mental illnesses. First of all, Goffman (1963/2017) suggests that there are three types of stigma: "abominations of the body", suggesting physical deformities; "blemishes of individual character", such as mental illness, imprisonment,

addiction, and homosexuality; and "tribal stigma of race, nation, and religion" (p. 135). The common point of all three is that there is an "undesired differentness from what we had anticipated" (Goffman, 1963/2017, p. 135). He refers to the possessors of stigmas "normals," and illustrates how stigma reduces an individual from a whole and usual person to a "tainted, discounted one" (Goffman, 1963/2017, p. 134). When someone has an attribute different from societal norms, they are often perceived as dangerous, weak, or undesirable. In addition to dehumanizing disabled people, this simplified perspective defends their exclusion from full social participation. The social perception of disability, thus, shifts from difference to a sign of inferiority, further encouraging discrimination.

Apart from external prejudice, stigma can also be internalized. Because the stigmatized person "tends to hold the same beliefs" about his own identity and desires to be a "'normal person', a human being like anyone else … who deserves a fair chance and a fair break," he/she feels like a failure, as an inferior, and feels shame (Goffman, 1963/2017, p. 136). Internalized stigma, thus, is a result of the opinion held by the "normal" ones. "The … presence of normals … reinforce[s] this split between self-demands and self, but in fact self-hate and self-derogation can also occur" (Goffman, 1963/2017, p. 136). So, the way society views people with disabilities shapes stigma, whether it derives from outside sources or is internalized. *RX: A Graphic Memoir* (2018) and *The Hospital Suite* (2014) both use personal narratives to illustrate the reality of psychiatric disability and highlight the ways that societal norms reinforce stigma.

Ideals of strength, independence, and emotional control have been strongly associated with masculinity throughout American history. As a result, men have always been under pressure to conform to strict masculine standards, especially when it involves success and productivity. As Kimmel (2006) argues, "throughout American history American men have been afraid that others will see us as less than manly, as weak, timid, frightened" (p. 4). Because men tend to repress or overlook psychological difficulties in order to avoid being seen as weak, this concern has led to the stigmatization of mental illness among men. Furthermore, the burden has been made worse by the conventional assumption that males should be successful breadwinners. Rather than serving as a source of "pride and motivation", the role of provider became "a source of strain and conflict" (Kimmel, 2006, p. 175). This dynamic is illustrated in John Porcellino's *The Hospital Suite* (2014), where he addresses the conflict between his desire to continue being productive and independent and

his struggle with obsessive-compulsive disorder. Porcellino's story illustrates how male standards may increase self-stigma and lead to feelings of loneliness and inadequacy when dealing with mental illness.

Feminist criticism, on the other hand, has highlighted how women have historically been linked to insanity and irrationality. As Elaine Showalter (1985) argues;

> Contemporary feminist philosophers, literary critics, and social theorists have been the first to call attention to the existence of a fundamental alliance between "woman" and "madness." They have shown how women, within our dualistic systems of language and representation, are typically situated on the side of irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture, and mind. (pp. 3-4)

Because of this relationship, women's experiences have been pathologized, and mental illness is frequently diagnosed as a reflection of gendered prejudices. In *RX: A Graphic Memoir* (2018), Lindsay's experience with bipolar disorder and involuntary hospitalization highlights how societal expectations regarding femininity and rationality shape the treatment of women with psychiatric disabilities. Also, Gilbert and Gubar (1979) suggest that women authors frequently express an intense feeling of imprisonment in their work due to the restrictive and "anxiety-inducing" limitations imposed by society, both through thematic focus and recurring imagery of imprisonment and suffering (p. 64). This feeling of imprisonment and resistance is reflected in Lindsay's story, which shows how stigmatization, mental illness, and gendered expectations interact. Collectively, these narratives show how gender affects how mental illness is experienced and portrayed, affecting societal perspectives as well as individual identities.

It can be suggested that society opinions regarding psychiatric disabilities are influenced by stigma. Examining how various medical frameworks support or contradict stigmatization might be beneficial given the ways in which stigma affects public views of psychiatric disabilities. So, it can be analyzed through a broader perspective of medical humanities, especially in relation to the biomedical model's limitations in treating mental illness. Despite the biomedical model being mainly preferred in psychiatric diagnosis, it was also criticized for its methodology, arguing that it encourages stigma instead of reducing it. The conventional biomedical model, which relies only on physical evidence and testing to diagnose a patient with a mental illness, has recently been abandoned.

The comparison of the biomedical and biopsychosocial models brings the issues of doctor–patient relationships, doctors' approach to patients in terms of dehumanization, and the institutionalization of mental illness to the surface as well. *The Hospital Suite* (2014) and *RX: A Graphic Memoir* (2018) both address these models by showing how medicalized treatments to mental illness affect the autonomy and well-being of patients. As Angela Thachuk (2011) suggests in her article, the main difference between the biomedical model and the biopsychosocial model is that while the biomedical model desires to correlate mental illnesses with physical ones and argues that mental illnesses are caused by brain dysfunctions, such as hormonal imbalances or neurotransmitter issues, the biopsychosocial model focuses on social and environmental factors (p. 145). Although the biomedical model aims to help patients with their feeling of weakness or efface the bias of society toward people with mental illness, it further feeds the stigma. By drawing parallels between physical and mental illnesses through brain scans, it assumes that the brain is a "static and homogenous entity" even though it is "fluid and diverse" (Thachuk, 2011, p. 151). Also, this parallelism, as she suggests, is out of the patient's control. So, treating mental illnesses as if they are purely physical problems violates the patient's free will as it does not take the uniqueness of the experience into account. About the biomedical model, Thachuk (2011) argues that;

> [The] visual affirmation of the reality of mental illness responds to Western culture's affinity for visual proof. Seeing is believing. Thanks to these images, we can all, firsthand, bear witness to, with even only a limited perspective of, what is going on inside "the depressed brain," "the schizophrenic brain," the "bipolar brain." (p. 149)

According to her account, having visual evidence makes it easier to agree upon a diagnosis, and this is why the biomedical model is favored over the biopsychosocial model. However, after it was understood that the biomedical model feeds stigma instead of preventing it, and that it resulted from mental health services and pharmaceutical companies being affected by consumer culture, the biopsychosocial model emerged as an alternative framework. These criticisms of the biomedical model combine with other movements advocating for the deinstitutionalization of psychiatric disability such as disability rights movement.

In that sense, it can be said that patient narratives have been important in changing how others view mental illness, an issue that has been studied from the perspective of narrative medicine. The argument for the deinstitutionalization of mental illness, as

presented by Szasz and Foucault, has contributed to the development of the biopsychosocial model of treatment. This model could therefore be considered a key part of the theoretical framework when analyzing Porcellino's *The Hospital Suite* (2014) and Lindsay's *RX: A Graphic Memoir* (2018). Though the biopsychosocial model was created with the aim of bringing the patient's feelings and status to the foreground, the lack of its application in the medical field has become a commonly mentioned issue in literary works, particularly memoirs written by authors with mental illness. Since these works allow the reader to see the author's feelings and thoughts from a first-person point of view, it can be said that one of the most vivid examples of this problem can be seen in Rachel Lindsay's *RX: A Graphic Memoir* (2018). On the other hand, John Porcellino's work *The Hospital Suite* (2014) depicts the exact opposite by fully embracing his diagnosis and being eager to try every possible way of treatment, including alternative medicine.

Rather than presenting mental illness as something to be cured or overcome, both Porcellino and Lindsay frame their psychiatric disability as a part of their identity. Their memoirs challenge the conventional narrative of recovery and emphasize coexistence over resolution. In doing so, they resist the dominant societal expectation that disabled individuals must strive toward "normalcy" in order to be accepted. Instead, their stories suggest that healing is not about erasing disability but about creating a life that accommodates it. Within this context, the role of society is not to "fix" or "normalize" them, but to make space for their existence as they are. This also echoes the principles of the social model of disability, which calls for structural and cultural change rather than individual correction, suggesting that disability is a quest instead of a disease to be cured.

Informed consent and the standards of competence in psychiatric care have been discussed as a result of these criticisms of the biomedical model and its ethical implications. The problems of the informed consent law and the standards of competence raise the question of the homogeneity of mental illness. The outcomes and symptoms of the same illness may differ from person to person, as illustrated in literary works by patients with mental illness, and physicians may have subjective approaches to treatment methods. Because mental illness cannot be diagnosed and evaluated in the same way as physical illnesses, it cannot be standardized but should be treated by considering the patient's personality and environmental factors. The freedom of diagnosing and forming a proper treatment plan is found helpful in most cases when a patient is not competent due to the

severity of mental illness. However, for those who can form logical thoughts and meet all the standards of competence, this freedom can be problematic. Thus, ironically, the discussion of objectivity has led to the conclusion that the most plausible way to assess the existence of an illness requiring hospitalization or another form of treatment is to approach and evaluate each patient subjectively.

By integrating these theoretical perspectives, the biopsychosocial model emerges as a framework that challenges traditional biomedical understandings and provides an alternative lens through which psychiatric disability can be analyzed. However, as the biopsychosocial model has gained wider acceptance, it also created some ethical dilemmas. One of them is the issue of informed consent law that established several requirements for consent to treatment. The law, according to Appelbaum and Grisso's article (1995), states that the patient's physician should inform the patient about everything and offer the patient the option of giving up on treatment, the patient should not be forced to make any decisions by the physician, and the patient should be competent to make decisions about treatment (p. 106). These three fundamental principles of the law require the patient to be stable enough to understand the information provided by the practitioner, to realize that he/she is being forced into making a decision, and to be approved by the physician that he/she is competent, which is questioned because of the possibility of practitioner bias as a result of stigmatization (Appelbaum & Grisso, 1995, p. 106). Although the law seems as the most plausible way to diagnose and/or hospitalize a patient with mental illness, the issue of subjectivity is up for dispute, and resulted in a set of rules to decide whether a person is competent or not.

According to Paul S. Appelbaum and Thomas Grisso (1995), even though the practitioners fail to explicitly mention it, the first of four standards, "ability to communicate a choice is … applied. When patients are unable, as a result of illness, to reach a decision or to indicate to their caregivers what course of treatment they desire, they uniformly will be considered incompetent" (as cited in Appelbaum & Grisso, p. 109). The second standard of competence is "the ability to understand relevant information," which helps the practitioner to inform the patient about possible outcomes and risks of treatment or of the absence of treatment (as cited in Appelbaum & Grisso, 1995, p. 109). After the patient is informed about the possible outcomes and risks, according to Appelbaum and Grisso (1995), the third standard becomes important for the sake of treatment and patient's health, which points out "the ability to appreciate the nature of the situation and its likely consequences" (p. 110).

This may be the most important standard because this is the one that forces the patient to accept treatment. As is suggested in the article;

> This standard differs from an ability to understand information in requiring that patients be able to apply the information abstractly understood to their own situation. Thus, patients who understand that their physicians believe they are ill, but, in the face of objective evidence to the contrary, deny that this is so, or who understand that an effective treatment exists, but refuse to believe that it is likely to help them, will be said to lack appreciation. (Appelbaum & Grisso, 1995, p. 110)

So, it can be said that this standard abuses the freedom of choice of the patient. Lasty, the final standard of competence is the "ability to manipulate information rationally," which requires the patient to "compare the benefits and risks of treatment options" (Appelbaum & Grisso, 1995, p. 110). This is the other standard that may be abused by the medical practitioners because even if the patient is able to evaluate the opinions and make a decision about the treatment, if the decision given is not conventional, the physician might come to the conclusion that the patient is incompetent to make this decision and apply the method of treatment he/she desires without asking for the patient's approval, or even might reject the patient's desire to refuse the treatment and force the patient to keep continuing with the treatment. As it is concluded in the biopsychosocial approach, ideally, the concept of sanity should not be standardized by the medical practitioners, but it still cannot be put into practice properly.

The medicalization of psychiatric disability not only influences treatment and patient autonomy but also shapes cultural narratives about mental illness. These narratives, in turn, affect how psychiatric disability is represented in literature and other media, particularly in the memoir genre. Thomas Couser (2011) begins defining the term memoir by stating that memoir is a nonfiction genre that depicts the lives of real individuals (p. 15). However, it is challenging to distinguish between novel and memoir since realistic novels may resemble memoirs, so "sometimes fiction masquerades as —pretends to be— nonfiction" (Couser, 2011, p. 15). Couser explains memoir by comparing it with similar genres such as autobiography and biography. For instance, in comparison to autobiography, he suggests that memoir concentrates on a specific occurrence or aspect, which is "limited" and "subjective" as it relies on memory rather than covering the author's entire life, which is "more comprehensive" (Couser, 2011, p. 23). There is also a distinction between biography and memoir; biographies can be written about anyone, while memoirs are only about the

individuals the author personally remembers (Couser, 2011, p. 19). Memoir, according to Couser (2011), is a "continuum" between autobiography, which focuses on the author, and biography, that focuses on "the other" (pp. 19-20). He also states that "life writing has become the umbrella term used to refer to all nonfictional representation of identity" (Couser, 2011, p. 24), but he prefers the term "life narrative" to include oral narratives and graphic memoirs (p. 24). Some graphic narratives fall under the category of memoir such as Art Spiegelman's *Maus: A Survivor's Tale* (1986), David Small's *Stitches: A Memoir* (2010), and Ellen Forney's *Marbles: Mania, Depression, Michelangelo, and Me: A Graphic Memoir* (2012).

Graphic memoir, also called "autographics," is a subgenre of graphic novels that became more popular in the early 2000s. The graphic "I," according to Smith and Watson (2024), "shapes the telling of a life story in the binocularity of autographics" (p. 180). This refers to how visual and verbal elements work together to construct a multi-layered self-representation in graphic memoirs. One should consider how the visual elements, such as frames, panels, gutters, and the arrangement of each frame, contributed to the narrative (Smith & Watson, 2024, p. 181). The term "autographics" was coined in 2006 by Gillian Whitlock even though the earlier examples of the genre are published before the 2000s. Accordingly, Whitlock (2020) defines autographics as a "neologism" deriving from "the recent convergence of graphic narrative and autobiography, denoting a hybrid that is self-reflexive yet definitively nonfiction" (p. 229). In the light of Whitlock's definition, one may claim that the genre brings together fact and fiction, illusion and reality, which is an effective way to describe the worldview of a mental health patient where these dichotomies are put in contradictions. "[Autographics] is articulated in and through the association of memoir and graphic narrative, and in intimate and creative ways of imagining and performing the self in and through memory" (Whitlock, 2020, pp. 228-229). The genre combines creativity with nonfictional memoirs by using illustrations as a part of the narration. The illustrations, alongside the narration, convey the duty of symbolization in order for the reader to be further involved in the memory of the writer, and to have a better understanding of the events. They also help the reader grasp the setting better, which is vital for mental health narratives, considering the hospitalized writers. Susan M. Squier (2008) argues that comics shows the reader "things that [cannot] be said" since, while they do not strictly require words to narrate experiences, the genre juxtaposes illustrations and words to express performances of "illness, disability, medical treatment, or healing" in a richer way (p. 131). Thus, it can be said that

the use of visual elements can foreground the performance of illness more effectively than words. There are various graphic narratives that discuss the issues of physical and mental health. For example, *Just Peachy: Comics About Depression, Anxiety, Love, and Finding the Humor in Being Sad* (2019) is the story of the writer and illustrator Holly Chisholm living with depression, ADHD, and anxiety. Allie Brosh's webcomic series *Hyperbole and a Half* (2009-2020) engages in many topics including her struggles with ADHD and depression. As an example of comic journalism, Reid Chancellor's *Hardcore Anxiety* (2019) brings the topics of punk rock and mental health together to draw on the relationship between his anxiety and how the lives of punk rock stars with mental illnesses and their music helped him cope with his illness.

Through its unique use of time and narrative structure, autographics provide an effective medium for depicting mental illness. Since the medium combines visual elements with written text, the writer can depict two different periods of time at the same time. As Magnet and Watson (2017) emphasize, autographics are ideal for portraying the nonlinear and fragmented experiences frequently associated with psychiatric disabilities because they disrupt the traditional linear progression of time. A thorough analysis of memory, trauma, and identity is made possible by the ability to visually represent multiple temporal states such as a narrator appearing next to a younger version of him/herself (p. 252). Autographics may depict the cyclical and fragmented nature of mental illnesses because of their visual and temporal flexibility. They offer a comprehensive and layered depiction of mental illness by altering chronological storytelling, showing how previous experiences continue to influence the present in vivid ways (p. 252). Porcellino's *The Hospital Suite* (2014) exemplifies this narrative fluidity by blending past and present experiences, reflecting the fragmented nature of psychiatric disability.

In order to express emotions in ways that regular text may not, graphic novels use a blend of verbal and visual tools. Ian Williams (2015) uses the term "iconography" which "refers to the use of images and symbols to portray a subject, movement, or ideal" (p. 118). He suggests that each panel includes a set of icons because the illustrations are "often a simplification of reality" (Czerwiec et al., 2015, p. 118). The word "icon" is explained by Scott McCloud (1993) as "any image used to represent a person, place, thing, or idea" (p. 27). An icon is created through abstracting a realistic image, and this process is called cartooning, which is used to emphasize the "essential meaning" (McCloud, 1993, p. 30).

Despite the simplicity of the drawing, the use of icons enhances the meaning and conveys the feeling to the reader more effectively because "…when you look at a photo or realistic drawing of a face, you see it as the face of another. But when you enter the world of the cartoon, you see yourself" (McCloud, 1993, p. 36). So, by simplifying the image, writers aim to make readers relate to their own feelings and experiences, and especially for illness narratives, the use of the icon may prove to be beneficial for the reader's involvement. "Verbal–visual techniques provide vividness and easily digested expression, translating the sufferer's altered mental perspective effectively for the reader" (Venkatesan & Raji, 2021, p. 38). As it is argued, the use of visuals simplifies communication between the writer and the reader, building empathy and a deeper understanding of mental health challenges that go beyond language.

Based on the theoretical framework provided above, this thesis will analyze the intersections of psychiatric disability, stigma, and creative production in John Porcellino's *The Hospital Suite* (2014) and Rachel Lindsay's *RX: A Graphic Memoir* (2018). By placing these works within the historical and theoretical frameworks of disability studies, the biomedical and biopsychosocial models, and narrative medicine, it can be suggested that mental illness narratives play a crucial role in reshaping perceptions of psychiatric disability. In this thesis, it will be suggested that these writers try to coexist among the "normals" instead of conquering disability. In the first chapter, Porcellino's struggles with obsessive-compulsive disorder and self-stigma will be studied. The methods he uses to accept his mental illness and his journey of coming to terms with his disability to be able to be productive again will be discussed within the framework of the biopsychosocial approach introduced previously. The outcome of his mental illness, that becoming unable to illustrate and write new graphic novels, will be contextualized within the framework of self-stigma. In the second chapter Lindsay's involuntary admission to a mental hospital due to bipolar disorder and her journey of regaining her individual identity will be analyzed from the framework of the biopsychosocial theoretical approach to mental illness. Her desire to work as an illustrator and the result of her decision-making process according to this dream will be analyzed by creating an argument on public stigma against people with mental illness. Lastly, in the conclusion chapter, the analysis of these literary works will be contextualized within the framework of medical humanities and stigmatization of people with mental illness.

CHAPTER 1

JOHN PORCELLINO'S

THE HOSPITAL SUITE (2014)

John Porcellino's *The Hospital Suite* (2014) is a graphic memoir that explores the complexities of psychiatric disability from a personal point of view. The autographics provides a first-person point of view on disease as a memoir in accordance with the social model of disability, which emphasizes real-life experience as an important aspect of understanding disability. The stereotypes that stigmatize mental illness are reinforced by traditional representations of psychiatric disabilities in popular narratives, which usually portray people as either dangerous or vulnerable. Porcellino's work, on the other hand, contradicts these depictions by providing a complex narrative that portrays the obstacles as well as the milestones that come with having obsessive-compulsive disorder (OCD). His narrative is related to the c/s/x movement (consumer/survivor/ex-patient), which encourages people with mental illnesses to reclaim their voices and reject labels that stigmatize them (Price, 2017, p. 334). Porcellino offers a counterpoint to traditional medicalized ideas of mental illness by presenting his psychiatric disability as an important part of who he is, rather than a condition that defines him. Thus, his narrative becomes a quest to embrace mental illness with its struggles where he does not consider healing as the ultimate goal.

Porcellino's work *The Hospital Suite* (2014) consists of three independent novellas. The writer refers to these three parts novellas in an interview carried out by Sarah Boxer, stating that, "the three stories in the book *The Hospital Suite* were always written as three independent stories, even though they overlap and tell a larger story. I always worked on them independently, I envisioned them as three little novellas" (2014, para. 26). This novella focuses on his declining physical health to provide an account on the reason for his resurfacing OCD. The second novella *1998* is the continuation of the timeline of the first novella. In this novella, after this operation, he needs to take a break from illustrating due to his physical illness, but this break results in resurfaced symptoms of obsessive-compulsive disorder. Although his physical health is improving, he cannot publish his graphic novels for a while because of his OCD. He is not satisfied with his illustrations and draws everything numerous times. Not being able to produce literary works, Porcellino starts seeking different methods of treatment without questioning the reason for his diagnosis, which shows the

reader the relationship between his physical and mental illnesses. The last graphic novella *The True Anxiety* disrupts the chronological timeline and takes the reader to Porcellino's childhood to offer a background to his mental illness. He starts illustrating stories from his childhood and tells the reader that he had anxious thoughts since his childhood, which eventually became obsessions over time, and brings the reader gradually to the present. The last novella helps the reader understand the source of his self-stigma. All three novellas address healing through art, which assembles the three different timelines of his life under one unified novel.

To understand *The Hospital Suite* (2014) as a disability narrative, it is crucial to analyze the representation of psychiatric disability from a theoretical framework to see how it is shaped in the narrative. Disability has been framed through two dominant models. The medical model suggests that disability is a biological deficiency requiring medical intervention. The social model, on the other hand, argues that disability is shaped by environmental and societal barriers (Shakespeare, 2017, p. 197). Psychiatric disability complicates the explanation of disability since it both involves the biomedical and biopsychosocial models of mental illness. While the biomedical model defines mental illness as a disorder of the brain that can be standardized and treated, the biopsychosocial model suggests that the role of environmental, psychological, and social factors should be included to understand a patient's experience. Porcellino's struggle with OCD, physical illness, and medical treatments reflects the conflict between these two models, as he navigates between western medicine and alternative healing methods. In addition to the conflict between medical and social models, Porcellino's experience with disability is influenced by stigma. As Erving Goffman (1963/2017) suggests, psychiatric disability is often stigmatized through public opinion and internalized feeling of "inferiority" (p. 134) because disabled people are often considered incapable of working or performing daily activities. *The Hospital Suite* (2014) depicts Porcellino's struggle with self-stigma, as he worries about being permanently labeled as "mentally ill" and questions his own treatment decisions while trying to overcome the concept of healing and focusing on the journey.

Apart from stigma, Porcellino's narrative depicts creativity as both a coping mechanism and a source of struggle. His creativity is linked to his psychiatric disability, showing the contradiction that while OCD affects his ability to create, it also forms his artistic style and storytelling method. His minimalist drawings and fragmented narrative

structure matches with Tobin Siebers' concept of "disability aesthetics," which expresses that disability not only influences artistic production but also challenges dominant notions of beauty (2010, p. 3). So, *The Hospital Suite* (2014) illustrates psychiatric disability as a fluid experience that shapes Porcellino's identity as an artist and as a person and challenges the traditional narrative that shows illness as an obstacle. In this chapter, by analyzing *The Hospital Suite* (2014) through the framework of disability studies, how the biomedical and biopsychosocial models depict psychiatric disability, how stigma plays a role for people with mental illness, and how artistic production acts as both an obstacle and a device of self-liberation will be analyzed. In this analysis, Porcellino's memoir will be placed in the context of disability narratives and graphic medicine, showing how autographics may be useful for eliminating stigma and redefining mental illness.

Disability has been framed through two dominant models: the medical model, which views disability as a biological deficiency that requires correction, and the social model, which considers disability as an interaction between biological, psychological, and social factors (Shakespeare, 2017, p. 197). Porcellino's struggle with obsessive-compulsive disorder (OCD), physical illness, and medical treatments reflects the conflict of these two models. Although the medical and social models offer a framework for understanding disability, the conflict between the biomedical and biopsychosocial models also shapes psychiatric illness. The biomedical model conveys mental illness as a neurological condition that can be standardized, which draws parallels with the medical model of disability. On the other hand, the biopsychosocial model emphasizes the influence of psychological and environmental factors on mental health experiences, which is closer to the understanding of disability of the social model. It can be suggested that Porcellino is placed under the biomedical model in *The Hospital Suite* (2014), where his experiences and symptoms are pathologized, and he is given medication. However, he challenges the biomedical model by rejecting some medical procedures and searching for alternative treatment methods. As he explains in his narrative, because OCD fragments his routine of drawing comics, he never gives up trying alternative methods such as meditation after feeling frustrated from constantly seeing doctors and being on medication.

His struggles with diagnosis and treatment, and his motivation to try alternative ways of healing to be able to illustrate and write again are discussed in the graphic novel. In the first chapter of *The Hospital Suite*, he starts introducing to the reader his ways of coping with

illness, which reveals an important pattern of his behavior. First, he does not limit himself to one method of treatment but always seeks other alternatives. “After seeing doctor after doctor with no relief, I finally turned to alternative healers. I began seeing an acupuncturist, who helped me a lot, and then a naturopath, who’d recommended a diet free from wheat, yeast, and dairy products” (Porcellino, 2014, p. 13). It can be seen in the whole work that he takes advantage of the right to refuse treatment and is able to benefit from the principle of patient autonomy, which was discussed in the introduction before.

One day at work, he hurts his back from carrying a heavy bag, and his boss wants him to go to the hospital, where doctors suspect pesticide poisoning due to his former job and refer him to an oncologist. He goes to the office of the oncologist but while waiting, he thinks to himself that;

> I’ve had it. I’m spending 2-3 days a week in doctors’ offices… being prodded, poked, tested, and talked down to… and I’m just tired of it… I realized: the more time I spend in doctors’ offices, the sicker I feel! I told the doctor thanks, but no thanks-- and I went home.” (Porcellino, 2014, p. 146)

It can be seen that he can freely use his right to refuse treatment, even for physical illness. This shows the reader that, by being able to walk away from the oncology clinic, he stands against the biomedical model of mental illness and enjoys his freedom to choose between alternative methods, which is provided to him by the biopsychosocial approach. After he refuses going to the oncologist, he decides to try his chance with an environmental medicine clinic, which he came across and requested information earlier, and some volunteers, who were former patients, run a series of allergy tests on him called “prick tests” (Porcellino, 2014, p. 151). The allergy tests come positive for 25 out of 27 foods, so they stop the tests and prescribe him a specialized medication. Although he is tired of constantly seeing doctors and trying to get better, he is still able to reject one alternative and search for another. He exercises this right by going to another clinic and attempting an alternative treatment for his declining health later.

Even though he enjoys his right to refuse treatment and try alternative treatment methods, he does not stop going to therapy and subjecting himself to western medicine for the sake of creating comics. For instance, because his wife Kera wants him to give therapy a try, he agrees and starts seeing a therapist. “Despite the fact that I’d suffered from crippling depression since my teens, I’d ever sought help before… It had always seemed like a sign

of weakness to me" (Porcellino, 2014, p. 162). On this page, closed, straight edged, rectangular panels are used, and the ratio of caption and illustration is unusual. The narrator's voice is dominant throughout the page instead of the action, so there are less illustrations that are only used for setting the scene and indicating the characters talking. The shift from illustration to text might be a result of talking about an event Porcellino is not comfortable with. So, even though he does not desire to seek medical help, he tries every method to be healed to regain his creativity.

> Those obsessive-compulsive symptoms that had bothered me off and on in the past, came back even stronger… Within a month, they'd developed into full-blown, textbook OCD. My whole life I'd resisted getting help for my problems. I was the kind of guy who wouldn't even take aspirin when I had a headache… But with nowhere else to turn, I began seeing a therapist… She suggested meds, but of course I was opposed. She said: "Imagine yourself in a deep hole that you're doing your best to climb out of. Now look at the medication as a ladder… Maybe the ladder won't take you all the way, but what if it helped you get halfway out of the hole? Where you'll have a better chance of making it the rest of the way on your own??" (Porcellino, 2014, p. 187).

It can be said that the remarks of the therapist advises him to consider the process as a journey. The unusual ratio of text and illustration continues on this page as well, where he talks to his therapist. The third tier of the page includes one horizontal closed panel, which comes after four panels placed equally into two tiers. As Eisner (1985/2000) exemplifies in his work, the use of wide panels indicates that the event happening in the panel takes more time (p. 28). The placing of Porcellino's therapist's words in the last panel may be because of his willingness to put an emphasis on the therapist's analogy of the ladder. The reader is expected to spend more time focusing on the widened panel, thus, the emphasis on the important point made by his therapist becomes more striking. The panel is also dominated by the speech bubble of the therapist, and small illustrations of her and Porcellino's faces are squeezed to the lower corners, which further emphasizes the importance of her words. The way these panels have been used indicates that even though Porcellino does not want to seek professional help from a therapist, deep down, he knows that the therapist is right. His use of alternative medicine and meditation is consistent with the biopsychosocial model, which emphasizes that medical intervention alone cannot fully comprehend psychiatric disability.

He accepts medication treatment but while they help with the symptoms of his OCD, they make him extremely depressed. As a result, he begins experiencing the suicidal thoughts he has previously experienced, so he decides to try another way of treatment that aims "to treat a variety of psychological problems … with the use of vitamins, minerals, amino acids, and other nutritional substances" (Porcellino, 2014, p. 190). Thus, he "taper[s] down off the drugs" and continues his treatment with amino acids (Porcellino, 2014, p. 190). He, thus, shows the reader that he is able to stand against the conventional methods of biomedical model and refuse treatment. The conflict over autonomy is consistent with the theory of competence in psychiatric treatment by Appelbaum and Grisso (1995). Psychiatric patients are frequently considered "incompetent" to make decisions regarding their own care, especially if they reject traditional treatment methods, according to their study on informed consent (p. 107). However, Porcellino's work can be considered as a counter-narrative. Even though he suffers from OCD and experiences difficulties, he is still self-aware, and he considers different treatment methods. His ability to evaluate several options for treatment and choose the one that best suits him opposes the belief that mental illness limits one's ability to make decisions.

Porcellino's ability to reject psychiatric treatment and try alternative healing methods is also related to his gender and the ideas of society about masculinity: a man is expected to be tough, not prone to illness. Mental illnesses are traditionally associated with femininity since women are seen as fragile beings. Therefore, a man with a mental illness is perceived as weak, less masculine, more feminine. It can be argued that Porcellino is able to reject various methods of treatment and navigate through alternatives due to his gender. At the same time, it can also be said that societal expectations placed on men drive him to seek other methods. "Masculinity," as Michael Kimmel suggests, "was defined by the drive for power, for domination, for control" (2006, p. 4). Porcellino can use his masculine identity and choose between treatment methods, since this is what the norms demand. His masculinity requires him to navigate freely between methods of treatment because he needs to "dominate" as a male, and by doing so, he manages to meet the expectations. However, it might be suggested that it creates another form of pressure for him. Since he is struggling with a psychiatric disability, he is not "powerful" enough. Thus, he feels the need to mask his weakness by making important decisions and navigating through different methods of treatment. "American men have been haunted by fears that they are not powerful, strong, rich, or successful enough" (Kimmel, 2006, p. 6). Being a "weak" man, Porcellino tries to

resist medication and to cope with his illness by himself. So, it can be suggested that he attempts to restore his masculinity by covering his weakness with making decisions and remaining autonomous over his treatment.

After adjusting his treatment, he feels better first, but then, he again starts having obsessive thoughts, especially after 9/11, and his OCD fully resurfaces after a few months. He cannot take his groceries home because the cashier has coughed, so he donates all the food. Moreover, he cannot wash his clothes at home after strangers touch them because he does not want to contaminate his washing machine. He cannot even watch a Godzilla movie because he is afraid of summoning monsters to his town. Most importantly, he cannot illustrate comics or keep writing his stories, indicating his lack of creativity as a result of the new method of treatment. As he states in the interview;

> OCD is insidious. It was like, you can't say that. I had a lot of – there's these subsections of OCD – there's this thing called scrupulosity. It focuses on religious, ethical, and moral things, like you get hyper-religious. So I have all kinds of thoughts like, "If I write this comic or publish this comic, I'll be punished, God will stop loving me." Or there will be these terrible consequences. Some of it I did put down on paper but I just lacked the will to actually publish. Sometimes I couldn't even get pen to paper. The OCD made it impossible to talk about just about anything, let alone this crippling illness that I felt deeply ashamed of. (Boxer, 2014, para. 9)

Then, he once again takes advantage of the right to refuse treatment and returns to alternative medicine. The severity of his obsession makes him want to try nutrition treatment once again and he starts taking zinc and vitamin B. He starts doing nutritional studies, and comes to the conclusion that he has Pyroluria, which is confirmed by a nutritionist later on. These transitions in treatment methods not only demonstrate Porcellino's ability to resist the biomedical model but also show how he benefits from the freedoms offered by the biopsychosocial model. Also, his sensitivity to routine changes offers evidence for the validity of the biopsychosocial model and the social model of disability.

By highlighting how social and environmental factors influence mental health experiences, the biopsychosocial model provides a more comprehensive understanding of disability. In *The Hospital Suite* (2014), Porcellino draws links between mental and physical illnesses affecting each other. As proposed by Shakespeare (2017), personal experiences, as well as environmental factors, can affect one's mental well-being (pp. 195-196). Porcellino has suffered from anxiety, depression, and obsessive-compulsive disorder since his

childhood, which is the focus of the last novella, and relates to the reader that the OCD has resurfaced but not emerged after going through a physical illness. Thus, following the chronological narration about his anxiety, depression, and OCD in all three novellas not only reveal the way in which he sees his illness, but also proves evidence of how his physical well-being is closely related to these experiences. The effect of environmental triggers on his mental health, specifically his OCD, will also be examined.

The third novella *True Anxiety* of *The Hospital Suite* (2014) starts with a flashback to Porcellino's childhood in which he reveals one of his earliest memories of anxiety. The novella can be considered as evidence that he has been suffering from mental illnesses since his childhood. The opening sentence states that one of his earliest memories is a memory of anxiousness (Porcellino, 2014, p. 169). He talks about a toy that he could not play with because he thought, "if I play with this too much, it'll wear out and break!! -and then it'll be ruined!!" (Porcellino, 2014, p. 169). The first panel on top of the page does not have a frame, which gives the notion of "unlimited space" as illustrator Will Eisner states (1985/2000, p. 45) and indicates here the unlimited imagination of children. Then, four rectangular and straight edged panels show Porcellino's childhood and his toy from close-up, which may suggest that he leaves the rest to the reader's imagination. Panel 3B closes up Porcellino's anxious face with eyes and mouth wide open, with an emanata in front of his face that further accentuates his anxiety. Because anxiety limits his imagination and prevents him from playing with his brand-new toy, Porcellino uses closed panels on second and third tiers. It can be argued that he has always been anxious, so his OCD did not emerge from a series of physical illnesses but resurfaced after them. According to Corrigan et al.'s article (2014), "people with anxiety disorders and depression may also be negatively affected by obsessive thoughts that lead to worry or guilt" (p. 38). His anxiety and depression are presented in the work as one of the first signs that he is going to suffer from obsessive-compulsive disorder in later stages of his life. Evidently, he shows symptoms of OCD and depression in high school, such as obsessing over an un-erased corner of the blackboard at school or constantly having suicidal thoughts.

When he starts college, he experiences symptoms of OCD clearly for the first time in his life. For instance, he checks if he locked his locker constantly at the cost of walking to the other side of the campus. The motives of self-harm and substance use can be seen here as well. To cope with the symptoms of depression and anxiety, he harms himself because

"cutting [himself] brought peace somehow" (Porcellino, 2014, p. 178) and drinks alcohol since it brings "relief," and it feels like it was the reason why he "was born to do" (p. 179). The first panel of the second tier on page 178 has a simple illustration of Porcellino's close face after he harms himself. The panel has a caption over to give the narrator a voice since it is a flashback narrative. The frown on his face with bags under the eyes indicates his frustration. He is tired and has a blank stare, which can be considered as a drawing to show his depressive state. He also uses substances as it "melted away" his anxieties and "vanished … [his] insecurities" (p. 180) for a while. On this page in the second tier, there is a closed panel with a close up of Porcellino's face, where he draws himself with a smile on the face without the lines around his eyes. He again has a blank stare that shows his numbness, and short lines around his face called "neoflect", a term coined by the American cartoonist Mort Walker (1980/2000) in 1980. The neoflect implies that he feels brand new without any worries or anxiety under the influence of drugs. Drug use helps him ease his symptoms, but he can never completely be free from his mental disorder as it occasionally resurfaces.

Changes in routine are offered in the graphic novel as an environmental factor that affects both Porcellino's physical illness and OCD negatively, as suggested by the biopsychosocial model of mental illness. As Hewa (1994) argues, to diagnose a mental illness, "particular social, cultural, psychological and environmental context[s]" are considered as a whole (p. 123). So, to have a better understanding of his psychiatric disability, analyzing what Porcellino has experienced might be beneficial. The second novella *1998* of *The Hospital Suite* (2014) primarily focuses on Porcellino's obsessive-compulsive disorder, starting the timeline from the fall of 1997. The symptoms of Porcellino's OCD can be seen from the very beginning of the second chapter, he gets scared of everything, and he starts washing his hands more frequently. He says that the surgery, which involves the removal of an intestinal tumor and is one of the major triggers for the reappearance of his OCD, changed his perspective towards life, and he eventually decides to move back from Denver, Colorado to Chicago, Illinois with his wife. Both his and his wife's family live in Illinois, and they want to be closer to them. However, because of this major change in his life, his hyperacusis gets worse since Chicago is a loud city and he cannot maintain his diet in his parents' house. After moving to Chicago, he discovers that he is also allergic to the ink he is using to create comics. So, with this change of lifestyle and newly found allergies, the symptoms of his chronic illness worsen right after the surgery.

> Intense and pro-longed pain, whether free floating or not, reduces the agent's ability to pay attention to other things, to concentrate on what he wishes, to remain in a quiet state. The pain engrosses his attention, fills his thoughts, alters his attitudes, and thus reduces his general capacity to exercise certain abilities as he pleases. (Brown, 1977, p. 34)

As Robert Brown (1977) argues, Porcellino's constant struggle with physical illness disrupts his routines, especially working on his graphic novels, because he is preoccupied with the feeling of pain all the time. The state of constant physical disturbance, such as allergies and pain, both triggers his mental illness as an environmental factor, and distracts him from his ability to write and illustrate. For instance, apart from his hyperacusis, he is having chronic back and "taint" ache, so he never feels fully well, and all these issues and events slow his process of writing and illustrating down. Not being able to illustrate as he desires triggers his mental illness, hence, he drags himself into a vicious circle.

He also goes through other problems in his new house, which can be considered as another change in routine that triggers his illnesses. As his wife, Kera, and he temporarily start to live in Porcellino's parents' house, they experience some problems. For instance, Kera and Porcellino's wife cannot get along and Porcellino tries to "heal the rift between Kera and [his] mom" whenever he is at home (Porcellino, 2014, p. 128). He acts like a mediator but both his mom's and Kera's anger can be seen from their drawings. On the page in panel 1A, Porcellino draws his mother with a frown on her face, and then in panel 1B, draws his wife without eyes and with frowning brows only, which is called "oculama" by Walker (1980/2000, p. 14). Replacing eyes with two lines for brows further adds the effect of intensity and anger to Kera's face. Lastly, in panel 2A, Kera has an emanata scribble over her head for putting an emphasis on her anger, which is accompanied by her saying, "I'm moving to my parents' place!" (Porcellino, 2014, p. 128). Eventually the tension between them results in Kera going to her parents' house and Porcellino staying behind for their cat, Maisie. So, they cannot see each other as much as they did before because both go to work. It can be regarded as another factor that triggers his OCD.

Since Porcellino and his wife do not live together for a while, they grow apart and start seeing each other less, which can be considered as another change of routine. As a solution, they decide to create another routine and spend time together every Wednesday. One Wednesday, Kera does not want to see him. The conversation between Kera and Porcellino is illustrated in the first two panels of the first tier and panel 2A, which are rectangular closed

panels with straight lines. On page 138, after Kera rejects going out together, he hangs up the phone. The upper portion of panel 2B is regularly drawn; it starts as a closed panel with straight lines. However, the lower portion of the panel is not completed, the left of the frame is drawn shorter than the right line, and the panel does not have a lower line. The incompleteness of the panel can be interpreted as a symbol of him about to lose consciousness. Inside the incomplete panel, Porcellino with a shocked face is illustrated from close up. His mouth is open, and he has bags under his eyes, having a blank stare, which indicates his frustration and shock. He loses consciousness and does not remember a short period of time, which is illustrated on pages 138 and 139. It can be understood that regaining consciousness takes some time as the third tier of page 138 does not have a framed panel. Since the risk of losing a loved one is a major change in his routine, its significant effect on him can clearly be seen as he loses consciousness as a result. The narration suddenly ends, and the open panel has an 8-edged star. Two other stars appear on page 139, which continues with an open panel to depict the duration of his unconsciousness. The second and last tier of the page has one closed panel with straight lines. The panel does not include any illustrations other than two small stars on the lower right, but texts that imply his parents are trying to calm Porcellino down.

Thus, with the reestablishment of framed panels, it is understood that Porcellino regains consciousness. “When I came to, there were scuff marks on the wall, where I’d kicked-- my face was flush with broken capillaries” (Porcellino, 2014, p. 140). On page 140, he illustrates himself in bed, with scars on his face, eyes wide open and with a sad expression. It can be suggested that even the disruption of this newly established routine is unacceptable for him as it makes him lose control over his life. “Obsessionals’ extreme attempts at control, that is, show just how out of control they really are” (Fleissner, 2007, p. 111). As Fleissner argues in her article, this might be the reason why Porcellino’s obsessive-compulsive disorder resurfaced after the series of physical illnesses he has endured and changes in his routine. Because he was unable to keep his life in order, the symptoms such as making sure that the fridge’s door was closed for more than 5 times resurfaced, thus, he unknowingly tried to neutralize the uncontrollable part of his life. So, Porcellino's story illustrates how his OCD is more than just a neurological condition; rather, it is a condition that has a complex connection to his relationships, social environment, and fears.

He then moves to Kera's parents' house to return to his old routine with his wife, and though it seems like an improvement for his life and health, he cannot postpone his OCD from getting more severe. He explains the disorder as follows:

> One of the worst things about OCD is that you're only partially crazy… At the same time one half of your brain is making you do all this nutty stuff, the other half is telling you how crazy you are for doing it. … Your brain begins to treat the most trivial worries of everyday living as actual life or death circumstances… It doesn't matter how smart, or rational you are… Your "thinking" mind just can't compete with your animal instinct. Of course, knowing this is of no help at all… It only makes the disease more painful. (Porcellino, 2014, pp. 205-206)

So, it can be argued that he was not able to prevent the disorder from resurfacing because his routine changed, he has gone through various problematic incidents, and it has already shown itself with serious signs. His personality also changes as his OCD gets worse, he becomes moralistic and a bitter person towards his wife and they start arguing a lot, thus, Kera stops spending time with him, and he cannot stop what was happening as "[he] felt like trying to stop it would be an affront to the universe" (Porcellino, 2014, p. 162). So, as the term "bodymind" suggests, OCD affects every sphere of his life negatively, while the change in his life simultaneously triggers his OCD, resulting in a vicious circle. To explore further, his mental illness affects his physical wellbeing because the mind cannot be separated from the body. His physical wellbeing that has been affected by his mental illness further erodes his mental health, resembling a loop.

Moving to another city once again can be considered as another example of the change of his routine. As he gets better with supplements he has been taking, he first moves back to Denver, and then to San Francisco for his partner Misun's education. As has been indicated before, a change of setting is devastating for him because a new life is an ambiguous situation. As it is argued in Dulaney and Fiske's article (1994), "OCD is characterized by a need for absolutes, for definiteness regarding some very particular issue. People with OCD seek certainty and have difficulty tolerating ambiguity" (p. 249). Thus, with a change of routine, his OCD resurfaces once again and this time, he decides to try exposure and response prevention therapy with another therapist. Therapy helps him regulate his symptoms and establish a new routine.

However, he moves back to Denver after spending three years in San Francisco and getting used to living there, and his OCD resurfaces again. As he is trying to finish a book before the deadline, he gets stressed out and develops obsessions again.

> All my efforts to heal myself-- meditation, yoga, diet, therapy, supplements-- had each truly helped to a degree… But they never really took me over the hump. I just began living with it… For days or even weeks now, I might get by without a major crisis – but in order to do so, almost my entire life had become an elaborate and intricately performed ritual from putting on shoes to eating… (Porcellino, 2014, p. 233)

While explaining the methods he used to cure himself and his obsessions, he abandons illustrations and panels. There is plain text at the center of page 233, accompanied by four closed panels in total. Two panels on the first tier and the other two on the third tier illustrate his compulsions. The reason why he abandons paneling and illustrating while talking about his attempts to heal himself might be the discomfort he experiences. As has been argued before, Porcellino prefers using text instead of illustration when he talks about an uncomfortable topic for him. After being irritated by a minor detail on his drawing of a cover art but not being able to eliminate it due to an obsessive thought, he draws a brand-new cover, and thinks in panel 3 that, "this OCD is ruining my art… and it's ruining my life!!!" (Porcellino, 2014, p. 235). Here, again, a single horizontal panel is used to put an emphasis on Porcellino's thought. He illustrates himself with an angry face, with a frown and bags under eyes. On the second tier, especially in panel 2B, he uses an excessive amount of emanata around his face and over his head to depict his frustration and anger. He is not able to illustrate or write, and because he feels good whenever he draws, it can be said that not being able to illustrate destroys his mental health alongside the change of his routines. Considering every incident he has experienced; it can be suggested that his psychiatric disability is an outcome of the environmental and social factors. It can also be argued that Porcellino's memoir is a disability narrative since the autographics provides an example of the social model of disability, as theorized by the disability scholars Tom Shakespeare (2017) and Michael Oliver (1990), and the biopsychosocial model of mental illness. Porcellino's story also illustrates how stigma is one of the elements that impacts mental illness.

The understanding of psychiatric disability is greatly influenced by stigma, which affects both society and those with mental illness diagnoses. Goffman (1963/2017) suggests that stigmatization can result from external prejudice and can also be internalized (p. 136).

Internalized, or self-stigma, is a result of the internalization of public opinion. The possessors of stigmas are called "normal" ones by Goffman (1963/2017), so it can be said that the prejudices of the "normals" about the stigmatized groups result in the internalization of these opinions by the stigmatized group (p. 136). Also, about psychiatric disability, Morrison (2005) states that a person is "always at risk for illness and for treatment" once he/she is diagnosed (p. 5), so it is very hard for a person with mental illness to go back to "normal." This perception of "abnormality" further reinforces the internalization of stigma in people with psychiatric disabilities. Stigma, as another dominant theme of John Porcellino's *The Hospital Suite* (2014), clarifies the reason for his struggles with healing and not being able to illustrate. In *The Hospital Suite* (2014), stigma is presented in the form of self-stigma, which makes up the central representation in his work. His reluctance to accept therapy and other methods of treatment stems from the belief that doing so would affirm his feelings of abnormality, which are tied to societal stigmas of mental illness. Despite initially attempting alternative methods to treat his condition, Porcellino ultimately tries therapy as well, signaling his willingness to confront his internalized stigma in exchange for the possibility of healing. This process reflects the complex relationship between mental illness, treatment, and self-acceptance, as Porcellino navigates the difficult terrain of mental health recovery.

Considering his suicidal thoughts, narration of his teenage years, and perspective on using medication, it can be argued that internalized stigma plays a role in him rejecting medication treatment. Because he does not want to confess to himself or accept the fact that he has a mental illness, he refuses therapy and medication. He even loses his patience at some point and in panel 2B, he thinks to himself "I just wanna be a normal person!" (Porcellino, 2014, p. 130). So, it can be seen that he contradicts the idea of quest at first and wants to be "normal" instead of trying to coexist. In panel 2A, he illustrates his face with a stressed expression and draws circular emanata around his face to emphasize the loudness of the sound. His eyebrows are lifted, and mouth is open, symbolizing distress and pain. Also, he uses onomatopoeia, which is defined by Walker (1980/2000) as "words that imitate natural sounds" (p. 46), such as "slam!" and "smash!" (Porcellino, 2014, p. 130). In panel 2B, his slouched down posture indicates that he is in pain, which becomes visible through the use of emanata around his shoulders and plewds, resembling teardrops, under his eyes. His eyes are illustrated as two angle brackets, showing that he is in pain. He does not consider himself a normal person, so he is aware that he is not in a healthy state of mind, but he wants to ignore the seriousness of his mental problems. "A person may decide not to seek help in

order to maintain a positive self-image" (as cited in Vogel et al., 2006, p. 326). As it is argued in the quotation, he might not want his self-image to take a negative turn, and this may be the reason why he does not want to confess himself that he is mentally unwell.

Morrison (2005) claims that even after symptoms disappear, psychiatric diagnoses leave a permanent "mark" on people as they are "rarely considered 'cured'" that makes it challenging for them to reintegrate into society (p. 5). In 1992, the second time his OCD resurfaces, he suffers from it for a few months without seeking treatment and it "fade[s] away" in time, which is why he defines his mental illness as "an annoyance-- a weird brain blip that popped up now and then" (Porcellino, 2014, p. 185). This "annoyance" is regarded as a weakness by him and insisting that he does not need help, he waits for the recurring symptoms to fade away by themselves, which is an example of self-stigma. According to David L. Vogel (2006), "a person may decide not to seek help, even when they are experiencing emotional pain, because of the belief that it would be a sign of weakness or an acknowledgment of failure" (p. 325). Considering how Porcellino has problems with his work, wife, and passion, which is illustrating and writing, it can be suggested that he is in emotional pain, but he does not want to acknowledge this serious issue because of self-stigma. He does not conceive his self-image as a failed man, so he overlooks his symptoms without seeking help once again. To ease the symptoms, he reads books on Zen practice and Buddhism, but his obsessions are so severe that his wife Kera wants him to get help from a therapist. By portraying mental illness as a personal failing rather than a socially influenced experience, the medical model of disability has historically helped to stigmatize it, and internalized stigma can be observed in Porcellino's hesitation of accepting treatment.

Society's expectations from men might intensify Porcellino's internalized stigma as well. Not being able to fit in the norm of the ideal American male, his self-stigma is triggered by the feeling of inadequacy. About the idealized image of American male, Goffman (1963/2017) gives the description that;

> In an important sense there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight, and height, and a recent record in sports. … Any male who fails to qualify in any of these ways is likely to view himself—during moments at least—as unworthy, incomplete, and inferior; at times he is likely to pass and at times he is likely to find himself being apologetic or aggressive concerning known-about aspects of himself he knows are probably seen as undesirable. (p. 128)

As the male is expected to be a healthy, educated provider for his family, having no mental illnesses can be included in the expectations that Goffman listed. So, it can be suggested that struggling with a psychiatric disability might have harmed Porcellino's masculinity, resulting in an increased self-stigma. His rejection of western medicine may be a result of his refusal of not belonging to the idealized male image. Thus, Porcellino becomes another victim of societal expectations. "Weren't men … suppressing fears and tears and their own tenderness? It seemed to me that men weren't really the enemy— they were fellow victims, suffering from an outmoded masculine mystique that made them feel unnecessarily inadequate" (Friedan, 1963/2001, p. 386). As Friedan suggests, men, like women, are oppressed by rigid social expectations, as they are often victimized when cannot always meet these standards.

Porcellino, in his narrative, shows the dilemma between validating self-stigma and accepting treatment or disregarding self-stigma and refusing treatment from a patient's point of view, which shows the significant role self-stigma plays for the patient. Willingly going to therapy would mean accepting that he is "abnormal" and "unlike others" and would mean proving himself that his internalized stigma is valid. "Self-stigma may undermine adherence to treatment recommendations ... and decrease help-seeking behavior" (as cited in Mittal et al., 2012, p. 974). As a means of disregarding self-stigma, Porcellino tries to link his mental illness to a physical response of his body such as vitamin deficiency and aims to solve his mental problem by finding alternative methods of treatment. So, it can be seen in the graphic memoir that Porcellino questions the treatment and medicine he uses from time to time throughout the narrative, but he never considers giving up treatment. Instead, he consistently seeks alternative ways to heal, acknowledging his mental illness and eventually admitting it to himself.

The self-stigma motif can also be found in the interview held by Susan Boxer with Porcellino. In the interview, Porcellino says that he never wanted to be on medication but wanted to heal by himself. He states that;

> I just didn't want to be on drugs. I'm a good mid-Western guy. I don't want any help. I don't need any help. I'm gonna quietly just deal with this by myself. I felt it was my responsibility. So I tried exercise, eating right, being out in nature, meditation, and yoga. All helped to some degree. But OCD is insidious. It's like a whack-a-mole. Knock one down and another pops up over here. (Boxer, 2014, para. 59)

It can be argued that by considering his answer he suffers from internalized stigma and does not want to seek help from a professional. In Dinesh Mittal et al.'s article (2012), it is stated that "self-stigma is defined as 'the perception of oneself as inadequate or weak if one were to seek professional help'" (as cited in Mittal et al., p. 975). So, his reluctance against getting help might be a result of the fear of admitting to himself that he is not good enough or that he is too weak to overcome the illness. However, after everything he has gone through, including his divorce and inability to illustrate and write, he finally admits to himself that he is struggling with OCD, and that he cannot "overcome" his mental illness by accepting medication treatment. So, he breaks his internalized stigma and faces the reality of his life.

Porcellino's experience with psychiatric disability in *The Hospital Suite* (2014) can be interpreted not as a narrative of overcoming, but as a personal quest toward understanding, acceptance, and adaptation. Unlike conventional illness narratives that frame disability as an obstacle to be conquered or cured, Porcellino's memoir embraces the ongoing, non-linear nature of living with OCD. Rather than seeking complete recovery or "normalcy" as he was seeking at first, he gradually comes to terms with his condition, integrating it into his daily life and creative identity. This enables him to challenge the expectation of "overcoming" disability by offering a new understanding of healing not as the elimination of disability, but as embracing it openly and without shame. By taking this approach, Porcellino questions the societal notion that worth is tied only to health and productivity and instead presents a different form of strength that embraces vulnerability, determination, and self-reflection.

He feels "defeated" and thinks about going back to prescription medication. Thus, he makes one last effort to heal and reads about a medication called "L-Tyrosine". He goes to a doctor and requests medication, and it works. He states that he feels better towards the end of the graphic novel, which brings the reader to 2014, and says;

> But I'm still nuts, I'm still weird. I still have good days and bad days… and I still have a lot of old habits to learn to undo… I can draw though… and I can think the sky looks beautiful again. (Porcellino, 2014, p. 241)

The last page of the graphic novel is divided into three tiers. The first and second tiers include two panels, and the last tier has one horizontal panel. All panels are closed, divided with equal gutters, framed with straight lines. So, the narration returns to its regular flow, indicating that Porcellino feels stable and in peace with his mental illness now. First four panels include an illustration of a different setting, him sitting in front of a desk, hugging his

cat Maisie, opening the doors with his foot on his "bad day", and finally, looking at the sky with a smile on his face. The sky is illustrated with clouds and simple lines resembling motion lines. Illustrating the sky and himself with a smile might indicate his stabilized, more positive mood. The last panel has a very simple illustration of shaking hands, accompanied with a caption that says, "when I meet you, let's shake hands" (Porcellino, 2014, p. 241), and hands in the middle of the panel to put emphasis on them, which shows that he is gradually getting better and is trying to overcome the symptoms of OCD. By overcoming his self-stigma, he also manages to break the vicious circle of not being able to produce and getting mentally worse. The weakened symptoms enable him to draw again, and he starts enjoying life again. These rectangular closed panels he uses bring order to both his creativity and his life, therefore, it can be seen that he has overcome his self-stigma. His choice of producing a graphic memoir about his experiences and his acceptance of his mental illness point to a transition from self-stigma to self-empowerment. As Siebers (2010) suggests, "the aesthetic desire to transform the human revolutionizes beauty by claiming disability as the form of physical and mental diversity with the greatest potential for artistic representation" (p. 139). It can be said that Porcellino engages in a type of disability activism by using his art to change the discourse surrounding mental illness by choosing to illustrate his experience rather than hide it.

Although different topics are narrated throughout the autographics, the healing aspect of art unifies them into a novel. As has been stated in the introduction earlier, he finds comfort in drawing and wants to heal to be able to draw again for the whole time. As he keeps on illustrating and writing, he feels better, and not being able to illustrate stresses him out, which results in resurfacing symptoms. So, it can be said that the creative process of literary production soothes him since he uses graphic novels as an outlet for his thoughts and struggles. Porcellino finds healing in the creative process while also his ability to create increases in relation to him getting better. In a study conducted by Theresa Van Lith et al. in 2012, it is discovered that;

> Individual accounts recalled experiences of gaining inspiration and hope, feeling challenged and being rewarded. ... On the other hand, having a sense of purpose was directly related to participation in an art-based practice and developed from having a focus beyond having a mental illness. (p. 1320)

The healing effect of art on him can be observed throughout the graphic novel as well. For instance, he writes a poem and reads books after a series of tests when he is still in the hospital in the first chapter, while waiting for a result. In panel 1A of page 40, there is an illustration of the hospital room's view to illustrate the setting. All panels on this page are closed and divided with equal gutters. As has been argued before, the use of regular panels and gutters might mean that he has a stable mood with a more positive approach, and he achieves this mood by using his creativity. In panel 1B, it can be understood that he is observing outside behind glass through the use of dites. The use of dites gives the illustration depth, so despite Porcellino's minimalistic style, such elements help the reader understand the setting better. After reading books, he looks "out the window at the courtyard below," and "the world [seems] radiant" (Porcellino, 2014, p. 40). He illustrates himself with a smile on his face while looking out the window, looking happy and peaceful. So, it can be suggested that he also benefits from literature to heal himself and to feel better because as he feels better, he is able to write, and he tries to read to get his mind away from the pain.

He is in a process of self-liberation from stigma by narrating his experiences, in addition to criticizing medicalized ideas of psychiatric disability. The connection between art and healing suggests that creative practices, such as reading and writing, serve not only as distractions from pain but also as tools for emotional recovery and personal growth. "Art-based practices benefited psychological recovery through improved: self-esteem, self-discovery, empowerment, self-expression, rebuilding of identity, self-validation, motivation, sense of purpose, and focus and cognition" (Van Lith et al., 2012, p. 1319). As it is argued in the study, through self-expression, one can shift his/her focus from pain to literary production and rebuild his/her identity. By writing poems in the hospital, reading books, and trying to focus on his graphic novels no matter the incident he goes through, Porcellino tries to recover from his obsessive-compulsive disorder and break the vicious cycle. Thus, the initial argument might be that although struggling with a mental illness disrupts his routine of literary production, he tries every method of treatment by breaking the internalized stigma to break the vicious circle he has gotten into and be able to illustrate and write again.

It can also be seen in *The Hospital Suite* (2014) that illustration has always been a part of Porcellino's life. As he states in the interview, he "put together [his first book] when [he] was 6 or 7 years old" (Boxer, 2014, para. 33). He has been drawing and writing from a very young age, and it became an inseparable part of his life. Even after moving to different states,

finding jobs to have a stable paycheck such as working in health food stores, and going through different serious illnesses, he never gives up on writing and drawing. He also makes music during college to ease his anxiety until he is diagnosed with hyperacusis, and it becomes the way he copes with his existentialist approach towards the universe. So, it can be said that art in general heals his soul and makes him feel better because even when he works in other unrelated jobs, he makes time for drawing as an independent artist and publisher. He states in the interview about his love for art that;

> I would probably have done both drawing and writing. I've always loved drawing, I love books, I love reading, I love the form of pages, I love pages, I love newspapers, I love paper. It was natural for me to become a cartoonist. It combined all those things that I loved. As a tiny kid my earliest memories were sitting at the kitchen table. I was always drawing on the back of scraps of pages and folding them gluing them together and making books. When I was in high school I took every art class I could. When I was in college I was an art major. I was always doing these little books. (Boxer, 2014, para. 32)

He is an art graduate, so art is also his profession and a source of income for him. This is the reason why he tries every method possible to get well in order to be able to illustrate again because drawing and writing are his outlet for expressing himself. While suffering from severe OCD, drawing both becomes a ritual and a struggle for him. He draws as a routine and as a passion, but he cannot draw as he wishes because of his obsessions. Because he dislikes the transformation of the meditative, soothing part of his life to a stressful job, he decides to seek medical help and look for alternative ways of treatment. He wants his routine of having a healthy relationship with art to continue, so he desires to break the vicious circle that he is stuck in. Because his OCD prevented him from illustrating and he had to stop publishing his ongoing comic series for a while, *The Hospital Suite* (2014) provides a comeback story. Porcellino faces the difficulties of preserving productivity while dealing with the burden of a mental illness, even though creation can be a healing outlet.

While art provides Porcellino with a sense of purpose and a means of self-expression, it also becomes a source of distress, particularly during the periods when his OCD symptoms are at their peak. The creative process becomes a source of anxiety and frustration as well as a meditative experience. He becomes hypercritical of his drawings, repeatedly redrawing the same panels and losing confidence in his ability to complete projects. This paradox reflects the balance between artistic passion and mental health: creativity no longer ensures emotional release when the coping mechanism becomes intertwined with the disease.

Instead, it becomes another battleground in the struggle for control, routine, and self-worth. In Porcellino's case, art is both medicine and mirror. It heals but also reflects the intensity of his inner unrest.

Because of this duality, it can be suggested that *The Hospital Suite* (2014) is not merely a narrative of recovery. Rather than framing Porcellino's experience as a straightforward "healing journey," it is more fitting to understand it as a personal quest as it is an ongoing, non-linear attempt to navigate mental illness and reconstruct meaning. His story does not end with a cure or a triumphant return to productivity, instead, it offers moments of clarity, breakdown, and adaptation, each of which contributes to a larger process of self-understanding. By documenting his illness and his efforts to live with it rather than to eliminate it, Porcellino redefines what it means to cope with psychiatric disability. His graphic memoir invites the reader not to witness a complete transformation, but to engage in a fragmented yet honest exploration of how illness disrupts and reshapes the self over time. In this way, art becomes less about healing and more about witnessing, offering a narrative structure through which the psychological and existential dimensions of mental illness can be expressed on his own terms.

In conclusion, John Porcellino's *The Hospital Suite* (2014) presents a narrative about psychiatric disability that questions traditional medicalized concepts of mental illness. His work emphasizes the conflict between pathologization and patient autonomy by placing mental illness within the context of biomedical and biopsychosocial models and suggests that mental illness cannot be pathologized. *The Hospital Suite* (2014) also narrates stigma as an internalized struggle and a social construct. The memoir illustrates how self-stigma can surface as doubt and fear of treatment. Another important aspect of Porcellino's experience with psychiatric disability is creativity. Porcellino reclaims his voice by turning his mental illness into a visual and narrative medium, showing that disability is a quest rather than a condition that can be treated or defeated. Thus, it can be suggested that analyzing the work through the framework of disability studies reveals Porcellino's perspective on patient autonomy, internalized stigma, and creativity, and that psychiatric disability should not only be considered as a biological condition as it is a fluid experience.

CHAPTER 2

RACHEL LINDSAY'S

RX: A GRAPHIC MEMOIR (2018)

Rachel Lindsay's *RX: A Graphic Memoir* (2018) is an important example of a disability narrative that reveals a person's struggles with bipolar disorder. In addition to portraying Lindsay's personal struggles with bipolar disorder, the work puts emphasis on the larger structural and social obstacles that people with mental illnesses must overcome. As a broader perspective, disability narratives give a subjective and realistic perspective of life with a disability, challenging the traditional medical discourse that pathologizes disabled people (Couser, 2017, p. 206). Lindsay's story emphasizes lived experience as a critical part in understanding mental disability, especially the challenges related to bipolar disorder and patient autonomy, which is consistent with the social model of disability. Additionally, the autographics narrows the argument down to the biomedical and biopsychosocial models, which specify the topic of disability in relation to mental illness. Like Porcellino's story, Lindsay's narrative also reflects the c/s/x movement, as she creates an authentic account of disability and offers a counter-narrative to the stigmatized ideas present in traditional narratives.

RX: A Graphic Memoir (2018) is an autobiographical graphic novel by Rachel Lindsay who depicts the time when she was admitted for bipolar disorder. Throughout the autographics, she narrates her way of perceiving the world and her struggles caused by her mental illness. Lindsay's autographics starts with a brief flashback and an introduction to what happened in 2011. The first part of the autographics has a circular timeline that starts and ends with the same time period, and the narrative in between narrates the events in the form of a series of flashbacks. The reader is immediately introduced to the time when she was committed, highlighting her reaction to the decision of the doctors, and reveals to the reader that it is this moment when she decides to write this autographics, drawing a close relationship between her diagnosis and her creativity (Lindsay, 2018, Chapter "Exit Notes"). In the first part of the autographics, the events that have led to her involuntary commitment are conveyed through her account of what happened until her admission. The manic episode, as narrated by Lindsay, is triggered by various events, and even though she decides to quit her job for her well-being and have a career as an artist, her decision is regarded by her

parents as an impulsive one, caused by her manic episode. Eventually, she is admitted to a mental hospital until she meets the required expectations to "pass as sane" (Lindsay, 2018, Ch. 3). As Siebers (2008) suggests, "when in minority and powerless, Jews pass as Christians, blacks pass as whites, and gay, lesbian, and transgendered people pass as heterosexuals. Similarly, people with disabilities find ingenious ways to conceal their impairments and to pass as able-bodied" (p. 97). Even though his argument does not include psychological disabilities, it can be interpreted within this context as an additional perspective to Siebers' analysis. Since Lindsay is also a minority, she tries to pass as sane until she is freed from the mental hospital.

After this introduction of how she is admitted to the hospital, the reader is taken to Lindsay's past. She narrates why she found a corporate job instead of having a career in literature or music. As she explains, after being diagnosed with bipolar disorder when she was nineteen years old, she was forced to have a stable job with insurance that covered her expenses such as having regular appointments and taking medication. Additionally, because she was not able to find a job in the field she desired, she had to change the path of her career. She says that she "didn't see a choice" because "choices were made for [her]," pointing at how the mental health system and policies are dependent on the medical model of disability and force people into having limitations in their lives (Lindsay, 2018, Chapter 1). In the narrative that takes place in the hospital, her efforts to get better by using the healing effect of art, her future plans to be an artist, and her struggles with the limits of mental illness and involuntary admission is illustrated. Showing the reader the aftermath of hospitalization and her new perspective towards life, the final part of the graphic novel gives an account of how to maintain a stable mind by balancing work and desires.

Lindsay's *RX: A Graphic Memoir* (2018) addresses the issue of stigma towards mental health from a societal perspective. As Mowbray and Holter (2002) suggest in their article, "mental health and illness issues appear to [be] becoming 'out of the closet,' although acceptance, funding, treatment, and prevention are still far from resolved" (p. 137). This hypocrisy is evident in society's outward acceptance of people with mental illness, while bias and stigmatization persist in reality. Unlike Porcellino's emphasis on self-stigmatization, Lindsay's narrative presents the reader with the stigma directed towards patients suffering from mental illnesses by focusing the narrative on her experiences with her family and her doctors, putting into question the patient's autonomy and eventually their

creative talents. Thus, the two narratives, when taken together, enable the reader with a multifaceted view of the subject of stigma towards mentally disabled people.

The narrative shows the changes a patient undergoes by following a non-liner, disrupted flow of events. The timeline of the autographics is not linear, and the main narrative is given with a flashback to show the aftermath and the changed perspective of the writer. Like Porcellino, the graphic novel is used as a genre to tell the story by the writer, and about her choice of genre, Lindsay argues in the interview she had with Sathyaraj Venkatesan and Sweetha Raji (2020) for *World Literature Today* that "when this story presented itself to me, I knew it would be a comic because that stands as my longest and most satisfying way of communicating" (p. 72). Lindsay also argues that she decided to use comics as the medium because it is "easily consumable" (Venkatesan & Raji, 2020, p. 72) in terms of conveying emotions, and since "the visuals are … the subtext" of her narrative (Venkatesan & Raji, 2020, p. 73). So, it can be said that she wanted to deliver her story to the reader in the easiest way to understand, and she used illustrations to put an emphasis on the way she feels. About her self-illustrations, Lindsay suggests that;

> The cartoony-ness of my drawings enables me to have an elasticity to my character – my body and face, especially my eyes – that is the only way I can express the powerful emotions I felt. In many ways, that drawing does feel more like me than my physical body, because that character has represented me for so long in this static form, while my body has changed. (Venkatesan & Raji, 2020, p. 73)

She says that she feels most comfortable when she expresses herself with drawings, and since this is an account of her own experiences, she prefers to use illustrations to deliver her emotions and feelings. As suggested by Scott McCloud (1993) and mentioned in the introduction before, simplifying an image, or "cartooning" a realistic image highlights the idea and/or emotion behind it and helps the reader to form a connection with the story. Lindsay also suggests that her work is very useful for herself to "reclaim [her] identity" against the stigmas of popular media (Venkatesan & Raji, 2020, p. 74). Since Lindsay can be seen standing against all those stigmas and stereotypes, she uses her work as a medium to object to what society expects from her as a person with a diagnosis. Her work gives the reader the perspective of the other side, the one who suffers from an illness instead of the medical practitioner who examines and comments on the illness from the outside. So, her work can be considered as a useful account for medical practitioners as well as for other people with mental illness who want to find validation and representation. In her work,

Lindsay gives the world how life is shaped around a diagnosis, how one is chained to a routine like seeing a psychiatrist and working in a stable job for being able to afford drugs instead of living freely at a young age when he/she has a mental illness. *RX: A Graphic Memoir* (2018) offers a debate on disability studies and medical humanities through the issues of applied and informed consent law, ethics of hospitalization, and treatment, and focuses on the arguments that mental health issues may create struggles for a person in terms of literary and artistic production, and art has a healing power for people with mental illness.

Understanding the conflict between the social and medical models of disability is important for understanding the experiences of those who suffer from mental illness. Despite its emphasis on biological factors, the medical model mainly ignores the subjective experiences and socio environmental factors that influence a person's condition. The social model, on the other hand, focuses on the structural and societal obstacles that lead to disability. Lindsay's experiences in *RX: A Graphic Memoir* (2018) illustrate the flaws in the medical model, where her autonomy is disregarded, and her behavior is evaluated only through her diagnosis. However, the social model emphasizes how social stigma, restricting institutional institutions, and environmental triggers intensify her disease. By taking the external triggers and public stigma into account, it can be seen that Lindsay's condition is worsened due to the social and environmental factors.

Lindsay's story, starting with the interaction that triggers her manic episode, depicts these dynamics. The conversation she had with her friend can be considered as the initial trigger of the manic episode, which proves the effectiveness of the social model. The first chapter of the graphic novel "The Suit" starts with the setting of a birthday party, which is made clear to the reader from the first page and the background illustrations. The first page in the beginning of the chapter involves two panels and there is no gutter space between them, which indicates that the two scenes show the same moment illustrated from different perspectives. The first panel has a detailed illustration of a building. All windows except two are covered with curtains, the uncovered windows have black silhouettes of people and musical notes. From one of these windows, a cloud filled with musical notes, resembling smoke, streams outside into the sky. The second panel of the page shows inside the apartment. The panel includes a detailed drawing of a crowded space. A group of people doing various activities such as talking to each other, pouring drinks, and dancing can be seen with a banner above them saying "happy birthday". The ones who talk are illustrated

with emanata around their faces that hints to talking. Lindsay, on the corner of the room, sips her beverage, and a woman in front of her is talking to her, which is also illustrated with emanata resembling straight lines, to indicate that he is happy and excited. On the next page, which includes six panels divided into three tiers with no gutters, Lindsay's friend asks her whether she still draws and makes music or not, and Lindsay says that she has found a corporate job. On panel 2A, while Lindsay's friend says, "I always thought that stuff was your 'thing'" (Lindsay, 2018, Chapter 1), their images are drawn as basic symbols without details, like outlines of their illustrations, which can be considered as a resemblance of her feeling on this topic. She feels so frustrated about not being able to commit herself to her art that she cannot even complete the illustration when another person comments on it. The pattern reveals itself on the second tier of the next page, which consists of one horizontal panel, when her friend says, "screw your corporate job and really commit yourself to your art" (Lindsay, 2018, Chapter 1). The impact of her words on Lindsay is stressed with the use of one long panel instead of two regular panels to slow the time down and the cartooning of Lindsay and her friend remains as outlines again. In the last panel of the page, Lindsay leaves the party without answering her. As Lindsay does not use gutters throughout her graphic memoir, the panels on these two pages are also divided with black lines as gutters.

Also, the next page reveals an important behavioral pattern of Lindsay whenever she comes across a trigger. Each trigger of the manic episode is symbolized with an illustration of Lindsay chugging a drink, crushing the plastic cup, and tossing it into the trash. The illustrations of chugging, crushing, and tossing the cup take up a page, each of them is illustrated in one panel centered on the page and divided into three tiers. These illustrations are kept in their simplest form, similar to the aforementioned panels. For instance, Lindsay is illustrated from close up and as an outline, without eyes or other details of the face. The image of throwing the cup inside the bin is illustrated with speed lines to emphasize the word "toss" written underneath the drawing. There are various triggers she goes through that are symbolized with this image, and this symbolization lasts until she is hospitalized. These triggers can be considered significant factors in understanding the causes and consequences of her mania, as well as the reflections of the importance of the social model on Lindsay's narrative.

The second trigger for Lindsay is her controlling parents, which can be regarded as an environmental factor. Lindsay stops talking to her mother because her mother "diagnoses"

her mania during a phone call after finding out that she has purchased a drum set. Since reckless spending is one of the symptoms of mania as Lindsay points out, her mother realizes that Lindsay is in a manic episode. She constantly watches Lindsay's steps as if she is not an adult, and after her mother says "I think you're manic!", which is written in one panel including only a spiked speech balloon and hand-lettered words with bold capital letters that implies the words are shouted, she takes this as an insult, and argues that it had the same effect as saying "are you taking your medication?" (Lindsay, 2018, Chapter 5). In this panel, Rachel's illustration of oculama includes "jarns" instead of eyes, which is defined by Mort Walker (1980/2000) as the acceptable substitutes for profanity "to help convey a … strong emotion" (p. 52). She firmly holds her phone and clenches her fists and teeth, which is shown with the use of emanata that resembles parentheses, to indicate anger and frustration. She then "slams" her phone to the table, illustrated with speed lines and onomatopoeia, with an angry face, and clenched teeth and fist. Her cartooning of anatomic elements is very expressive, and every emotion she feels can be seen from her illustrations of the event. For instance, in the panel where she is slamming her phone to the table, there are scribbles all around her body emerging from her head to show anger and her arm is drawn with wavy lines to emphasize motion. Also, there is emanata around her eyes and arm, which looks like parentheses, that further stresses the anger and speed of motion. Lindsay says being able to take her medication is the only reason why she works eight hours in a job she hates. On the next page, she summarizes the outcomes of the manic episode during her appointment in the psychiatrist's office, saying that;

> … I am not talking to my mom, I had a falling-out with my best friend, I broke up with the guy I was seeing, but you know what hasn't changed? The red tape around my life!! … I mean you!! I mean these!! I mean being bipolar!! I mean having health insurance- I mean my job I can't quit because of all of the above. (Lindsay, 2018, Chapter 5)

First, she summarizes what has happened so far with a manic smile on her face, eyes wide open with bags under them, and brows drawn as straight lines to indicate anger. Then, when she yells she still has red tape around her life, she draws her body disproportionately with a bigger head and smaller body to put stress on her anger. Her clenched fists are in the air, clenching is cartooned with emanata, and her eyes and mouth are wide open. Her teeth are illustrated as sharp vampire teeth, visible from the mouth that is drawn on the front of her face like a beak to emphasize shouting. Also, a horizontally long closed panel is used to slow

down time and put stress on the feeling. While listing her triggers, she is surrounded by black, cloud-like scribbles that show her frustration.

After finishing this list and talking about not being able to quit her job, she breaks down and starts crying, and the scribbles around her abate to show that her anger slowly leaves its place to sadness. So, it can be suggested that Lindsay's family is controlling and restricting, by considering her mother's attitude towards her, which is also one of the triggers of the manic episode. They think they are controlling their daughter because they care about her mental health, but it suffocates Lindsay and becomes a burden. Her mother, as it is stated above, constantly questions her decisions such as her purchases, and it comes to a point where they hospitalize her just because she decides to quit her job for her mental health without even asking the reason for her decision. They reject granting an adult woman her freedom by labeling her as mentally ill and linking every step she takes to her mania, which can be considered as an outcome of public stigma, and it becomes a major trigger for Lindsay.

Last but not least, the promotion she receives from her corporate job becomes another trigger. She works as a marketer for Pfizer, where she compares the competing antidepressants and their advertisements to reach the target audience. She gets promoted from the position of assistant account executive to account executive. Her new position requires her to work for a drug called "Pristiq," she analyzes the advertisements of other drugs, and finds the right times for them to air on television. After finding out about her promotion, she asks the question "[is it] a conflict of interest?", since she "[has] a mental illness and [she] will be working on a drug for the mentally ill" (Lindsay, 2018, Chapter 2). It becomes a trigger of her mania because she also uses antidepressants, and she realizes that, after getting her promotion and starting to both analyze data of advertisements and to take note of the preferences of focus groups consisting of people with depression, she used all the drugs on the competition list. Lindsay says that she "passes for sane" in the company so she does not want her coworkers to know that she is diagnosed (Lindsay, 2018, Chapter 3). The emerging point of her struggles is the dilemma of coming out as a person with mental illness and working on that field as a member of the target audience. She thinks that she is a part of the target group, and she is afraid that she might lose her job if it is revealed to her coworkers. So, as a "stigma management strategy", she discloses the fact that she is suffering from bipolar disorder (Dobransky, 2019, p. 229). It can be suggested that Lindsay is aware of the

possibility of becoming a victim of public stigma, which might explain why she does not want her coworkers to know about her diagnosis.

The argument of commercialization and institutionalization of science is important to be able to contextualize the social model and Lindsay's autographics *RX: A Graphic Memoir* (2018). "Forces supporting consumerism and individual rights protections affected mental health services, as they did many other public and private sectors in the United States" (Mowbray & Holter, 2022, p. 136). It can be seen that Lindsay is a part of the commercialized field of medicine as well as a member of the target group. Also, she witnesses the commercialization of the medical field and the corruption of the health system as two other environmental factors by analyzing the relationship between the advertisement and target audience of an antidepressant. "The pressures of capitalism have resulted in a corrupting of the scientific evidence base, the medical education system, and even the lens through which human wellness and illness are viewed" (Cosgrove & Shaughnessy, 2020, p. 62). Likewise, her job, as she also acknowledges in the narrative, feeds the corruption of the medical field. As she admits to herself that she is also a part of the target audience, the illustration of chugging a drink and tossing the paper cup into the bin is repeated as a symbol of the trigger. This time, these three illustrations do not occupy a page but are included at the end of the page as three consecutive panels on the third tier to indicate the monotonousness of the action. The closed panels with straight lines are shortened in width to shorten the period, so that the reader can understand it is a monotonous, quick series of action.

Also, her self-portrait throughout the chapter while she gives a description of her job shows her mental state at that moment. When she gets the promotion first, she draws herself like a wolf, with fur over her face, pointed ears and teeth, and a protuberant mouth, as she is the wolf of her job. In time, after she feels more vulnerable, she starts illustrating herself as a wolf in sheep's clothes. In the interview, she states about this illustration that;

> My illness had also completely upended my life and made me into a person that I didn't like, and other people didn't like either. So, the wolf is both a representation of my feelings of fear of myself and my own volatility, and also a play on the "wolf-in-sheep's-clothing" metaphor, where I am a mentally ill person "passing" as a sane person (sheep in this case also represent complacent followers herded by the system). (Venkatesan & Raji, 2020, p. 76)

Since she analyzes advertisements, she is exposed to what she feels most vulnerable about, and she puts herself in the patients' place, who are depicted in those advertisements. "Advertisers! Puppet masters of our culture!! And I'm one of them!!" (Lindsay, 2018, Chapter 4). The drug sector is a big market in America and the advertisement of drugs, which is what Lindsay does as a living, can be considered as one of the reasons why the illnesses and new drugs are shaped around each other. Since Lindsay also works in that field and is aware of the influence of drugs on illnesses, being a part of the target audience, her job becomes a trigger for her. She slams her fists to the table, illustration supported with speed lines and emanata that shows her anger around her face, then shakes her arms around, which is also shown with emanata to indicate motion, and points herself with her thumb with squinted eyes, indicating a disgusted look. So, she hates her job because it reminds her of the issues of her own, and it becomes a burden on her shoulders as time passes until the moment she is dragged into a manic episode.

As has been argued before, psychiatric medicines and the Diagnostic and Statistical Manual of Mental Disorders (DSM) feed the institutionalization of mental illnesses. Institutionalization reinforces the medical model of disability and shapes mental health institutions, limiting the autonomy of patients. According to Lisa Cosgrove and Allen F. Shaughnessy (2020);

> Collaborations between academe and industry are credited with sparking innovation and have resulted in benefits to overall health. … However, the pressures of capitalism have resulted in a corrupting of the scientific evidence base, the medical education system, and even the lens through which human wellness and illness are viewed. (p. 62)

As capitalism gets involved in the phases of scientific research and medication development, it can be seen that "financial conflicts of interest shape prescribing practices, medical education, guideline recommendations, and editorial decisions" (Cosgrove & Shaughnessy, 2020, p. 62). The financial conflict of interest limits mental health treatment within the biomedical model instead of moving the field forward by offering a deinstitutionalized approach called the biopsychosocial model. If Lindsay had not been working for this industry, she would not have been triggered by her job and would not have been hospitalized by her parents because she would not have decided to quit. Being involved in this sector and knowing that the industry prioritizes profit over patient health, Lindsay becomes aware of the reasons behind her drug use, which leads her into a manic episode. Also, as Bleakley

(2017) suggests in his article, new definitions of mental illnesses in different versions of Diagnostic and Statistical Manual of Mental Disorders (DSM) are made to adapt illnesses to the new medicine where it should be the opposite (p. 115). Thus, it can be said that, in a way, new illnesses are invented for new drugs (Bleakley, 2017, p. 115). The article argues that mental illnesses are institutionalized, with the DSM being influenced by the pharmaceutical industry rather than prioritizing patient well-being.

> Drugs are not passive but active agents in transformations of identity and personality, behaviour and experience. They are artefacts – agents or technological 'actors' networking with persons and concepts. Where patients describe their effects metaphorically, psychiatrists might resort to biochemical descriptions. However, close listening to the metaphors that are used by patients may help psychiatrists in their work. (Bleakley, 2017, p. 118)

As Bleakley suggests, the medicine an individual uses may affect his/her personality or behavior. They act as a bridge between the metaphorical discourse of the patient about the illness and the symptomatic evaluation of the medical practitioner. They are also the solution offered to the patient by the medical practitioner. As can be seen from Bleakley's argument, the use of correct medicine is very important for the patient, but the institutionalization of illnesses and the medicine sector creates a conflict since making profit from the medicine becomes more important for the manufacturer than the benefit of the patient. With the absence of that bridge, the communication between the patient and the medical practitioner becomes incomprehensible, and in this case, causes hospitalization without consent.

The main stress in her life that leads her into a manic episode, thus, arguably, is her job. As a person who was diagnosed when she was nineteen, Lindsay was never able to do the things she desired to do, and this might be the reason why she is periodically dragged into mania. She spends her life after graduating from college working at a job that she defines as an "echo chamber of [her] life's frustrations" because she is a part of the target audience, and her job constantly reminds her of her own illness (Lindsay, 2018, Chapter 5). Not being able to be free from a young age may cause her illness to get severer in time, and the stress of her daily life triggers her episodes. After listing her daily struggles, Lindsay clearly states that she wants to be free like everyone else while tears coming from her eyes, saying that;

> I want to be young and spontaneous and take risks like everyone else my age! They're bartending and backpacking Europe and dicking around and finding themselves. When do I get to dick around? When do I get to find myself? (Lindsay, 2018, Chapter 5)

Her former title was not as triggering for her as the current one because she was not openly exposed to the target audience or was not involved in competitive tracking as she currently is, and she is aware of the fact that she is mentally more frustrated. Lindsay detects the problem as her job, and realizing that it triggers her, she decides to look for a new job first, which is a challenging decision for her because the 21st century seems to embrace people with mental illness more instead of labeling them, but it can be said that people still have tendencies to reject employing the ones with a diagnosis or accept them into social life.

After deciding to look for a new job, she manages to get an interview from a rival company but finds out that the company has decided to employ another person. The dream of freedom during the time when she was waiting for the result is illustrated and symbolized with a bird flying out of a cage inside a thought balloon. After she finds out that she could not get the job, the bird is illustrated as being shot from its heart with bullets from a rifle, shown with speed lines, eventually dying, the thought balloon occupies one panel, with crosses for eyes and wings open to the sides. Thus, it can be suggested that Lindsay's dream of eliminating her stressful job from her life is destroyed like the dying bird inside the cage. Lindsay, like the bird, is trapped inside a cage, and her effort to free herself by finding another job is fruitless. Quitting without finding another job may also be an option, however, limited insurance coverage for mental health compared to physical health forces Lindsay to seek a job with full insurance benefits to afford her medication and therapy. While mental illnesses are considered as important as physical illnesses in the 21st century, the issue of limited coverage highlights that mental illness remains a societal taboo. However, not being able to take the new job becomes the final trigger of her mania, thus, she makes up her mind to quit her job albeit at the risk of unemployment, describing mania and her decision as;

> Mania is a specific breed of insanity- calculated. Omniscient. Unyielding. One door had closed, but the universe had opened another. The mission was clear: Quit my job. Reclaim selfhood. There were no consequences, only victory or defeat- all's fair in love and insanity. (Lindsay, 2018, Chapter 5)

She no longer worries about affording her medication or having insurance; all she wants is to leave her work as she knows it makes her manic episodes worse with its constant frustration and triggers. After her final decision at the end of the fifth chapter, it can be seen that there are two different illustrations of Lindsay on the cover page of the sixth chapter named "Urban Badass": which portrays Lindsay in her manic state, which is illustrated with

a cigarette in his mouth, sunglasses, wearing sportswear, and showing her middle finger. Meanwhile in the same depiction, she is shown as stepping on another Lindsay persona, who is drawn on the floor with crosses for eyes, symbolizing death, like a clockwork doll with formal clothes and black scribbles coming out of her head, the version of her who tries to fit in the stigmatized ideas of the society. “Manic” Lindsay comes out of a banner by ripping it apart that has the urban view with skyscrapers on it, indicating that corporate life is over for her. The bottom right of the page has Lindsay’s sign and a note that says, “Manic Edition.” It signifies that the “manic” Lindsay takes control of her own life and freedom now. Public stigma is a crucial trigger for her, as her mania is primarily driven by the fear of stigmatization and society’s stigmatized beliefs. Thus, she attempts to eliminate these triggers by challenging the stigmatized beliefs of those around her.

However, Lindsay’s efforts to free herself from the triggers are fruitless. She quits her job, but the HR department informs her family. Her father tackles Lindsay to the ground to hand her over to the ambulance crew that waits for her. After hospitalization, being held involuntarily in a hospital with doctors around them further triggers her manic episode instead of curing her because the medical practitioners in the hospital follow and take notes of everything Lindsay does, so it becomes suffocating as well. As Bleakley (2017) suggests;

> As a complex, dynamic, adaptive system, the psychiatrist–patient relationship resists simple analysis or reduction to formulae. It is not a form of logic but a series of contradictory double binds/knots such as “I love you/now go away” or “give me a hug/but keep your distance”, which are familiar to both (especially the patient) as typical ways in which their everyday relationships, including family dynamics, unfold and then create mental binds. Such binds can be suffocating. (p. 113)

This complex relationship with doctors requires a break from seeing one another from time to time to become healthy interactions. Being constantly monitored by doctors becomes an obstacle before Lindsay’s freedom. She is bound by a system of relationships that are formed unwillingly with the doctors in the hospital, thus, she is not able to stay away from the trigger environment as she desires.

The public stigma might also be a part of the medical field as can be seen in Lindsay’s autographics. The psychiatrists in the hospital, as a precaution for the level of severity of the patients’ illness, evaluate their sanity level to be able to reintroduce the patients to the outside

world as if they are not suitable for living with the "sane" ones, and the level of sanity of the patients becomes a measurement for the doctors as Lindsay suggests;

> As one patient astutely put it: We're all on lonesome standard time. A time zone of endless self-reflection, self-hatred, denial, boredom, sadness, anger. A time zone measured not in minutes, but in changes in our deviation from the norm- …the level of our fitness and desire to reenter the world outside. (Lindsay, 2018, Chapter 8).

So, everyone is committed for different reasons, but the only common aspect of each patient is that they are alone like they were outside. While talking about the emotions of the patients and passing of time in the hospital, she uses no panels to prevent limiting the narration with a timeline. She conveys each emotion in a small panel with a scalloped frame. Narrating the passing of time, she illustrates each patient jumping on or hanging from a line, both ends of the line occupied by doctors taking notes. Also, the illustration is supported with "tick tock" onomatopoeia to put an emphasis on the passing of time. It can be argued that because they were also alone outside, without someone who could understand their struggles and thoughts, they had a breakdown and were sent to a mental facility. If they had someone with them who could validate their opinions, they could maintain their "sanity" appropriate for the norm without being stigmatized. All these people are alone as a result of the public stigma from their mental illnesses, which Dobransky (2019) suggests it to be due to their portrayal as, "dangerous, unpredictable, and violent," which causes the public to keep their social distance (p. 229). People with mental illness are stigmatized because they are perceived as dangerous people, so they are left alone and do not feel validated. This stigmatization and lack of empathy may further trigger the ones with mental illness, and result with admission.

Lindsay's triggers, caused by public stigma towards those suffering from mental illness, lead to her involuntary admission to a mental hospital, which is an important topic for the biopsychosocial model. The questionable relationship between doctors and Lindsay, her admission without consent, and her response to treatment in these circumstances highlight patient autonomy as an important issue. The struggles of Lindsay with doctors, hospitalization, and her diagnosis should be analyzed in detail to have a more thorough argument on stigmatization and the healing aspect of art within the framework of the informed consent law. After her hospitalization caused by the manic episode, the second part of the autographics titled "11N" begins. The name of the second part "11N" was the planned name for the whole autographics as Lindsay states (Lindsay, 2018, "Acknowledgements").

“11N” refers to the name of the ward she stayed in during her hospitalization. Her time in hospital is divided into chapters to address different aspects of the hospital as well as the ongoing events. Each of these chapters, which are about her experiences with the doctors and other people in hospital, start and end with a splash page with illustrations of walls, which can be considered either as the walls of a hospital or a prison, and it can be argued that she feels imprisoned inside the hospital. Because she started this autographics in the hospital “as revenge, as [her] imperial” (Lindsay, 2018, “Exit Notes”), this part of the graphic novel can be considered as the actual beginning of the work. During her time in the hospital, she does everything she can to be able to be free again and develops several strategies to pass as sane again. The problem of informed and applied consent law is most clearly seen in these chapters since Lindsay argues that she can think logically and her decision to quit her job was given only to be free from the environment that stresses out, so, to heal herself with her art.

Lindsay’s involuntary hospitalization also reflects historical gendered perceptions of mental illness. As Showalter (1985) argues, “women were believed to be more vulnerable to insanity than men, to experience it in specifically feminine ways, and to be differently affected by it in the conduct of their lives” (p. 7). This perspective is reflected in Lindsay’s story, where her choices and experiences are examined through a gendered lens that views female autonomy as fundamentally fragile. The fact that her involuntary admission was brought on by presumptions about her mental health highlights how gendered ideas of vulnerability still influence medical judgments and how women with mental disorders are treated.

The second part of the autographics starts with the notes of her doctors about Lindsay. There are three pages of doctors’ notes, and the panels are placed inside a doctor’s clipboard. So, on these pages, the frame resembling a clipboard becomes a structural element to shift the point of view of the reader from Lindsay to the doctors. At the end of the third page, in panel 3C, the illustration of Lindsay appears to be escaping from the confines of the panel by sticking her feet out of the panel and clipboard’s frame. The notes in these pages state that, “she does not believe she is manic, but rather being punished by her parents for making a brave, independent decision without consulting them” (Lindsay, 2018, Chapter “11N”). Considering that she is an adult who is allowed to live by herself and to work in a corporate job instead of having a caretaker or living with her parents, she, indeed, makes an

independent decision to heal herself by doing what she desires to do, which is making music and illustrating for a future graphic novel, in order not to feel stressed out anymore, thus, preventing another manic episode in the future. However, the doctors in the hospital state that "she is clearly in the middle of a manic episode" (Lindsay, 2018, Chapter "11N"), and decide to commit her by stating that, "given her wish to make decisions with significant impact on her future while in this state, as well as her psychiatrist's inability to manage her as an outpatient, hospitalization is indicated for stabilization and medication adjustment" (Lindsay, 2018, Chapter "11N"). On the page that the doctors make the final decision, Lindsay illustrates herself as jumping out of the clipboard, which is illustrated in the corner of the page that has no panels or frames. Thus, the page itself becomes a "meta panel" which is explained by Will Eisner (1985/2000) as, "[when] the page as well as the panel must … be addressed as a unit of containment" because the character directly interacts with the page outside of panels (p. 63). She jumps near a paper cup and she illustrates herself tinier than the cup, which might suggest that she feels very vulnerable among doctors. Then, on the page that the doctors decide to commit her, a giant hand, or the "hand of God" as Lindsay says in her interview (Venkatesan & Raji, 2020, p. 73), holds her from the neck of her t-shirt, and throws her back into the clipboard. The action takes place on four pages used as meta panels. The use of visual elements contribute to the storytelling in this chapter to describe her inner feelings. After being taken back into the clipboard, she becomes a prisoner inside that hospital, where she is admitted without her consent.

Although Lindsay attempts to avoid the triggers created by society's stigmatized views, she is unable to take the necessary actions, leading to her involuntary admission to the hospital. This highlights the significance of patient autonomy and consent. Her frustration regarding not having a say in being admitted is communicated to the reader in the second part of the autographics. The introduction chapter to the second part is followed by the seventh chapter named "The Fool" because as Lindsay states;

> I struggle to fully convey what I thought and felt at the point of being committed and waking up that next morning in the hospital. It involved a lot of anger and disbelief toward the system and the people involved in the incident. … It took six weeks or more to write those ten sentences, but it was so valuable to me personally as well as many people who have experienced this situation, based on feedback I've received. It is the thesis statement of the book. (Venkatesan & Raji, 2020, p. 73)

She feels so overwhelmed and angry about the fact that she is hospitalized that she cannot feel sad about the events of the previous day. She is angry at "the complete failure of the system [she] had been led to believe would protect [her] from this fate" (Lindsay, 2018, Chapter 7). She is furious and disappointed at the fact that she did everything to avoid hospitalization, including having a stable job to afford her medication and seeing her psychiatrist regularly, but she still ended up in hospital.

> Despite the psychiatrist I hadn't stopped seeing, despite the pills I hadn't stopped taking, I sat tagged and overmedicated in a new prison- …waiting to be corrected to fit someone else's definition of sanity. For a few precious hours, I felt the freedom of a truly independent life, a life without my job, …a life without my diagnosis. I was a fool to think it would last. (Lindsay, 2018, Chapter 7)

As she states in her interview, these sentences present the main point of her autographics to the reader. She did everything to avoid being hospitalized but she was still committed without her consent. So, it can be argued that there is no escape from getting imprisoned without her will since she has a mental illness and is considered as an unstable person. She thinks freedom is a life without her diagnosis, and she thinks she can make independent decisions. In the pages where she says she feels free and independent, she illustrates herself after quitting her job walking on clouds with the same bird she illustrated as being shot before, but then she falls from the sky when she says that she had been a fool to think she was free. The visual element of the graphic memoir helps the reader to develop empathy with Lindsay instead of psychiatrists and the ones who think that she is mentally unstable, hence, it offers the other perspective to the reader's consideration. As seen in Lindsay's work, the diagnosis and treatment methods used by doctors may sometimes be insufficient in understanding the patient's true experience. This demonstrates the importance of the biopsychosocial model, which focuses on the patient's experience and allows for subjectivity in doctors' diagnosis and treatment methods. She thinks she is healthy enough to think of her future and make decisions about her own life, and the only reason her mental health is declining is the vicious circle she was stuck in. Thus, because she is hospitalized instead of being allowed to do what she wants, she goes further away from healing and the symptoms of mania get severer. So, this is a great irony of how a person can be hospitalized involuntarily when that person knows what to do best for his/her mental health.

The biopsychosocial model suggests that every patient should be evaluated differently as each individual may experience mental illness uniquely, thus, the informed consent law

and patient autonomy has a significant importance. However, as has been discussed in the introduction, it can be seen that informed consent law is abused by Lindsay's psychiatrist, and she has been involuntarily hospitalized. Even though she is having a manic episode, it can be seen from conversations she had with her family members and psychiatrist that she meets the four standards of competence, and being hospitalized or not should have been her decision. However, these standards are disregarded or abused by medical practitioners to hospitalize patients as well, as can be seen in Lindsay's case. For instance, commercialization might influence medical practitioners to disregard standards of competence.

> Commercial influence over guideline development occurs when authors have financial conflicts of interest or when the pharmaceutical or medical device industry funds the development process (directly or indirectly). … The fact that 90% of the authors of three major guidelines produced by the American Psychiatric Association for major depressive disorder, bipolar disorder, and schizophrenia had ties to the companies that manufactured the medications recommended as treatments for these disorders raises questions about undue industry influence. (Cosgrove & Shaughnessy, 2020, p. 64)

As it is argued in the article, financial conflicts of interest affect diagnosis manuals' objectivity and disregard the needs of patients. This problematic relationship restricts the free movement of the patient and opposes the informed consent law by its nature because it also inevitably leads the patient to hospitalization.

Every patient functions differently and no solid set of rules can be applied to each of them, so these rules remain on a broad spectrum and become open to manipulation and misuse. As Appelbaum and Grisso (1995) states, "mental illness is not a homogeneous category" (p. 111), and Lindsay should have been evaluated accordingly to her current line of work and within the stressful environment she was into. However, instead of considering the causes of the manic episode and her reasons for the decision to quit her job, the doctors immediately commit her after listening to what happened that day only, and she is not even able to explain herself.

> In truth, all I wanted was one person of authority to validate me; to be an ally; to explain how I could be involuntarily hospitalized as an adult, who is not a dependent; to share in my disgust toward my psychiatrist, who had not taken proper steps to help me avoid this; to acknowledge the mind-fuck of my employment, and to support my decision to leave it in the interest of my mental health, to agree that what had happened to me was wrong. (Lindsay, 2018, Chapter 11)

She says that she has taken the decision to quit her job for her mental health, but in return, she is labeled as mentally unwell and is hospitalized. So, it can be suggested that in terms of prevention, the individual is not permitted to take the necessary steps she/he thinks are helpful since they can be prevented by the authorities. In Lindsay's case, not being able to quit her job to pursue the road she desires to without consulting her parents and being hospitalized without consent are two obstacles before the necessary steps she has to take to stay away from her trigger environment.

Considering patient autonomy within the context of involuntary admission highlights Lindsay's struggles regarding her diagnosis and hospitalization. Instead of helping her to heal, this experience harms her and causes her to not trust her surrounding environment, she is unable to communicate and feels that her struggles are not understood, and her emotions are not validated. As Donnely (2005) suggests, "the right of autonomy is based on the premise that the autonomous individual is capable" (p. 249), and since she is "capable" enough to work and live alone, it can be argued that she should have the right of autonomy. Because she knows what would be best for her mental health, she should be trusted in her decisions and consulted before making important decisions for her like hospitalization. The ethics of hospitalization and application of the informed consent law can be questioned about this issue. Her problem can be solved by doctors by forming empathy, but no one desires to listen to her reasons for quitting her job. Her only wish is to stay away from her trigger environment to focus on what makes her happy and calms her down, which are literature and music, but no one tries to understand her, and she is committed in the end.

> The literal language of health sector can be shaped by the use of metaphorical language of literature. The patient describes the symptoms of the illness metaphorically, through the experiences. So, having a solid language about mental disorders is not efficient for the diagnosis and lacks empathy. (Bleakley, 2017, p. 121)

According to Bleakley's argument, it can be said that this is why Lindsay feels stuck and suffocated. She wants to be understood and validated by her doctors and people around her, but the lack of empathy becomes the main reason for Lindsay's struggles. There is a conflict between disease-centered and patient-centered care since the concept of disease is defined, solid, and objective for medical practitioners whereas each patient has different experiences with the same illness. The studies on medical humanities suggest that the practitioner should not solely focus on the disease and pathology but should also take the patient's experience

with the illness, and the social, cultural, and environmental conditions into consideration by forming empathy. Rebecca Garden (2007), in her article, gives the idea that "health care institutions and medical educators assert that empathy is essential to optimum patient care, yet medical education and the practice of medicine often neglect empathy in favor of biomedical approaches to disease and injury" (p. 551). As Lindsay states in the third and last part of the graphic memoir named "Exit Notes", which is designed as one unified chapter, the medical practitioners lack empathy and she desires only to be validated, but no one tries to understand her and instead, they force her to change her perspective towards the world. The need for empathy in the medical field can be seen through Lindsay's struggles, and the lack of forming empathy results with involuntary admission in hospital. Empathy, according to Garden (2007), should be concluded with an attempt to help the patient (p. 553), and Lindsay could have been helped by letting her quit her job and not committing her to help her focus on literature. The importance of patient autonomy and the subjectivity of patient experience, as suggested by the biopsychosocial model, is evident here. Recognizing the subjectivity of the patient experience by doctors can increase empathy, potentially leading to more positive outcomes, such as more accurate diagnoses and targeted treatment methods.

The last chapter also visualizes the issue of public stigma from Lindsay's point of view within the framework of patient autonomy and consent. It can be suggested that she is forced to change her approach to be more suitable for the stigmas of society. She stands by her decision to quit her job, and she finally surrenders to the system instead of opposing it. Lindsay is aware of the fact that the current environment she lives in is against creative and independent thinkers. In this chapter, Lindsay lists the issues of the world she lives in and the reason why she is not accepted as she is. The main issue suggested by her is that "[she] always perceive[s] the world in terms of systems of meaningless hierarchy designed to oppress and silence creative, progressive thinkers" (Lindsay, 2018, Chapter "Exit Notes"). The system she is in is oppressive by nature, and even though she tries to understand and enjoy this system, the public rejects her existence and tries to fit her into its own terms. As Showalter (1985) suggests;

> While the name of the symbolic female disorder may change from one historical period to the next, the gender asymmetry of the representational tradition remains constant. Thus madness, even when experienced by men, is metaphorically and symbolically represented as feminine: a female malady. (p. 4)

It is possible to see Lindsay's struggle for autonomy and her efforts to take control of her own narrative as a form of resistance to these symbolic representations that portray women as essentially irrational and in need of outside control. Lindsay changes her perspective to stay away from her triggers because she realizes that even though she has respect for these systems, "they: lack perspective; are antiquated; are too rigid; do not encourage big, progressive ideas; do not welcome / hear criticism; alienate and drive away creative / independent thinkers" (Lindsay, 2018, Chapter "Exit Notes"). So, she comes to the conclusion that her way of thinking opposes the standardized, normalized, and accepted system, and she knows that she is not welcomed until she decides to fit in the accepted way of thinking and not to criticize the environment around her. To be able to accomplish this goal, she decides to insist on quitting her job and not looking for another job in the same field.

> So, I am standing by my decision to quit my job, as it lies within a "trigger environment", and, acknowledging my difficulty within such environments, will not seek out a job in such an environment until these feelings subside and will work to separate people trying to help me from the systems they operate within. … I will stop thinking of the world in these terms. (Lindsay, 2018, Chapter "Exit Notes")

As has been pointed out earlier, she is aware of her environment, of the triggers that affected her mental health, and of what she should not do to have mental stability. The only difference this time is, as she suggested, that she changed her way of communicating. Here, she abandons captions and speech bubbles, and uses the page as a notepad. While talking about the issues, she uses cursive inside the panels. Taking notes of her thoughts, she keeps drawing ongoing events about her discharge, where her father comes to the hospital, she takes her belongings and leaves the hospital.

However, after being discharged from the hospital, while talking to her new therapist, she says that she was again looking for a corporate job because she had experience in that field, but now that she found out how to balance her desires and her job, she started doing drawings for her mental health. She says she felt sick just thinking about returning to that field but she did not just sit and pity herself (Lindsay, 2018, Chapter "Exit Notes"). So, the hospitalization does not break the vicious circle she was into as expected, instead, it further traps her inside by fitting her to the norm of "sanity" determined by society. Thus, she surrenders to the public stigma and tries to regulate her time around her hobbies and job.

> I returned to the corporate world after 8 month of living with my parents after failing to find a creative hob or health insurance in another capacity. … If only I had known, during my darkest days in the ward, that the hospitalization would lead me to exactly the life I felt so viciously denied. (Lindsay, 2018, Chapter "Exit Notes")

Even though she returns to the field she does not desire to work on, it cannot be considered as a failure or a self-surrender because she is now aware of what she can do for herself to stabilize her mental health instead of only focusing on her corporate job. She still resists the normative ideals of society about mental health narratives. However, Lindsay obeys the rules since she has come a long way, and respects her own determination. She still has an illness and takes pills, she still sees doctors, but now she does them out of respect for herself, "instead of fear or resentment" (Lindsay, 2018, Chapter "Exit Notes"). Lindsay has struggled a lot since the hospitalization, so even though she still disagrees with the system, she now plays according to the rules of society for she respects herself. Her opinion has not changed but her approach to the same problem is different now.

To be able to fit herself into the public's stigmatized ideas, Lindsay neglects her passion, her hobbies, her desire to produce art, basically what she aspires to do in life, and it results in a breakdown. However, the healing aspect of art should not be disregarded in Lindsay's autographics since she obviously feels better whenever she illustrates or plays her guitar in the hospital. Lindsay thinks focusing on music and literature would heal her, and she knew what was right for her by considering her healing process in the hospital. Instead of relying on drugs and doctors, she starts illustrating and making music, and from the point where she begins to do what she loves, she feels better. She is capable of controlling her emotions and illness by deciding to work on her autographics. She started writing and illustrating *RX: A Graphic Memoir* (2018) at the moment she was committed, and she relied on her work during the time she was in hospital to heal herself. After being discharged, even though she had to find another corporate job for insurance, she kept writing and illustrating as a hobby, and it kept her away from being stressed about her corporate job. Lindsay also questions the world around her and her placement in this world after her time in hospital to be able to cope with the stressful environment she is in. "Activism … is doing … investigation, looking at things with critical eyes, interrogating the ethical aspects of different organizations and processes, asking questions, asking 'why'" (Tzouva, 2021, p. 153). So, in a way, she becomes an activist. She resolves that she needs a specific activity to heal herself, which is literature, and stands by her decision to keep writing and illustrating.

Thus, literature acts as a healer for Lindsay. As Gilbert and Gubar (1979) argue, “the female author enacts her own raging desire to escape male houses and male texts” (p. 85). Lindsay reclaims her life and escapes restrictive societal norms through her memoir. By expressing her creative and personal self, she not only challenges the stigma associated with mental illness but also goes against traditional gender norms. Writing and illustrating her story becomes her medicine and helps her get better. Even though her illness prevents her from spending time on what she desires due to various reasons such as her busy life and the involuntary admission, by finding time to write and illustrate in hospital, she is healed by producing literature.

In the autographics, her dedication to the idea that art is going to heal her can be seen from the beginning of her hospitalization. She has always been confident that she needs to change the path of her career and make art to heal herself. “I planned to change my name and buy a one-way ticket to the desert – where I would live out my life alone in the strength of my art” (Lindsay, 2018, Chapter 9). In the hospital, she plans her future around this plan since she is determined to dwell into artistic production. So, she decides to start producing her art in hospital to be able to pass as sane again, saying that “[she] would nourish the parts of [herself] that were dying from neglect” (Lindsay, 2018, Chapter 9). She uses captions instead of thought balloons on the page that she talks about her plan. She uses a diagonally placed notebook as a panel which includes an illustration of herself. The background of the notebook resembles a table, so it can be argued that the page becomes a meta panel because the protagonist of the story draws herself on a notebook on the table, so it involves direct interaction with the page itself. On the notebook, she illustrates herself on a desert with her guitar, drawing on a notebook.

Then, according to this plan, she requests to have her guitar in the hospital. She is able to take her guitar to the hospital, and she starts feeling better after that. Her smile gets wider in each panel, so it can be argued that art, in general, heals her soul. “I was more of a musician then- so, when I was allowed to have my guitar… my life in the ward changed dramatically. … When I didn’t play music, I drew cartoons” (Lindsay, 2018, Chapter 10). On this page, she uses wavy edged panels that come out of her mouth as she sings and gutters have musical notes drawn on them, so she uses panels and gutters as a structural element to visualize art’s healing power on her. She feels better after being able to do the thing she wants to, so it can be said that she knows what can heal her and her decision to quit her job was the right thing

to do for her mental health. Lindsay also suggests that playing the guitar and drawing cartoons improved her relationship with other patients, and that others valued her because she brought joy to the ward. It can be argued that the validation she receives from other patients further heals her since what she needs is to be understood in the first place and not being understood and valued by people around her, especially her family, was one of the main reasons why she had a manic episode.

To sum up, Rachel Linday's *RX: A Graphic Memoir* (2018) presents the reader the story of a woman with a mental illness and her journey of healing herself with literature while struggling with a trigger environment, involuntary hospitalization, and public stigma. From the point where she is diagnosed at an early age, she knows that she can only be healed by producing literary works as it is her desire all along, so she refuses treatment and is involuntarily hospitalized as a result. The autographics poses ethical discussions regarding disability studies, informed consent law, competence of the patient, and lack of empathy in the medical field, and shows the reader how an individual can heal herself by focusing on her desires. Lindsay, realizing that her condition gets worse because of her job and because she cannot find time to do what she loves, makes a brave decision to quit her job, but her decision is interpreted as a result of her mania. However, she does not give up and starts drawing in hospital to heal herself and creates this work. She also contributes to the studies of disability studies and medical humanities with her autographics, and it can be said that these fields and literature feed each other by stressing the importance of empathy and presenting the medical practitioners with the other point of view. Instead of the treatment she receives or the drugs she uses, literature becomes the healing agent for Lindsay and helps her "pass as sane" in society after being discharged from the hospital. Thus, her work shows the reader that even though she is diagnosed with a mental illness and builds her life around her diagnosis, she rejects treatment and argues that she knows what can heal her, which is literature.

CONCLUSION

John Porcellino's *The Hospital Suite* (2014) and Rachel Lindsay's *RX: A Graphic Memoir* (2018) have been analyzed in this thesis from the perspective of disability studies, with an emphasis on stigmatized identities and patient autonomy to have an extensive discussion on the reasons and outcomes of mental illness. Rather than presenting mental illness only from a medical perspective, these graphic memoirs highlight the institutional and societal factors that create and frequently worsen mental health issues, such as forced hospitalization, stigma, and societal barriers to autonomy. This approach frames both graphic memoirs within the social model of disability, which sees disability not as a personal shortcoming but as a result of social and structural barriers. The healing power of art despite the problems that having a mental illness creates is stressed in this analysis. Both autographics have similar themes like triggers of mental illness, stigmatization, coping mechanisms, and problems with creative production despite different approaches on the methods of treatment and ways to regain creativity. Both Porcellino and Lindsay master the art of reclaiming productivity by following different paths. Even though the two writers have different opportunities and approaches to receive treatment, both end up with the best outcome for themselves and it enables them to share their stories with people through these graphic memoirs. Porcellino, to regain creativity, tries every method of treatment and is able to reject treatment as he desires, meanwhile Lindsay is forced to receive treatment by being admitted to the hospital without her permission. Also, both writers are victims of stigmatization, which further triggers their mental illness. As they insist on being productive to find wellness, they also find ways to break away from the public and self-stigmas. Thus, both Porcellino and Lindsay emerge victorious from their struggles and give a voice to their experiences with their autographics.

Porcellino and Lindsay's self-portrayals are similar in terms of struggles with psychiatric disabilities. Receiving his diagnosis at an early age, Porcellino struggles with obsessive-compulsive disorder at irregular intervals. His OCD becomes unbearable after being triggered with challenging events he experiences. The autographics offer a glimpse of the time when he is diagnosed with a physical illness and his OCD is triggered afterwards as a result of the trying times he has gone through in the hospital. The biggest trigger of Porcellino's obsessive-compulsive disorder is the changes in his routines, which he starts experiencing more frequently after his hospitalization. He also struggles with internalized

stigma, which makes the healing process harder for him. Apart from the jobs he works for short periods of time to have a stable income, his main job is to illustrate and write graphic novels. As an art graduate, creating graphic novels is not only a job but a passion for him, and struggling with a mental illness prevents him from doing what he is passionate about. This is what motivates Porcellino to find alternative ways of treatment to get well. Similarly, Lindsay was diagnosed with bipolar disorder when she was a teenager. The episodes of depression and mania follow each other and since depression is the dominant state, mania needs triggers to resurface. Like Porcellino, Lindsay experiences an unmanageable episode of mania after a set of triggers. In Lindsay's autographics, the story of a woman who makes major decisions to speed her healing process up and the consequences of these decisions is offered to the reader. Being aware of the fact that her job stresses her out and acts as the main factor that triggers her mania, Lindsay decides to quit. However, she becomes a victim of public stigma after making this decision and it results in involuntary admission to a mental hospital. Unlike Porcellino, Lindsay suggests that being forced to work only to have insurance that covers her expenses for therapy further triggers her. So, she desires to reject treatment by denying the fact that she has bipolar disorder because she thinks not being able to find time for creative production is the reason for her depression and mania. Being a literature graduate, she believes that her passion of creating graphic novels can heal her mental illness. As a result, both autographics delve into the struggles regarding creative production these two writers have been experiencing and the difference of their coping mechanisms.

Despite the similarities of their struggles with mental illness and creative production, *The Hospital Suite* (2014) and *RX: A Graphic Memoir* (2018) offer different perspectives on receiving treatment. The most significant difference between these two autographics is the approach to the concept of mental illness. It can be seen in Porcellino's *The Hospital Suite* (2014) that he has an entirely different approach to mental illness and treatment from Lindsay. Lindsay suggests that she is a healthy human being like other people without a diagnosis, but just because she does not confine to the definition of a "healthy person," her individuality and freedom of choice are disregarded, whereas Porcellino focuses on becoming like a person who is accepted in society. Their disagreement over the definition of mental illness can be attributed to their differing perspectives, which are arguably shaped by gender.

Lindsay argues in her work *RX: A Graphic Memoir* (2018) that she was not allowed to be free like her peers due to her diagnosis starting from her college years, she had to be on medication for years, and after her graduation, she needed to find a job with a salary that can cover her insurance expenses to be able to afford her medicine. This, as she suggests in her graphic memoir, drags her into a vicious circle. Because of the diagnosis and the requirements created by this diagnosis, she cannot fulfill her dream of being a writer, and her condition gets worse in time. So, she suggests that if she can start working towards fulfilling her dreams, she can mentally get better. This is the main reason why she does not accept her diagnosis. According to her point of view, she is struggling with a mental disorder because she was forced to fit into the public stigma instead of using her creativity to become a writer, and this difference frustrated her to the point where she can no longer accept the situation she is in. Due to the historical stigma attached to women with mental illness, Lindsay becomes one of its victims. This frustration results in an involuntary admission to a mental hospital.

On the other hand, after suffering from a painful physical condition, Porcellino needs to take a break from writing and illustrating his graphic novels, and this break is the cause of his diagnosis. In *The Hospital Suite* (2014), it can be seen that even though the reason for being diagnosed with a mental illness is the same, which is not being able to produce literary works, Porcellino begins exploring alternative forms of treatment without questioning his diagnosis, unlike Lindsay, and is able to do so due to the privileges provided by traditional gender roles. He also experiences a vicious circle, he cannot keep drawing and writing because of his physical condition, then, his obsessive-compulsive disorder resurfaces, and his mental illness prevents him from producing literary works because of his obsessions. Thus, while both graphic novels argue on the point that mental health issues affect one's productivity, they have different approaches on accepting the treatment or rejecting the idea of having a mental illness.

Stigmatization is one of the crucial points in both graphic memoirs. It can be clearly seen that both writers struggle from stigmas and it is a major obstacle that slows the healing process down. Even though stigmatization of people with mental illness has been theorized and problematized by many scholars, it can be argued that the public opinion remains mostly unchanged towards them. Written in 2014, John Porcellino's work *The Hospital Suite* shows that self-stigma, which is a result of the internalization of public opinion, is still a major issue

in the 21st century. Porcellino fails to confess to himself that he needs proper treatment in his teenage years and his mental illness remains untreated. Thus, his OCD resurfaces more severely in his adulthood, and he is obliged to force himself to seek treatment. Similarly, in Lindsay's autographics *RX: A Graphic Memoir* (2018), it is seen that she is admitted as a result of public stigma. Despite the fact that her decision to quit her job might be beneficial for her mental wellness, people around her assume that she quit her job because of the manic episode. The public stigma led them to the conclusion that she made an impulse decision instead of a logical step for her wellbeing. It can be suggested that the stigmatization of mental illness also creates an obstacle for the development of the medical field. The lack of funding in the medical field for the research and treatment of mental illness compared to the resources devoted to physical illnesses is still a serious issue. The restricted insurance coverage for mental illnesses is also apparent and stems from biases against individuals with mental health conditions. So, both works become a great example of stigmatization still being a major issue in public and professional fields in the 21st century. Lindsay gives her struggles and concerns about public stigma a voice through her art. She illustrates her experiences and shows the sad truth that even her closest ones, namely her family, has prejudices about her decision-making capacity because of her mental illness. Similarly, Porcellino conveys his personal experiences with self-stigma through his illustrations. He highlights that internalized stigma can be an issue that may even prevent a person from seeking treatment. Self-stigma can emerge at a very early age and can last decades, and breaking free from the fixed ideas about one's self is a painful but necessary process.

Another important subject pointed out by both authors is patient autonomy. Different from the theme of stigmatization, patient autonomy is not conveyed from a similar perspective in Porcellino's and Lindsay's works. Patient autonomy is questioned after the biopsychosocial model is embraced. The idea suggests that each individual experiences mental illness in a unique way, so, the response of patients to the illness and the methods of treatment cannot be standardized. The subjectivity of mental illness, as a result, brings out the notion of patient autonomy, but the biopsychosocial model suggests that patients are not given the right to reject or accept treatment. Porcellino's work *The Hospital Suite* (2014) and Lindsay's autographics *RX: A Graphic Memoir* (2018) gives two contrasting narratives about the patient autonomy, since Porcellino is able to freely reject treatment whereas Lindsay is involuntarily admitted. In *The Hospital Suite* (2014), Porcellino rejects treatment various times. For instance, he does not want to see a therapist before his wife insists that he

should. He also rejects seeing an oncologist and is able to freely leave the clinic. So, it can be suggested that he can enjoy his right to reject treatment as he wishes and can pursue other methods of treatment. On the contrary, Lindsay is admitted to the mental hospital even though she is completely against treatment. She was not able to get out of the hospital without talking to her parents, which shows that her freedom is taken away from her. Her right to make a decision about her career, hence her life, is disregarded. Thus, it can be argued that patient autonomy is not applied objectively to the patients, and not every patient is given the right to reject treatment by medical practitioners.

In *The Hospital Suite* (2014), apart from the themes of stigma and patient autonomy, the effects of physical illness and changes in routines on mental health are part of the narrative. Porcellino's struggles with chronic illnesses and allergies have been analyzed in the chapter of the present study within the context of the relationship between physical and mental illness and the problems it created on creativity. As previously discussed in the first chapter, the main trigger for his OCD is his physical illnesses. Undergoing a serious operation results in a resurfacing of his mental illness. His healing process also slows down due to his allergies and hypersensitivity in his ears. Also, he goes through various changes in his routines. He moves to a different state and tries to readjust to live with his family. His wife leaves him during his journey of receiving treatment, which is another factor that negatively affects him. In the end of the autographics, it can be observed that he is trying to overcome his obsessions and has a more positive approach towards life. He embraces the struggles that emerged from his mental illness and tries to adapt to his new life. In that sense, *The Hospital Suite* (2014) offers the reader a quest of confronting the suffering, embracing the illness, and striving to find a purpose in it.

RX: A Graphic Memoir (2018) addresses institutionalization and its effects on patients. Since Lindsay is both a part of the target group and involved in the medical sector, she is in a constant dilemma. Her desire to quit her work is also studied from the perspective of the institutionalization of the medical field. Her job requires her to analyze advertisements of antidepressants. The commercialization of such agents makes the medicine industry profitable, and it results in a financial conflict of interest for medical practitioners. It can be suggested that her desire to reject treatment and find healing in creativity is also caused by her involvement in this sector. Since she is also a part of the commercialization process, she is aware of the fact that doctors will most likely be biased and driven by financial motivation.

So, she wants to find a solution to her bipolar disorder by herself, but she is prevented by her family. The ending of the autographics suggests that she is not able to escape from the medicine industry, however, it is also evident that she is more optimistic about life. She plans to balance her work and desire to create graphic novels, which she believes can help her journey through wellness.

Ultimately, both Porcellino and Lindsay offer narratives that reject the conventional idea of healing as the elimination of psychiatric disability. Instead, they embrace coexistence, choosing to live with their conditions rather than trying to "fix" them. This redefinition of healing challenges the expectations imposed by the "normals," those who view disability as an anomaly to be corrected. Through their works, the authors suggest that the true path to destigmatization lies not in demanding conformity, but in allowing space for difference to exist. Their mental illnesses are an essential part of who they are, not a disruption to their identities. By making this claim, they encourage readers to reconsider disability as a natural and significant aspect of human experience, one that needs not just acceptance but also acknowledgment, respect, and accommodation.

In conclusion, *RX: A Graphic Memoir* (2018) by Rachel Lindsay and *The Hospital Suite* (2014) by John Porcellino both provide in-depth examinations of mental illness from the perspective of disability studies, highlighting the influence of patient autonomy, stigmatization, and creative production on the healing process. Both authors emphasize the difficulties and victories of living with mental illness, despite their divergent views on treatment and problems with patient autonomy. Porcellino's story highlights the significance of accepting suffering in order to rediscover a sense of purpose and illustrates the relationship between mental and physical health. Lindsay, on the other hand, promotes creativity as a means of healing while criticizing the institutionalization of the medical industry and the conflict between individual autonomy and social expectations. Both pieces demonstrate the human spirit's strength and the power of narrative to reclaim stigmatized identities. In the end, *The Hospital Suite* (2014) and *RX: A Graphic Memoir* (2018) inspires readers by demonstrating the transformational potential of art, while also validating the challenges of people with mental illness.

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