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# The List as a Means of Assessment and Standardization and Its Critical Remediation in Graphic Narratives About Illness and Care

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## Introduction

This contribution aims to explore how patients and their caring relatives, but also doctors and clinical staff, experience moments of failure in contexts of illness and care and how these experiences are represented and reflected on in graphic illness narratives. Drawing on Brian Fies' *Mom's Cancer* (2006) and Roz Chast's *Can't We Talk About Something More Pleasant?* (2014) this essay will analyze the expectations that shape the daily lives of patients and caregivers alike and the feelings of failure that result when things turn out differently.

The specific challenges of caring are deeply connected to the complex interplay of autonomy and relationality. Caring constellations are extremely demanding situations in which the care for another person and the care for the self have to be balanced. This demands that both individual needs and the needs of the other have to be considered and responded to.

The interrelationality and interdependence typical for care relationships can be shown extremely well in the comics medium, where the communication of meaning relies on the mutual enrichment of words and images, panels and gutters and the dynamic interplay of the semiotic resources in the page layout. Another reason why the comics form lends itself particularly well to the representation of illness is its ability to »put [...] the body on the page« (Chute 2010, 10). Through words and non-verbal expressions, postures and gestures, graphic illness narratives function as a »bold visual assertion of embodiment and ... vulnerability« (DeFalco 2016, 225). Additionally, comics as a hand-drawn form constantly emphasizes the subjective bodily mark on the page. As a consequence, the visual narrative on the page is never dissociated from the body of the artist. Graphic illness narratives stress the subjective quality of bodily suffering and thus oppose and critically comment on the clinical standardization of patients' experiences and needs.

The hand-drawn bodies and the often messy page layouts that emphasize individual suffering stand in stark opposition to another – neatly ordered and rather systematic – form of representation that appears suspiciously often in graphic narratives about illness: the list. One reason for its surfacing in illness narratives might be the fact that lists play an important role in medical contexts: medical history files, clinical checklists and therapy schedules not only shape the clinical everyday, but, arguably, deeply influence the physicians' perspectives on their patients.

Apart from its role as a practical tool in clinical contexts, the frequent surfacing of lists in graphic illness narratives also has to be considered from a literary and from a cultural point of view that takes into account the significance of lists and listmaking as a cultural constant and that pays close attention to the formal characteristics of the list. As we will see, the list is characterized by a great transformability, or, as Eva von Contzen has highlighted (2017, 318), by its *affordance*<sup>1</sup>: the list has an immense spectrum of possible uses, purposes and applications. Originally invented or created to keep track of transactions, the list was born of the needs of accounting and administration (cf. Goody 1977).

To characterize the form of the list and to conceptualize its potential meanings and effects in the context of graphic narratives, I will rely on the work of scholars from different disciplines. Narratologist Monica Fludernik defines a list as »a structural schema of enumeration in which particular items (e.g., attributes, objects or people, processes, actions) are arranged in a series« (2016, 309). She further differentiates four types of lists: the narrative list (which lists actions), the descriptive list (a descriptive passage in the form of the list), the argumentative list, and the list as insert (quotation of shopping list or embedded text that shows a bestseller list etc.). Fludernik's conceptualisation of the list – informed by her perspective as a literary scholar – focusses on the syntactic structure and the function of a list in a verbal text. In the graphic novels discussed in this essay we can find all four different types depicted by Fludernik. Still, the typology seems too limited to grasp the full range of lists that we can find in the corpus. As graphic novels rely on communication via words and pictures, the question arises why a series of named items arranged in a series should be called a list, while a series of shown items arranged in a series should not. Fortunately, the same question has already been addressed by the Italian semiotician Umberto Eco. In his collection *The Infinity of Lists* (2009)<sup>2</sup> Eco includes both textual and visual lists (examples for the later range from Altdorfer's Renaissance painting *The Battle of Alexander* (1529) to a photograph that shows a bird's eye view of Los Angeles by night (cf. Eco 2009, 16, 242f.). For Eco the list is characterized by an oscillation between form-giving and infinity or, as he calls it, »a swing between ›everything included‹ and the poetics of the ›etcetera‹« (ibid. 7). A further important distinction that we owe to Eco is the differentiation »between ›practical‹ or ›pragmatic‹ and ›poetic‹ lists (and by the latter term [he] mean[s] any artistic end for which the list was proposed and whatever art form is used to express it)« (Eco, 113). This differentiation is very important in

the context of this essay as it highlights how the practical lists (to-do-lists, how-to instructions, and medical checklists) are picked-up and remediated in the poetic lists.

I intentionally use the concept of remediation to underline my ambition to uncover the logic of the list. Thus, I bring a term from media studies to the study of a form. David Bolter and Robert Grusin, authors of the collected volume *Remediation: Understanding New Media* (1999), refer to remediation as »the formal logic by which new media refashion prior media forms« (273). This also happens here with the list form: The millennia-old tradition and daily cultural practice of listmaking is reproduced and commented on in the comics medium.

The remediation of the practical lists in the poetic lists makes visible the significance of the form itself. Sociologist Urs Stäheli pointedly addressed this observation when he stated that »a list produces a reality of its own – it is seen as self-evident and clean fact where the traces of its production have become invisible« (2016, 15). Stäheli emphasizes that lists exert social power, especially so as their selection criteria and their principles of ordering are often arbitrary, or at least not visible. I will show in how far the list's reproduction and remediation in the comics medium serves to illuminate the cultural practices and the power structures that it is indicative of and that it relies on.

Remarkably, the list shares many poetic features with graphic narratives. As a very reduced and fragmentary form of narrative, lists offer plenty of gaps and voids to be filled in by the readers (and viewers). It is especially the list's fragmented form that consists of presences and absences (what is mentioned and what is not mentioned) that draws its readers in. As a poetic form threaded through with absences, the list offers a marked space for the imagination to enter (and this is also typical for the comics medium). As the readers have to cooperate in the process of meaning making, the list triggers a unique narrative empathy which Susanna Keen defines as »the sharing of feeling and perspective taking induced by reading, viewing, hearing, or imagining narratives of another's situation and condition« (Keen, 2013). In a recent article on »Experience, Affect, and Literary Lists« von Contzen has convincingly shown that lists in literary narratives connect readers to the narrative not only on a cognitive level, but also on a bodily-perceptual, an emotional and a cultural level (von Contzen, 2018, 319).

This essay aims to show how the practical lists, which stem from the discourses of self-optimization, economic stocktaking, scientific classification and standardized evaluation, are remediated in graphic illness narratives. The works explored in this essay show how the supposedly objective and documentary tool of the list is re-used and re-interpreted in the hand-drawn and deeply subjective narratives of personal, often traumatic, experiences of illness. The remediation of the list in the graphic illness narratives discussed transforms the form of the list from a practical instrument that is complicit in the suffering person's effacement into a poetic instrument of articulation and criticism, or, as Hillary Chute calls it, a »form of counterinscription« (Chute 2016, 4).

## List-Making as a Tool of Self-Examination and the Gendered Ideals of Self-Assessment

Liam Cole Young characterizes listing activities as »the infrastructure of culture« and argues that they »help us glimpse the techniques and technologies by which human societies administer, police and imagine themselves« (Young 2018, 10). Furthermore, listing activities are not only a longstanding technique in administering societies, but also with regard to controlling and evaluating one's own feelings and actions. As Philippe Lejeune explains in his monograph *On Diary* (2009), it was the form of the account book that acted as »an inspiration or model for the less financial and more personal journals that people began keeping of their ›other properties‹ in the modern era« (51). He provides an example from religious journals that were kept by girls in the nineteenth century. They »were laid out like account books. They use one page for each week and one line for each day with two columns, one marked ›V‹ for victories (over the Devil) and the other marked ›D‹ for defeats, with the total at the bottom« (ibid).

Lejeune's examples emphasize the diachronic significance of the list form as a tool for a daily and binary stocktaking of failure and success. The list provides the means and the method for the self-disciplined endeavor to optimize daily actions and to effectively strive towards the best possible results. It is therefore no coincidence that the list as a written but simultaneously short and concise form is chosen as the ideal medium for those who want to keep track of their virtues and transgressions.

Listmaking as a means of ambitious self-perfection also has a long tradition in American autobiographical writing, its most prominent representative being »the first American« (cf. Brands 2000), namely Benjamin Franklin. In the second part of his *Autobiography* (Franklin, 2004), the born Calvinist describes how he set out to »the bold and arduous project of arriving at moral perfection« (Franklin, 68). To this aim, he invented a peculiar method. He created a list of thirteen virtues which he used as points of departure to carefully examine his behavior and control his self.<sup>3</sup> Then he constructs a catalog in which he marks »by a little black spot every fault he found upon examination« (Franklin, 70). In this way Franklin documents each individual failure that impedes the supposed progress of his moral development and thus puts an example to the nation. Franklin's list serves as a seismograph of personal failure and how he overcomes it and it radiates a spirit of efficiency and self-determination. Another list-like form he uses for time optimization and to maximize his effectiveness is his daily schedule. Franklin's personal schedule is characterized by a neat binarism of work and sleep that is only interrupted by eating and the managing of his accounts. All concerns on behalf of the needs of others, not to speak of taking care of anything or somebody apart from his own self and business, are conspicuously absent from his daily routines.

Obviously, both, the daily self-examinations (a form that looks back on the performance of the past self) and the schedule (which plans the ideal performance of the future self) are governed by specific personal ideals which are inextricably connected to cultural ideals. While the religious journals introduced by Lejeune demonstrate an

endeavor to live a life pleasing to God, Franklin's lists of self-examination and his daily schedule showcase an entrepreneurial spirit that especially aims at the economization of all spheres of life.

In this tradition of list-based accounting Roz Chast presents us with the fictive »to-do« list of her childhood, we easily grasp that the maxims dominating her ideal performance are neither governed by moral perfection nor by self-perfection, but by a strong attempt to please her parents (Fig. 1).

Doing well in school, practicing the piano and avoiding contact with other children: these are not a child's self-chosen tasks for the day. The imperative constructions »Look up symptom in Merck Manual« and »Do not die« speak of the various anxieties and preoccupations of her parents and the overprotective education Roz had to endure.

After an accumulation of tragic events in their earlier lives, Roz's parents (a rather aged Jewish couple of Russian descent) are more interested in security than in social advancement and settle down into a quiet and modest life in a small apartment in Brooklyn. The Chasts' ambitions are not controlled by economic success (»The concept of ›looking for something better‹ or ›being happy‹ – that was for modern people or movie stars. I.e., degenerates«; CWT, 7), but by the stronger imperative of staying alive and keeping away from danger. Roz describes her father as »chain-worried the way others might chain-smoke: he never learned to drive, swim, ride a bicycle or change a lightbulb« (CWT, 28). She adds that her own childhood was surrounded by »cautionary' tales« (CWT, 29) that strictly kept her away from sports, parties and friends: »I had no nostalgia for any carefree days of youth, because I never had them« (CWT, 11). These quotes also explain why her to-do list is somewhat similar to a package insert that lists the risks and side effects of a drug, in this case: life itself.

The ›to-do-list‹ of her childhood combines not only two temporal levels (the past-experiencing childhood-I and her fear of failing her parents vs. the present adult cartoonist who describes little Roz's childhood via the poetic remediation of the to-do list), but also two levels of communication: the poetic remediation of the practical form in a literary context distills and visualizes the hitherto unarticulated fears and restrictions of the child. Via choosing a form that is associated with duties to be ticked-off, the cartoonist communicates the

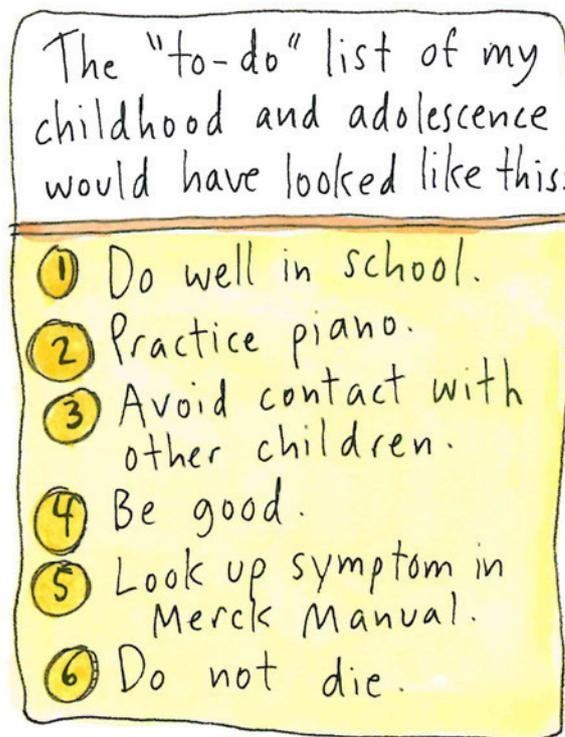


Fig. 1: *Can't We Talk About Something More Pleasant?* (Chast, 11).

child's pressure to gratify the expectations of the parents and her aspiration to be a ›good daughter‹. The fictive ›to-do-list‹ of her childhood serves to express, to distill and to visualize the standards and criteria which the adult Roz perceives to have dominated the young Roz's performance as a daughter.<sup>4</sup>

Representing her childhood in the form of the to-do list, Chast allows her readers to immediately experience the pressures and restrictions she had to live up to as a child. As Eva von Contzen argues with regard to the experientiality of the list, »the very form of the list resonates with the reader's own experiences of list-making« (2018, 317). This is why the to-do list of her childhood creates an immediacy that successfully bridges the gap between the adult cartoonist and the child's experience; it allows us »to relate not only to the protagonist's feelings, but also to the form through which these experiences and feelings are transmitted« (318). As a consequence, the reader instinctively combines both: the child's exposedness to the parents' expectations, and the adult's anger that transforms the child's to-do list into a list of reproaches.

After art school, Roz begins to work as a cartoonist for *The New Yorker* and other well-known magazines and enjoys living in the suburbs with her own family. She provides us with a list of nouns, an argumentative list in Fludernik's sense, that explains why she »had not set foot in Brooklyn once« between 1990 and 2001: »Denial, avoidance, selfishness, laziness, and the day-to-day busyness of my life (two little kids/cartoon deadlines/grocery shopping!)« (CWT, 11). Strikingly, her self-analysis communicates in how far she perceives her absence from home as not only an unavoidable consequence of her occupational situation and her private circumstances but also as a moral failure (selfishness, laziness). Her absence from her place of birth seems to stand in striking contrast to the aforementioned »Be good«, the



Fig. 2: *Can't We Talk About Something More Pleasant?* (Chast, 16).

fourth ›commandment‹ on her childhood list. This might very well be the reason why the prevalent feeling (next to dread and claustrophobia) upon entering her childhood home after many years is »guilt« (CWT, 13).

That Roz still perceives herself to be responsible for her parents becomes obvious by her immediate reaction to the greasy dirt she finds everywhere in their apartment: She takes up a sponge and starts cleaning (Fig. 2). The halo, the smiling face, the speech balloon that suggests that she happily sings while cleaning, and the trademark ›Perfect Daughter‹ – that might either refer to the cleaning product or to Roz – ironically stage an idealized image of a contemporary ›Angel in the House‹.

Roz is shown as living in a culture that conceptualizes women, especially daughters and mothers, as (selfless) carers. The list of her daily chores (»two little kids! cartoon deadlines! grocery shopping!«; CWT, 11) portrays her everyday life as characterized by a high degree of care work which has to be balanced with her professional career. Thus, Roz's to-do-lists, those from childhood and those from adulthood, represent the gendered »contrast between a self defined through separation and a self delineated through connections, between a self measured against an abstract ideal of perfection and a self assessed through particular activities of care« (Gilligan, 35). According to the American social psychologist Carol Gilligan, femininity is associated with care, comfort, and concern for others (Gilligan, 20). Caring for her aged parents draws her back into a relationality which she has cut short years ago to get free from the heteronomy generated by her parents' demands and fears.

Against the simplifying assumptions of ethics of care philosophers who idealistically theorize care as »a set of relational practices that foster mutual recognition and realization, growth, development, protection, empowerment, and human community, culture, and possibility« (Brenner et al, 1996, xiii), Roz Chast's graphic narrative fosters the understanding that care relationships – especially those between parents and children – are never free from their embeddedness in familial backgrounds and the past history of the individuals and their experiences with each other. Roz's to-do lists serve to express her ambivalent position as a caring daughter who needs to find a way to balance her independence and autonomy with the contrasting demands of responsibility and care.

Ultimately, Roz Chast confronts her readers with one of the central concerns of ethics, namely »What is one's obligation to other people, friends, family, strangers? And what is one's obligation to oneself?« (DeFalco, 2016a, 4). By describing her care work as »time-consuming, expensive and emotionally exhausting (CWT, 23), Roz puts it in direct contrast to time optimization and the striving for effectiveness which is not only expressed in Franklin's list, but which is also inscribed into the form of the to-do list itself. Through her remediation of the practical to-do list as a means to show a daughter's commitment and consideration towards her parents, Chast meaningfully contrasts the aspiration for self-development and self-determination with relationality and the demands of care work.

## The List as a Means to Negotiate the Idealized Conceptions of Care with the Daily Realities of Care Work

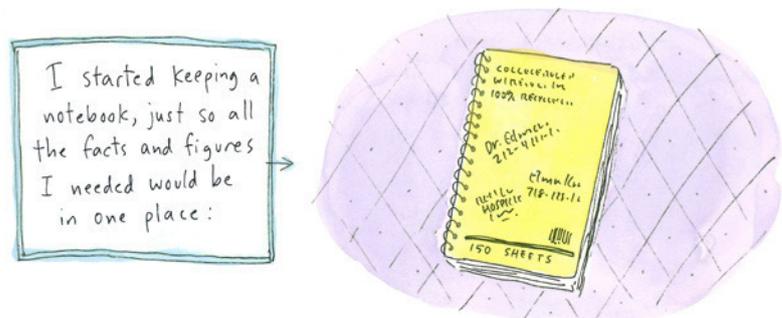
The ideals of care, at least the way in which they are described in ethics of care philosophy, are rather high. Sarah Miller describes care as a »morally appropriate reaction to another’s needs« (2005, 142) and Brenner et al. characterize care relationships as devoted to »assisting others to cope with their weaknesses while affirming their strengths« (xiii). As these quotes serve to exemplify, care as a (philosophical) concept builds up standards of behavior and attitude that are far from the actual challenges of care work. As a consequence, care-givers, who try to live up to these standards, will often make the experience of failed caregiving.

As the following examples demonstrate, these feelings of failure can be connected to many areas. Roz as a care-giver reflects on failing emotionally (as she might feel the wrong emotions), in terms of management (because she loses track of the many numbers, details and tasks she has to coordinate) and in terms of commitment (because she anxiously notes the high cost of terminal long term care). Strikingly, to show her dilemmas, the cartoonist again falls back on the evaluative form of the list.

When both her parents are over ninety and the list of their ailments gets longer (»My mother’s were mainly physical (high blood pressure, arthritis, digestive ailments ...) my father’s were mental (increased senile dementia)«), Roz decides to visit them more often and to give in to »the task of dealing« (CWT, 61). She takes care of providing a safe and decent heater, brings groceries, arranges for a meeting with a lawyer to manage their financial and legal affairs, persuades them to go to the hospital when they really need to, gets them home again and arranges for help, and she endures her father’s »encroaching senility« (CWT, 70) when he stays at her home for some weeks.

The responsibilities of the daughter as caretaker are nicely summarized in the enumeration of the contents of the notebook that Roz uses to collect all the facts and figures which she needs to manage her care work (Fig. 3).

Even though this list is from an early state of the care relationship and rather illuminates the bureaucratic side of it, it empha-



It contained my parents’ social security numbers (required by practically every form I encountered); phone numbers of doctors, neighbors, relatives, the super in their building, various people I spoke with at their insurance agency; information from various elder care agencies – how much they cost, who came to my parents’ apartment and when, and when I paid them; all the information related to their banking; anything about their landlord and/or lease; what medicines they took and what dosage; what forms were required by whom; all pension-related data; and much, much more.

Fig. 3: *Can’t We Talk About Something More Pleasant?* (Chast, 85).

sizes the excessive demands Roz feels regarding the situation that caught her rather off guard. The comments box which announces her decision is neatly framed and has clear, defined limits to stress the idea that »all the facts and figures I needed would be in one place« (85). The following unframed panel that represents the notebook, which is completely scribbled over with notes, implies that the amount of information is exuberant and overwhelming. The fact that the list ends with a semicolon that is combined with the indefinite numerals »and much, much more« hints at the perceived infinity of things to do. By writing every detail into a notebook, Roz tries to give a frame and a form to the perceived complexity. Her notebook thus becomes an example of the oscillation between form-giving and infinity which Eco defined as the defining feature of list-likeness (»a swing between ›everything included‹ and the poetics of the ›etcetera‹«; 7).

Even though Roz finally accepts her role as a carer, the care relationship between Roz and her parents is by no means an easy one. »I wasn't great as a caretaker and they weren't great at being taken care of« (CWT, 16). Repeatedly, Roz feels like a failure as a caregiver: after she swears at her father she admits »I was not proud of my behavior [...] // Taking care of my father didn't bring out the best in me« (CWT, 75f.). She later wonders what she could »possibly have been thinking« (CWT, 89) when she left her parents alone in the apartment directly after her mother came home from hospital. As the relationship to her mother has been extremely complicated and difficult since her early childhood, Roz »resented taking care of her« (CWT, 141). The daughter explains that she has never been close to her mother, they were not friends. Still, she relates that she feels »guilty not to be ›doing the dirty work‹ [her]self« (CWT, 184).

The following list of the dos and don'ts of a caring daughter pointedly draws the reader's attention to Roz's inner strife. The table is positioned at the end of a chapter in which the daughter takes stock of her relationship with her parents, her performance as a care-giver and of the shrinking budget that is constantly decreasing (Fig. 4).



Fig. 4: *Can't We Talk About Something More Pleasant?* (Chast, 146).

This table is set up in the binary fashion of a mental game that lists pros and cons. As the headline implies, the two columns – one listing ‘good’ behavior, the other listing ‘bad’ behavior – are stylized according to the didactic and moralizing American children’s comic *Goofus and Gallant*. Published from the 1940s onwards, the archetypal characters of Goofus and Gallant were designed to teach children to differentiate good and bad moral behavior (cf. Mills 2014). By representing two versions of her own comic avatar – one with a halo and one with horns – Chast implies that in this table we can read two simplified and binary versions of her attitude towards her dependent parents. Depending on the reading direction, we either receive her as oscillating between the two versions (horizontal reading) or as presenting two directly opposed character traits (vertical reading) that might contrast the ‘ideal carer’ drawn in the idealized description of theory of care philosophy and her actual affective response to the demands of care-work. The thick green line separating the right column from the left column suggests the second reading. The contrasting columns of the table, each listing three attitudes, draw attention to the simplification and decontextualization that is inherently attached to the practice of listmaking. As a result, lists and tables become visible as a schematic and simplified representation of reality that can help to order thoughts and ideas; they are, however, separated from reality.

The contrastive list is simultaneously a humorously simplified and a strong hyperbolic version of Roz’ inner conflict. The tabular list that is fashioned according to the effective didactics of *Goofus and Gallant* builds on an uncritical assumption of right and wrong. It reflects on the list as means of binary construction that reduces reality into systematized options of right and wrong. It thus draws our attention to the fact that the practical list is an abstract form that works best when it is separated from real contexts. It is a form that is qualified for binaries, for demarcation and for accounting. This is also why this list is positioned at the end of the chapter: it is disembedded from the series of the other panels and claims a page for itself.

### **The List As a Medium to Negotiate the Cost-Benefit Ratio of Terminal Care and the Absurd Impossibility of Valuing a Human Life**

The challenges of care and care work take relatives not only to their physical and emotional, but also to their financial limits. Roz Chast discusses this fact with a somewhat shocking candour. She represents Roz in the act of calculating the costs and describes her as estimating the time she will be able to afford terminal care. Thus, this chapter returns to the practice of account keeping – this time not in the sense of self-examination but rather as an examination of the value of human life. By drawing on the form of the list, the highly sensitive issue of the supposedly appropriate costs of terminal care is represented in an irrevocable lucidity while

the question is simultaneously addressed in its absurdity as the value of human life evades financial calculations.

After an interval of hospice care and what seemed to be the last days for her dying mother, Roz suddenly finds her restored, sitting on the couch with her private nurse, eating a tuna sandwich. Roz's reaction is rather unaffectionate. »I knew that her retreat from the abyss should have filled me with joy, or at least relief. However, what I felt when I saw her was closer to »Where, in the five stages of death, is eating a tuna sandwich?« (CWT, 176). Roz' reaction not only serves to show that she is physically and emotionally worn down and therefore has started to accept her mother's impending death, but also, that she has internalized Kübler-Ross' list of stages of dying (cf. Kübler-Ross 1970) and now expects her mother »to die on schedule« (Couser 1997, 31). Apart from these explanations, however, her frustration is also related to the fact that she experiences financial trouble because the terminal care of her parents costs a lot of money. While Roz is rather clueless as to how she can afford to keep her parents »housed, fed, safe and comfortable« (CWT, 144), the cartoonist offers the readers a witty remediation of the list as it frequently appears in self-help literature (Fig. 5).



Fig. 5: *Can't We Talk About Something More Pleasant?* (Chast, 149).

Fashioned in the verbal style of self-help literature (how-to instruction), the tripartite panel structure reminds the reader of a tryptich. And indeed, the three panels are variants of the same theme: the absurdity of self-help culture in contexts of vulnerability and dependency. Reading the panels from left to right, the reader realizes that the proportion of visual language decreases. The first advice, which might still seem relevant for a preparation of old-age, is only slightly ridiculed by the accompanying picture that shows a well-dressed old lady who buys second-quality products (dented cans) to save money. In the second panel the proportion of verbal language increases and so does the level of irony. This time, the advice is combined with an interrogation mark, which makes it stronger and highlights the imperative style of self-help literature. To tell a very old person to believe in »deferred pleasure« is even in itself an inept remark as there is not really a lot of time left to defer anything to. The combination of the verbal advice with the picture that shows an emphatically cheerful nurse wearing rubber gloves to finally deal with the old person's fecal incontinence further underlines the absurdity of the self-help idea for people who can no longer help themselves but are dependent on others (When you cannot solve your problems you at least have to stay positive!). Strikingly, the old person is no longer represented in the second panel at all. Mr Hanratti is invisible, a status typical for those who depend on the help of others. Finally, the third panel of the tryptich gathers a bunch of desperate measures to take against total (financial) dependence and bankruptcy. The to-do list, usually a means to structure one's challenges and order one's tasks with the aim of efficiency and self-perfection is finally rendered as an absurd and desperate attempt to take control over issues that cannot be controlled.

I felt like a disgusting person, worrying about the money. But it was hard not to, especially when I thought about what this "extra care" might cost.



Fig. 6: *Can't We Talk About Something More Pleasant?* (Chast, 145).

When a lot of unexpected costs arise because apart from the rent for the nursing home, Roz has to order »extra help« via an outside agency and special medications etc., her financial worries add to her feeling of guilt: »I felt like a disgusting person worrying about the money« (CWT, 145) (Fig. 6).

We see her sitting in front of a piece of paper, drawing a chart to take stock of the revenues and expenditure, the minuses and pluses. Roz looks exhausted and at a loss. The crumpled pieces of papers shown on the table suggest that the list in front of her is already her sixth attempt to get an overview of the private finances. And in the thought bubble arising from the protagonist's head we read – like a total at the bottom of a bill – her ultimate concern »How many more years?« (CWT, 145). The elliptically formulated question has various possible connotations: It expresses the daughter's financial concern. But it implicitly also shows the degree to which the individual challenges, shortcomings and failures of caregiving are embedded in the deeply ethical question: What's the value of a human life?

Contrary to the practices of calculating, stocktaking and accounting, Roz finally expresses her own way to bestow value on her mother. While her mother withers away, Roz visits her regularly and starts to write down all the rather obscure stories her mentally deranged mother tells her: about her dreams, her disrupted memories and her daily life in the nursing home. Through the act of listening to her mother's stories and the subsequent writing down of these narratives, she finds a unique way to care for her mother in the sense that caring expresses ethically significant ways in which we matter to each other, »transforming interpersonal relatedness into something beyond ontological necessity and brute survival« (Bowden, 1).

Eventually, during her mother's last days and even after she has passed away, Roz begins to draw her (»I was alone with my mother's body for a while. I drew her. I didn't know what else to do. I had been drawing her all summer, since the conversations had been reduced to almost nothing«; CWT, 210). All in all, there are twelve individual hand-drawings that are similar in style and



Fig. 7: *Can't We Talk About Something More Pleasant?* (Chast, 220).

yet very different with regard to perspective. At the moment of drawing, the relationship between mother and daughter somewhat disappears or dissolves. What is left in these moments of close observation and detailed recording is a dialogue between two human beings, one who is just there and the other who tries to give that person a form and a memory, an expression and a sense of concreteness and of presence that will survive that person's death.

By drawing her mother (Fig. 7), Roz eventually succeeds in transforming her perceived failure as a caregiving daughter into an act of responsiveness. She finds her unique way of stating that her mother matters to her. Closely observing her face, her facial expressions, her breathing, her exhaustion and by eventually putting her mother's changing bodily expressions down on paper through her own hands is a way to care for the other beyond the ordinary standards of keeping her »housed, fed, safe and comfortable« (CWT, 144). By drawing her, the daughter makes her visible – as an old and dying person.

In contrast to the self-help triptychon examined above, these portrayals neither marginalize nor hide old age and dying. On the contrary, the twelve drawings of her mother's last days at the end of the book (before the epilog) give the old and dying body center stage. Furthermore, the twelve drawings are very individual and each show a very unique posture, expression, mood and perspective on her mother's dying body. The triptychon, in contrast, just referred to old age as a uniform stereotype (»Time to change your depends!«, 149). The drawings at the end of the book are beyond stereotype. Contrary to the list that tries to reduce plurality into a standardized form, the series of drawings at the end of the book reverses this process: it shows that infinity can be found in one individual face.

### **Medicine as the Administration of Bodies by Lists**

While the analysis so far concentrated on the (poetic) list as a means to critically engage with the diachronic significance of the (practical) list in contexts of accounting, stock taking and self-evaluation and explicated how its invisible and unarticulated ideals of effectivity, self-optimization and cost-benefit-ratio clash with the realities of terminal care, the second part of the essay specifically concentrates on lists in the context of medicine. Even though Brian Fies' graphic memoir *Mom's Cancer* also describes the failures experienced by the relatives of a severely ill person, it especially highlights how patients' experiences are »medicalized« by clinical lists.

Medical lists work as a tool to collect observations, to evaluate physical reactions and to plan future therapeutic options (or the future availability of the hospital bed still occupied at the moment). I aim to show how the remediation of the list serves to illuminate in how far medical discourse – the charts, the neatly listed data, and the checklists – translates the

disease, the care of the ill person and arguably the sick persons themselves into a discourse in which they are controllable and ›manageable‹.

In *Mom's Cancer*, Californian writer and cartoonist Brian Fies tells the story of his mother's struggle with metastatic lung cancer that spread to her brain. Before its publication as a hardcover edition in 2006, *Mom's Cancer* was anonymously posted as a webcomic from 2004 onwards that had a far reaching online audience. Eventually, in 2005 it won the Eisner Award in the newly created category »Best Digital Comic«. The discourses of failure in the context of illness are often hidden but universally present if we pay close attention – this seems to be one of Brian Fies's messages in this comic on his mother's illness. As a first example we might look at the supposedly funny panel that represents a parodistic remediation of the very popular American electronic toy called *Operation Game*. Walmart's advertisement of the game provides an impression of the course of the play: »Your patient Sam is feeling a bit under the weather. Can you ›operate‹ and make him better, or will you get the buzzer? Grab the tweezers and try with all of your might to take out all of his funny ailments« (<https://www.walmart.com/ip/Operation-Game/24305176>). The game instructions strikingly underline the pressure and the threatening attribution of failure involved in processes of healing. The implied message, which is communicated by the buzzer that rings out when the doctor-player made a mistake, is: if you cannot make him better, you failed. The panel further emphasizes that the experience of failure is already anchored in the practice of the supposedly harmless practice of a toy for children.

The second issue that captivates the reader's attention is, of course, the way in which the ill person is represented. The stylization of a cancer patient within the context of an electronic children's game serves as a bitter ironic remark on her treatment as a patient. She is rendered into a passive object that doctors can use to amusingly spend their time with and try their skills on. The fact that the buzzer is actually lighting up at the upper right-hand side of the panel further stresses that something is severely wrong in the way she is treated.

Strikingly, her body is not only shown in the fashion of the popular electronic toy, but also dissected into parts. The panel suggests that Fies's mother is not treated as a full person, but as a body-object with dysfunctional or problematic parts. The catalogues of both symptoms and treatments not only allow the cartoonist to describe the complicated pathologies of her cancer in a very matter-of-fact fashion. They simultaneously highlight the ways in which medical lists and catalogues serve as a tool to structure and apparently control the contingency connected to severe illness. The list is thereby shown as a medical tool that bans the danger, the unknown and the potential chaos by the routine of accumulating test results, structuring observations, and naming possible treatments.

From the moment of her first diagnosis onwards, the patient's life is described and talked about in terms of listed bodily phenomena and listed measures to be taken. As a consequence, the patient's body is itemized, intersected and cut into pieces (Fig. 8).

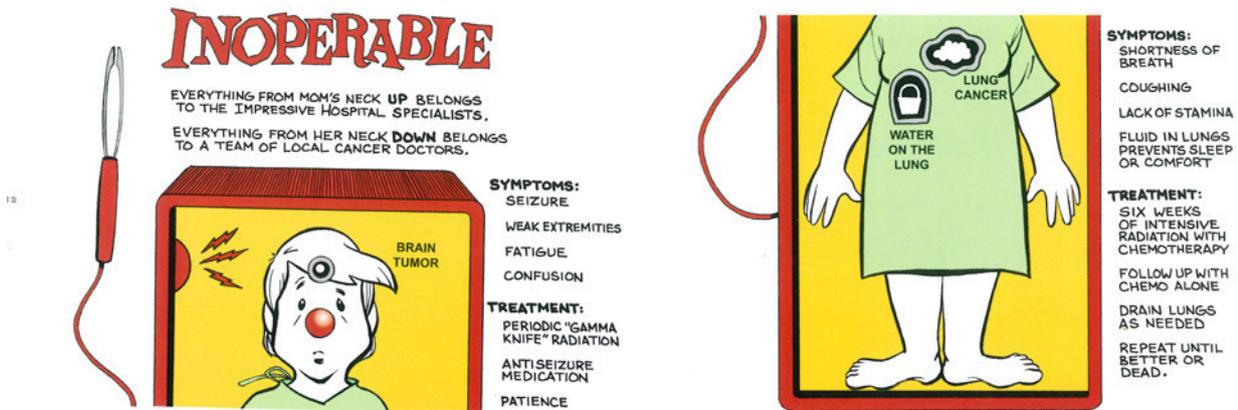


Fig. 8: *Mom's Cancer* (Fies, 12, 13).

The constant desire to conquer and control illness by means of vigorous activity also determines Brian, the son, and finds expression in his personal to-do list »There was only one thing to do when mom got ill: Read the books ... find the resources ... flip on the scary-smart switch I was too lazy to use most of the time ... and cure cancer« (MC, 32). Of course, the laconic remark implicitly draws attention to the impossibility of the endeavour – still, to actually cure cancer would be the only possibility for the son to not feel as a failure with regard to his mother's suffering.

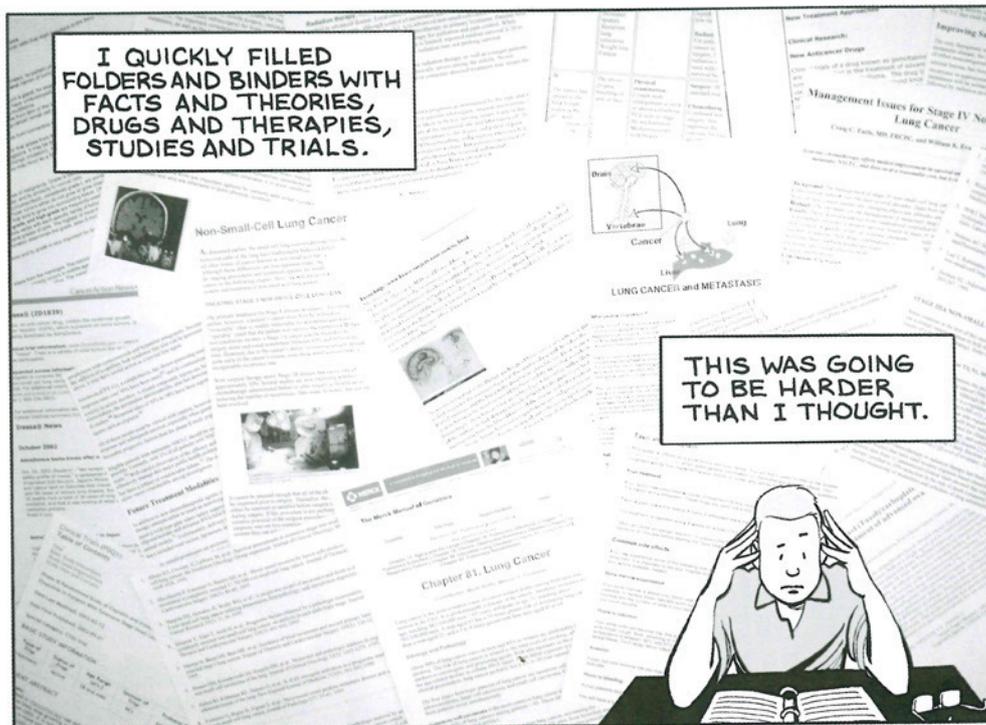


Fig. 9: *Mom's Cancer* (Fies, 24).

The sheer endless amount of printed papers (Fig. 9) – conspicuously not represented via drawings but as (reproductions of) photographed print-outs – may well be called a list in the sense of Eco's definition of the figurative list as a picture that suggests »an ›etcetera« (Eco 2009, 7). The fact that the accumulation of print-outs continues beyond the boundaries of the panel draws the reader's attention towards both the sheer endless amount of information that *can be found* on complex illnesses such as lung cancer and, also, to the possibly also endless amount of information that is still missing to ever be able to »cure cancer« (MC, 32). Thus, the photograph creates an impression of infinity and the great unknown of bodily illness.

According to Eco, a »closed form« such as a catalogue of symptoms and treatments usually indicates that somebody knows his world, knows its laws, causes and effects: »This is why he [is] able to *give it a form* (15, emphasis in original). As a consequence, medicine's use of forms, lists and catalogues serves to imply and communicate its knowledge of the causes, effects and laws of certain diseases and, connected to it, their mastery and control. In contrast, Brian's accumulation of unordered papers serves to describe his personal feeling of being overwhelmed and unable to control the mass of information and the complex nature of his mother's cancer. Brian cannot give it a form and this highlights his emotional and also his ›epistemological‹ chaos – he cannot fully grasp the laws and the causes of this illness. This is why his mode of representation – the pile of unordered papers – is opposed to the neat and ordered catalogues of medicine. The sheer number of papers put on the surface of a table (or on the floor) expresses the overwhelming infinity of information that could be found on the mother's illness and that, still, does not provide a complete understanding, a solution or a cure. And it also implies that the sheer infinity of information is too complex for Brian, the son: he fails to make sense of it. The chaotic bunch of papers is an example of a mode of representation originally opposed to Eco's catalogues: it implies that »we do not know the boundaries of what we wish to portray, [...] we do not know how many things we are talking about ... « (Eco, 15). However, ultimately, the practice of listing as such is very closely bound up with a perceived failure to fully grasp something: When »we cannot provide a definition by essence and so, to be able to talk about it, to make it comprehensible or in some way perceivable, we list its properties« (Eco, 15). Eco draws our attention to the fact that the list must not necessarily be a token of knowledge and order, of issues defined and recognized, but that the practice of list making can also be read as a sign of confusion, loss of control and epistemological uncertainty. Listing stands for »an imprecise image« (Eco, 18); it is an attempt to name as many properties as possible without being able to put them into definite structures and a coherent whole.

Eco creates awareness for the fact that listing is an ambiguous practice. On the one hand, it provides order and demonstrates mastery and understanding. On the other hand, however, the practice of listing stands for a preliminary attempt to represent and grasp something

that cannot (yet) be defined by essence. As a consequence, not only Brian's piled papers, but also medicine's neatly ordered lists can ultimately be read as a hint that his mom's cancer (its symptoms, its causes, its treatment, its further development) remains a mystery – not only to the son, but also to the doctors themselves. Via banning her illness, i.e. the parts of her body which are specifically affected by it, into neatly organized, classified and sectioned items on a list, medicine creates the illusion that illness can be transformed into something manageable and controllable while it ultimately still defies scientific understanding.

### **The Medical List as a Means to Objectify and Medicalize Human Suffering**

As a natural science, medicine relies on classification and categorization to order and to possibly control natural objects and scientific phenomena. In clinical contexts, medicine's scientific approach, which is based on processes of listing and labelling, clashes with the emotional needs and the personal experiences of suffering patients. In this chapter I want to explore the way in which Brian Fies ›dialogises‹ the medical and the personal view on the suffering patient and how he uses the poetic remediation of the list form as a means to critically comment on medicine's tendency to transform patients into medical cases by the methods and measures of medical procedures.

After Brian has to give up on his first attempts to find his role as helper by investigating and possibly »cur[ing] cancer« (MC, 23), he laments on the options left for him. While »Kid Sis«, his younger sister, lives with his mother and is around her all the time, »Nurse sis«, a registered nurse, manages their mother's medication and watches her reactions. Compared with their expertise and effectiveness, Brian's list of supporting tasks seems rather desperate to him: »All I have to offer is this: I hold a valid driver's license and I know the way to the hospital. I can hang curtains, flip a mattress, load a dishwasher. I can deliver a pizza, lend a steadying arm, laugh at a morbid joke, and compliment a bad wig«; and he concludes »I doubt that's gonna be enough« (MC, 25). The reader ultimately asks himself: Enough for what? What is his measuring device for this conclusion? It seems that the ultimate measure for every gesture, every deed and every act of help finally is – if not to cure – then to save her from suffering. As this is not possible, the feeling of failure is shown to be always on the verge of entering his mind as a caring relative.

It is especially via the tableau on page 33 that the cartoonist expresses his feelings of shortcoming with regard to his mother's suffering. The simple headline »Arrangement in Grey and Black« evokes a comparison between Fies's representation of his mother (in her therapy armchair, dozed off and connected to an infusion bag that floods her body with chemicals) and James McNeill Whistler's oil painting with the same title from 1871. Whistler's painting that has repeatedly been described as an American icon (cf. MacDonald, 2003) shows Anna Whistler,

the painter's mother. With her pious black dress, her white bonnet, handkerchief and the white lace cuffs, the upright sitting lady radiates imperturbability, respectability and composure. She sits on a chair which is posed on a platform. Though this platform might serve as a usual device for the practice of drawing portraits, the fact that Whistler's has chosen to represent it in his portrait implicitly creates the impression that he looks up at her: he glorifies her. And the effect did not go unnoticed by the audience. In 1934 a stamp was designed that reproduced the image with the words »In Memory and in Honor of the Mothers of America« (cf. MacDonald 2003). What does it mean that Fies provides a parodistic remediation of Whistler's mother in *Mom's Cancer*? Obviously, the dowdy, weak and sagging mother figure that Fies represents in his tableau forms a stark contrast to the seemingly unshakable woman shown in Whistler's portrayal. Especially the speech balloon that imitates the sleeping sounds of his mother provides the panel with a funny and comic undertone. The remediation of the Wheeler portrait suggests, among other things, that contemporary comic art seeks another form of realism: instead of realistic details that still give rise to an idealised version of womanhood and motherhood, it uses hyperbole to create a paradoxically realistic impression of human suffering.

The scene on the page does not provide the reader with any dialogues or comments that would express or represent the suffering and the hopelessness experienced in this moment. All we get is a catalogue of labels that are attached to the items that are arranged around her (Fig. 10).

The listed combination of the medical items and care aids (Chemotherapy: Taxolon tap, Carboplatin on deck, I.V. pump: 300ml/hr, misc. syringe, tissues, water bottles) with his mom's personal belongings that visualize her tastes and preferences (Strawberry Shake: Jack in the Box, large), and her individual past (Manzanita Walking Stick found in Oregon, whittled while camping in Alaska) creates a specific tension that shows how a perspective on his mom as a unique human being and a perspective that regards her mainly as a cancer patient conflict with one another.

The practice of tagging has a long tradition in the natural sciences. Especially botanists used it in their herbaria to

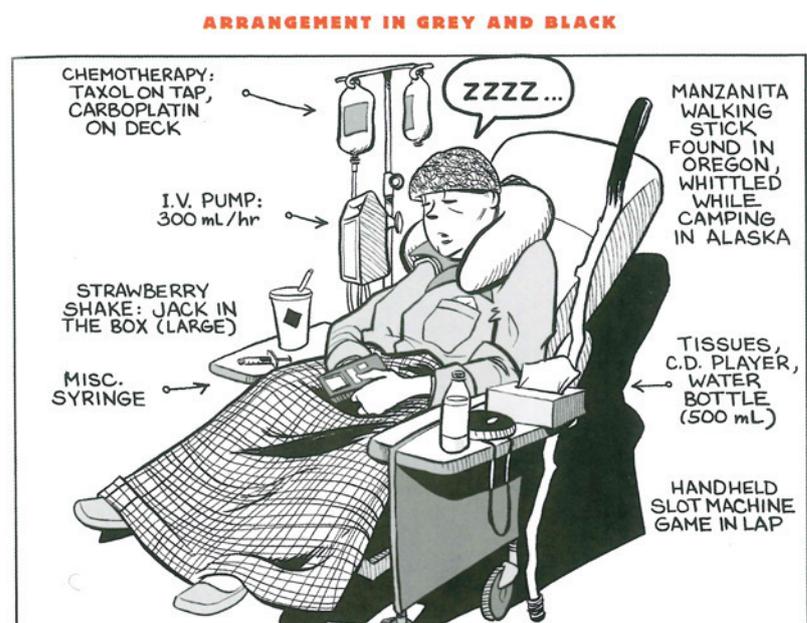


Fig. 10: *Mom's Cancer* (Fies, 33).

assign names, habitats and dates to the plants they collected. Science historian Anke Te Heesen describes this process of labelling as a system of representation that finally resulted in a list-like notation and textualization of nature (cf. Te Heesen 2008, 108). Thus, labelling becomes visible as an appropriation of nature and shows the transformation of real objects into a standardized and universal expert language. The label is one of the basic tools of the classifying scientist (Te Heesen, 114). Its significance for an interpretation of this panel is further stressed by the label, which probably has her name on it, on the Strawberry Shake. The language of medicine is here shown to have appropriated suffering human beings by their very own expert language. Medicine's standardized and universal language might on the one hand be useful to create clarity, efficiency and security. On the other hand, however, it excludes those who are usually not privy to this language: the patients themselves. As a consequence, patients are excluded from the language that deals with their own bodies. Furthermore, the standardized labels stand in stark opposition to the subjective experiences and the individual clinical history which is embedded in the personal life story of the patient.

Ultimately, the remediation of the practice of scientific labelling critically comments on the fact that suffering patients are reduced to medical cases in clinical contexts. By combining tags that label personal objects with those tags that refer to medical instruments, the cartoonist successfully subverts medicine's standardized expert language and thus fosters a perspective on the patient that shows her as an individual human being with her very own history, tastes and coping strategies. By inverting and including the list as a poetic means of expression into his (mom's) illness memoir, Fies bears witness to his mother's traumatic experience as a patient and succeeds to »materially retrace« (Chute, 4) her inscriptional effacement. His reconstruction of her illness story from a personal (and not from the professional clinical vantage point) is therefore a »form of counterinscription« (Chute, 4).

### **The List as a Means to Measure Patients According to Standardized Expectations**

Reading *Mom's Cancer*, it soon becomes clear that feelings of failure do not only play a role in the relatives' experiences, but also apply to the patient's life and emotions. Tellingly, the medical check-ups are called tests and examinations and the vocabulary recalling and evoking the field of valuation and assessment clearly indicates the pressure that is thereby exerted on the patient and her (ill) body's performance. Fies provides a condensed representation of his mother's »exams« (17) by confronting the reader with a series of fifteen small panel close-ups of varying body parts that are accompanied by fifteen imperatives voiced by the examiner: »Push«, »Balance«, »Pull«, »Resist«, »Hold«, »Follow my Finger«, »Breath«, »Down«, ... (MC, 18) (Fig. 11).

Obviously, the exams are very demanding and exhausting for his mother. The imperatives also reveal an attitude towards patients that fashions ill people undergoing the processes of diagnosis and treatment as human automata who have to perform and fulfil the medical personnel’s expectations and give the best they can. This implicitly leads to the result that patients can also fail to perform well and, inextricably bound up with it, it also indicates that a disease, especially if it is not conquered or overcome, is interpreted as a lack of positive attitude and subsequent physical failure.

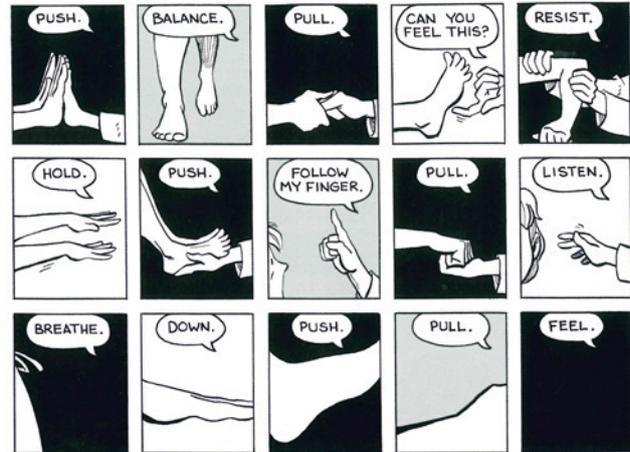


Fig. 11: *Mom's Cancer* (Fies, 18).

As the medical language is pervaded by metaphor and the verbs ›to conquer‹ and ›to overcome‹ clearly derive from the field of fighting and warfare, this language of activism and fight eventually creates the subliminal message that patients could »cure themselves by the mobilization of will« (Sontag, 57). If patients eventually fail to conquer illness and have to come to terms with the impending danger of death, new expectations and ›exams‹ in which the patient can either succeed or fail seem to be waiting. This is at least the message implied by the report card (Fig. 12).

The fact that the five stages of grief were also mentioned as a reference point in Chast’s depiction of her mother’s astonishing reinvigoration after she tested a new medication underlines the attention the theory receives not only by care workers but also by the public and how it shapes standardized expectations towards the process of dying. By confronting the reader with a fake report card that gives the ›student‹, that is the patient (in this case the protagonist’s mom), grades in ›subjects‹ that derive from the well-known »five stages of grief: denial, anger, bargaining, depression, acceptance«<sup>5</sup> (MC, 88), the cartoonist highlights the absurdity of the patient’s situation. Showcasing her grades that range from straight A’s in *Denial* to F in *Acceptance* the comments box of the report card includes the line: »Student advised to graduate to Acceptance

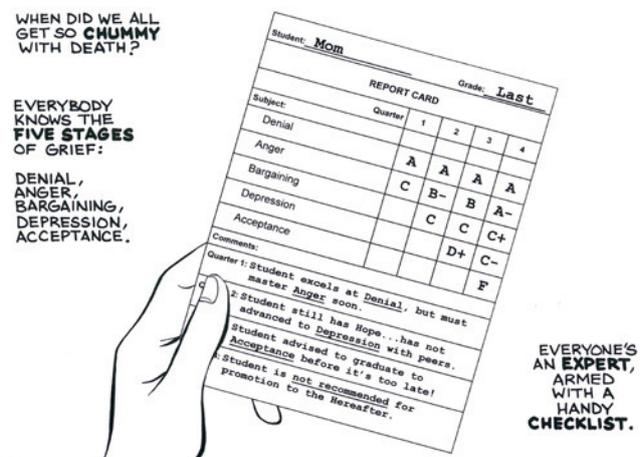


Fig. 12: *Mom's Cancer* (Fies, 88).

before it's too late« (ibid.). The record card not only serves as an ironic remark on the idea of measuring the process of dying, but, eventually, it draws attention to the role of the list form in contexts of assessment and evaluation.

In the said panel, the process of list making is unmasked as a means to measure people according to standardized expectations and thus, to construct social definitions of failure and success in situations that defy such conceptualizations. The comment »Everyone's an expert, armed with a handy checklist« (ibid.) directly remarks on the function of lists to (seemingly) control the uncontrollable via labels, measures of accomplishment and, inextricably connected to it, the expectation to manage and come to terms with the situation. Simultaneously, however, the comic self-reflexively foregrounds its own capacity to deal with illness in a much more sophisticated way than listmaking could. Through its remediation of the specific form of the report card, the panel also comments on a society whose values are – from elementary school onwards – unavoidably defined by success, performance, and the fulfilment of standardized expectations. The passage backs up what Belknap in his monograph *The List: The Uses and the Pleasures of Cataloguing* (2004) described as the list's function to »overmaster us« by implicitly remarking, »This is the way things are; we know« (Belknap, ix) and he goes on to explain: we can accept them »or make our own lists«.

Actually, the power of the social »we know« (how you should feel, behave – and ultimately – die) is further highlighted by the tableau on the following page that shows his mother in front of a graduation ceremony where everybody wears his or her doctor's hat while his bald-headed mother stands out from the crowd and in front of the graduation committee that refuses to hand her the completion certificate (Fig. 13).

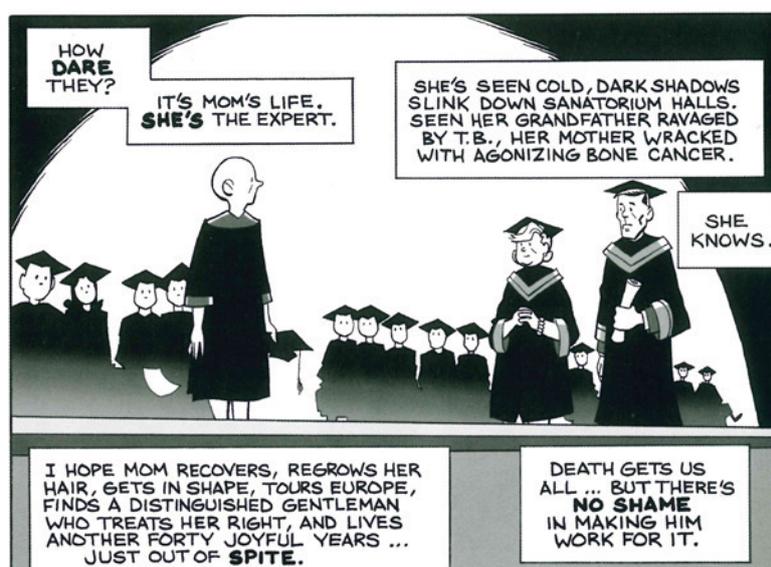


Fig. 13: *Mom's Cancer* (Fies, 89).

The panel represents a stage on which the imaginary scene is portrayed. While her bald-headedness underlines her helplessness facing the stern committee, the light cone, which is rather focussed on her, underlines the comment that it is her life. Simultaneously, the light cone features her as the accused one that has been captured and is now exposed to the public. Interpreted in this light, the scene represents not a graduation ceremony but a court hearing. The panel is visually divided into two opposing and antagonistic sides. The ones judging the mother's performance as insufficient and those supporting her. The comment at the end of the page thus reads like a plea of the defense. The author poses his own list that ironically remarks on and opposes the social constraints and supposedly scientifically backed up claims regarding the correct way to behave in the face of threatening death. In his list, which imitates the persuasiveness connected to enumerations in oral speech, the son-cartoonist formulates a counter-version for his dying mother: »I hope mom recovers, regrows her hair, gets in shape, tours Europe, finds a distinguished gentleman who treats her right, and lives another forty joyful years ... just out of spite« (MC, 89). Using the list as a rhetorical device, this passage forms an argumentative list (cf. Fludernik 2016, 309) by which the son invents a vision for an alternative future.

As these examples show, lists easily transform into to-do-lists or how-to-behave instructions that submit lived experience to standardized expectations and prescriptions, and thus make it accessible for (unjustified) evaluation, assessment and judgement. If they cannot fulfil the social expectations, patients and caregivers are easily overcome by feelings of failure. The list is not only a form of disciplinary power (*sensu* Foucault) – as is most present in the bureaucratic document of the school report – it is also a literary and stylistic device used to express and make visible the often unexpressed and subliminal influence of social expectation and hegemonic structures. Conspicuously, Elizabeth Kübler-Ross warns her readers in the preface to her widely received standard work *On Death and Dying* that the book »is not meant to be read as a textbook on how to manage dying patients« (Preface). Yet, this is what often happens. The patient's non-compliance with the widely-received stages of dying bears potential for active resistance against the disciplinary power of social (and clinical) expectations that build on standardized conceptions rather than on individual experience.

### **Neither Failure nor Success: but Luck!**

The binary poles failure vs. success are especially inadequate in the context of an illness where even doctors »never say ›cure‹, but keep[...] it as small as possible for as long as possible« (MC, 10). Instead of using the categories of failure and success or winning, fighting and losing the battle, Fies tellingly introduces the term »luck«. And he specifically emphasizes the idea that life with cancer is to be seen in terms of good luck or bad luck by repeatedly intro-

ducing panels (cf. 5, 35) that tell stories through the design of a dice game where individual playing pieces serve to narrate the plot and the course of events in a way that underlines the important role of chance, coincidence and contingency – in life in general and in the lives of the severely ill specifically. Eventually, this message is further highlighted by the printed pattern on the book end paper that consists of the sheer endless repetition of a dice and a playing piece.

By introducing the term ›luck‹ and additionally visualizing it through the symbolic figure of the dice, the disciplinary power of »the stigma and the taboo attached to individual failure« (Hamscha et al., 12) is broken. Eventually, Fies' mom sets her own lists, the lists of a suffering patient, against those that were dictated by medical and social expectations. In her afterword, which uses only verbal language, she makes herself the advocate of all those who »are limping around in foreign, broken bodies, filled with ›chemo brains‹ and radiation« and calls for »cancer treatment programs that include detoxing, physical and occupational therapy, exercise classes, pampering, and understanding« (115), and she concludes with a list of advice to all fellow sufferers:

»Cherish rest, laughter, friends, and prayers. Trust in yourself and make a Peace Treaty with your Higher Power. Have a Hero to never let go of and help you through the terrifying nights. Take frequent baths to get rid of the scent of toxins. Watch a lot of comedies. Keep your mind and hands busy. Then just breathe as long as you can, knowing that others are helping to hold you up«. (MC, 115)

The mother's list, which evokes both the imperative style of self-help culture and the to-do list implicitly asks the readers to assume a new perspective on the people suffering from severe illness. It shows them as human beings that have not only medical, but also emotional, mental and spiritual needs. Through her ›counter-list‹ it becomes clear that medical check-list cultures reduces human beings to patients. This is an act of misrecognition which imprisons suffering persons »in a false, distorted, and reduced mode of being« (Taylor, 25). As a consequence, this list of advice for fellow sufferers is an act of agency and self-definition that expresses a deep gesture of self-care and care for other severely ill people who also miss a more holistic approach to their situation and well-being.

### **Conclusion: The List as a Means of Remediation and Counterinscription**

The memoirs on illness and care giving that were introduced in this essay show above all how the supposedly objective and documentary tool of the list is re-used and re-interpreted in the hand-drawn and deeply subjective narratives of illness and care. In *Can't we Talk About Something More Pleasant?* Roz Chast reflects on and criticises the list as a means of self-evaluation and self-optimization that easily turns into a binary form for the personal assessment

of (moral) failure and success. Through its remediation in the comics medium, the lists of self-evaluation turn from their cultural usage as tools for the stocktaking of personal failures into stylistic devices that poignantly criticize the binary logic of tabular lists as decontextualized and abstract forms, which, however, deeply influence the individual's self-conception. The remediation of the list as a form of (personal) assessment communicates and distills the felt pressure to succeed, the perceived demand to gratify the expectations of others and the aspiration to be ›a good patient‹, a ›good child‹ and ›a good carer‹. Thus, the list takes on the task to make visible the fear of failure and the (felt) standards and criteria which are used to evaluate people's performance as patients, as care-givers and as affected relatives.

By repeatedly featuring the practical list as a tool for financial calculation, Chast draws attention to the costs of terminal care and the burdensome consequences these have for the relatives. Simultaneously, however, she uses the list as a poetic device that deeply questions the logic of financial accounting in contexts of care. By remediating the form of the list as a means to calculate the affordability of terminal care, Chast draws attention to the bitter irony ultimately involved in calculating the value of a human life.

To show the effects of lists not only on care givers but also on the patients themselves, the second part of the essay has focussed on Brian Fies' graphic memoir *Mom's Cancer*. Although it also describes the failures experienced by the relatives of a severely ill person, it especially highlights the medicalization of the patient's illness experiences through standardized checklists and a medical language of assessment that excludes the patients. As a means to classify scientific phenomena (such as human bodies and their supposed deficiencies) medicine's expert language relies on a number of lists that not only reduce the patient to an object but that also itemize suffering patients into deficient body parts.

Eventually, the texts analysed use the remediation of the form of the list to critically comment on the shortcomings of the binary standards of self-examination and the supposedly objective and impersonal mode of the checklist in contexts of severe illness. Thus, the poetic remediation of the list becomes visible as a means to not only unmask the list's power to assess human beings according to standardized and often binary categories of evaluation, but also emphasizes how practices of list-making amount to an effacement of the ill and dying person as a holistic – that is physical, mental and emotional – being.

Via re-drawing, recreating and appropriating the list in the comics medium, the supposedly value-neutral and scientific tool, which in clinical contexts is even looked upon as a documentary form, is shown to be man-made, misleading and prone to blind spots. Thus, the remediation of the list form in the comics medium at once shows the »inscriptional effacement« (Huffner, 3) of patients and their caring relatives as well as it works as »a form of counterinscription« (Chute 2016, 4). While Hillary Chute used the term for comic documentaries like those of Joe Sacco, stressing the confrontation between the photographic documentary and the hand-drawn, I suggest that the term can also be used to describe the trans-

formation of the practical list as we find it in everyday contexts into its drawn remediation in the comics medium, in which it is re-used, re-interpreted and where its invisible power as a cultural form is made visible.

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- 1] »The term *affordance* refers to the relationship between a physical object and a person (or for that matter any interacting agent, whether animal or human, or even machines and robots). An affordance is a relationship between the properties of an object and the capabilities of the agent that determine just how the object could possibly be used« (Norman 2013,11; quoted in Von Contzen 2017, 319).
- 2] The collection was published and created in the context of a co-operation between Umberto Eco and the Louvre in Paris that invited the Italian scholar to organize as series of conferences, exhibitions, public readings and concerts on a subject of his own choice.

- 3] For a discussion of Franklin's catalog of virtues and the list as a form of »Seelenbuchhaltung« (accountability of the soul), cf. Mainberger, 192.
- 4] In the work of Roz Chast, list making is repeatedly used as a narrative device to express and come to terms with personal anxieties and the feelings of being overwhelmed by a specific situation or life in general. In the introduction to her cartoon style catalog *What I hate from A to Z* (2011) that lists all anxieties she could think of in alphabetical order, she gives us an explanation for her habit of list making: »I am playing the Alphabet Game in the hope that as I am playing, all those thoughts will settle down ...« (Introduction). For Roz Chast, anxiety is one of the characteristic features she attributes to her personality (»I am an anxious person. I come from a line of anxious people«) and it is therefore no coincidence that her alphabetical catalog is dedicated »To my Parents, Elizabeth and George«.
- 5] Cf. Kübler-Ross, 34-99.