

Graphic Reproduction: A Comics Anthology, 2018, The Pennsylvania State University Press
Excerpts from “Introduction”
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There is a common story about human reproduction that circulates in Western culture. Two (middle- to upper-class, white) people meet, they fall in love, they get married, they have (heterosexual) sex, and then, after a glowing nine months of pregnancy full of ice cream and pickles, a (cisgender) woman has a (healthy, typical-bodied, full-term) baby, maybe two. Maybe two and a half. You know the rest: picket fence, bliss, happy endings, school, college, wedding, grandkids on a porch somewhere, everybody drinking lemonade in glasses tinkling with ice.

To call this narrative a “myth” is an understatement, of course, not only because it’s reproduced in nearly every form of media one can imagine, but also because few people have this type of experience with conception, pregnancy, birth, and raising children. A lesbian couple uses donor sperm and conceives via intrauterine insemination. A father spends the first few months of his son’s life in the neonatal intensive care unit, anxiously monitoring the vital signs of a tiny human who beeps instead of coos. A single woman gives birth to a baby who dies shortly after birth. A heterosexual couple enters the chutes and ladders of fertility treatment, only to find their way to a dead end. After an uneventful first trimester, a pregnant woman experiences a bad bleed in her second and spends the rest of her pregnancy on bed rest. A gay couple uses in vitro fertilization and a gestational surrogate, who gives birth to twins. A woman spends the first months of her daughter’s life in a deep depression. These experiences and many others are not aleatory events that somehow prove the rule of “normal” conception, pregnancy, and birth. Nor do they mark the ways that experiences of conception, pregnancy, and birth are changing in response to social, cultural, medical, and technological changes. They are simply examples of how varied and complex the experience of human reproduction is and has always been. Human reproduction is at once an utterly singular experience and utterly banal: after all, it’s happened billions and billions of times.

In humanities books about this subject, this is the point where authors position themselves in the text, drawing on decades of feminist arguments about the role of the personal and private in political and public life and offering a powerful illustration of these arguments. So this is the point where I must note that I do not have any children. And yet while I do not have *children*, I have quite a bit of experience with *reproduction*—or at least the attempt at it. I tried to get pregnant for seven years before finally calling it quits, and I went through just about every possible route to get there.

At some point during this multiyear process, I started keeping an illustrated journal about my experiences, which eventually became the comic *Present / Perfect*. I’m not sure why I started drawing comics about my failed attempts to reproduce, but as I’ve been working on this book, I discovered why I *kept* drawing them. To put it bluntly: I’ve never felt more like a body than I did while undergoing fertility treatment. Constantly monitoring and dutifully reporting my bodily processes day after day, month after month, year after year; getting injected, swabbed, poked, prodded, and measured both quantitatively (“this follicle is 3.5”) and qualitatively (“your lining is beautiful!”); undergoing invasive procedures and regularly looking at and thinking about my insides (usually with a group of people in the room): when trying to conceive, I was a (female) body first, and, most important, I was a body that didn’t work the way I “should.” After returning from yet another visit to the gynecologist, reproductive endocrinologist, or obstetrician, there was something thrilling about taking the instruments of representation into my own hands. In the

pluripotent space of the comic panel, I had the power to represent not only my body and my experiences, but also my doctors, nurses, friends, and husband. Confronted daily by a pronatalist world that reminded me how abnormal I was, in the constant din of infertility testing and treatment—and then during my pregnancy and the grief that followed its loss—my pencils, pens, paints, and paper offered a quiet place to work out what was happening to me with some measure of critical distance.¹

French surgeon René Leriche once described health as life lived “in the silence of the organs.”² Yet as Michel Foucault famously explains in *Birth of the Clinic*, medicine is not just an aural art but a visual one, and the two arts are intimately intertwined. The doctor’s silent observation is transubstantiated as speech; clinical observation, Foucault writes, “has the paradoxical ability to *hear a language* as soon as it *perceives a spectacle*.” Moreover, the “[precarious] balance between speech and spectacle” underlying medical practice and the scientific impulse to carry this balance forward to create knowledge about the body demand that speech and sight be translated into images.³

Medicine makes pictures. Physicians look at and in their patients and craft maps of the body and its processes with X-rays, MRIs, CT scans, ultrasounds, and colonoscopy videos.⁴ These pictures, writes Ian Williams, “help construct the illness stereotypes that influence the way in which a condition is viewed by others as well as the patient’s experience of the condition.”⁵ Medical maps of the body, in other words, not only bring the body’s territory into being for scientists and doctors; they also represent cultural geographies that shape understanding of our bodies and our very selves.⁶ If the twenty-first-century self, as Nikolas Rose has argued, is anchored by a sense of somatic individuality⁷—that is, an understanding of the embodied self filtered through the lens of biomedicine—then this self is given shape through words *and* images. In the intensely visual domain of contemporary medicine, then, to experience health is to enjoy both the privilege of silent organs and the luxury of their invisibility.

The noisy presence of trauma, illness, and pain closely maps onto the experience of even the most typical pregnancy and birth. Many pregnant people (especially pregnant trans people and gender nonconforming folks) feel as though they are on constant display.⁸ To be an extraordinary body in the world is to be seen as available for public consumption. As Rosemarie Garland-Thomson writes, “because we come to expect one another to have certain kinds of bodies and behaviors, stares flare up when we glimpse people who look or act in ways that contradict our assumptions by interrupting complacent visual business-as-usual.” Staring is “an interrogative gesture that asks what’s going on and demands the story,” Garland-Thomson explains. “The eyes hang on, working to recognize what seems illegible, order what seems unruly, know what seems strange.” This initial interrogatory gesture of staring becomes folded into narrative, which may then be “carried over into engagement,” sometimes welcome and sometimes not.⁹ As many visibly pregnant people report, the engagement initiated by a look often turns into deeply personal questions and sometimes even direct touch.

As Anne Balsamo writes, “A pregnant woman is divested of ownership of her body, as if to reassert in some primitive way her functional service to the species—she ceases to be an individual, defined through recourse to rights of privacy, *and becomes a biological spectacle*.”¹⁰ The pregnant body in the world is first and foremost apprehended as a symbol: a narrative to be deciphered and an image to be seen, consumed, interpreted, and scrutinized.¹¹ To be visibly pregnant, then, is to lose the privilege of privacy. Even further, visibility, as Peggy Phelan argues, “summons surveillance and the law.”¹² A visibly pregnant boy not only calls forth stares, advice, and touches, but also judgment, discipline, and control.

Like any other instantiation of power, the regulation of reproduction and the surveillance of pregnant bodies are not distributed equally. The history of reproductive rights in the United States and its territories, for example, is rife with examples in which calls for the individual right to birth control have been transformed into racist practices and eugenic policies of population control. Black, Chicana, Puerto Rican, Indigenous, disabled, and poor women have all been disproportionately subjected to institutionalized fertility control, including involuntary sterilization.¹³ As activists and critics have been arguing for generations, human reproduction is a place where the boundaries between biological, social, technological, and political life collapse, even while, as Emily Martin has argued, reproduction is also a site where discourse about the “natural” reigns supreme.¹⁴ Reproduction is a complicated process of meiosis, if you will – a merging of personal and political, body and ideology, individual and institution, science and technology, joy and pain, nature and culture, sex and gender, humor and horror, seeing and saying.

In this deeply tangled site, *Graphic Reproduction* seeks to intervene. Importantly, we do not aim in the book to unravel the many ways of understanding reproduction; instead, we investigate their crossings and pull gently on their knots. In other words, this book does *not* seek to resolve the tension that arises among the stories in the following pages. What reproduction means for one artist is not what it means for another. There are (re)productive contradictions and rhetorical contractions throughout the words and images in this volume. The primary function of *Graphic Reproduction* is to provide a discursive and visual forum where the affective, biological, social, and political complexities of reproduction can exist together in generative uncertainty ...

Graphic Medicine:

The field of graphic medicine combines the discourses of medicine with the medium of comics. Scholars and practitioners of graphic medicine explore how comics can effectively represent the many voices and bodies involved in any healthcare encounter, and they draw on this multiplicity in productive and unexpected ways. In a landmark essay in the *British Medical Journal*, Michael Green and Kimberly Myers argue that the multiple perspectives of graphic medicine can be used to train more effective and empathetic healthcare providers. “Visual understanding is intuitive in ways that verbal understanding may not be,” they write; comics might assist doctors to communicate effectively with their patients, and graphic pathographies – autobiographical comics about illness – may also help “patients and their families better understand what to expect of a certain disease.” Moreover, for medical students and residents, particularly those actively working with patients, these deeply engaging personal accounts of illness and medical care are vivid reminders that “healing a patient involves more than treating a body.”¹⁶ In this way, graphic medicine may be viewed as a subset of medical humanities, which is often presented as a method of training more effective doctors and nurses.

While I strongly believe that comics—and the humanities more generally—can and should serve an important function in medical education (and I deeply hope that this book is used that way), there is a risk in viewing comics about health and medicine as yet another instrument in a doctor’s iconic black case. As Susan Squier argues in *Graphic Medicine Manifesto*, as medical humanities has begun to take a new shape as “health humanities,” the field has “expanded from an implicit endorsement of the practitioner’s emphasis on medical treatment to a critical incorporation of the caregiver’s or patient’s experiences, including the social determinants of health and wellbeing.”¹⁷ This perspective – the patient’s view, the view from below, the view from the table, as it were—is where the *medium* of comics comes to matter a great deal.

As the authors of *Graphic Medicine Manifesto* explain, graphic medicine is “a movement for change that challenges the dominant methods of scholarship in healthcare, offering a more inclusive perspective of medicine, illness, disability caregiving, and being cared for ... [It] arises out of a discomfort with supposed techno-medical progress, working to include those who are not currently represented within its discourse.”¹⁸ Comics has long served as a medium to explore taboo subjects. Many of the earliest underground comics, for example, graphically depicted sex and drugs and pushed the legal envelope to the point where several artists, publishers, and comic shops were charged with obscenity. Although the underground comics movement of the 1960s and 1970s was largely dominated by straight white men, there were also many subversive women cartoonists, and cartoonists of color whose work was disseminated in political circles.¹⁹ As a medium already on the margins of “proper” literature and culture, then, comics offer an “ideal [forum] for exploring taboo or forbidden areas of illness and healthcare.”²⁰

And yet, the savvy feminist reader might object, doesn't the very act of categorizing comics about conception, pregnancy, and childbirth as graphic “medicine” reinforce the medicalization of reproduction, an issue that has become its own cottage industry within feminist scholarship?²¹ This a point well taken. However, there is no question that most pregnancies and births in the West have a medical component, even if only a resistance to the medicalization of reproduction. Notably, many comics in this book directly challenge medicine's authority over pregnancy and childbirth, and it is their critique of medicalization that makes them ideal exemplars of the genre of graphic medicine. Many works of graphic medicine, such as David Small's award-winning *Stitches* and John Porcellino's *The Hospital Suite*, object to the common assumption that medical treatment is always the answer to our health troubles and explore how medical treatment may also create issues of its own. In the seemingly simple act of privileging the patient's experience, graphic medicine offers a direct challenge to the authorship of the narrative that characterizes the medical encounter and shakes the subject-object relationship in which “agent” is applied only to the healthcare provider and “patient” is applied to, well, the patient.

The visual presentation of the embodied self by “autographic” artists offers many other critical affordances.²² Although all forms of autobiography require a presentation of self, that presentation in graphic form requires an attention to temporal embodiment utterly unique to the genre. According to Elisabeth El Refaie, the “requirement to produce multiple drawn versions of one's self necessarily involves an intense engagement with embodied aspects of identity.”²³ The “multiple” aspects of what El Refaie calls “pictorial embodiment” also reflect a feature of comics that has long captivated scholars of the medium: the relationship that comics present between time and space.²⁴

As the sighted reader's eye moves across the page, narrative emerges from one panel to the next, but also in the spaces between them, or what is known as the “gutter.” To appreciate the power of comics is to understand the hermeneutic interplay between time, space, and the reader, who fills in the semantic and temporal gaps in a process Scott McCloud describes as “closure,” which “allows us to connect these moments and mentally construct a unified reality.”²⁵ All arts rely on closure in some way – the reader of a novel supplies information between chapters, the viewer of a painting relies on context and clues from visual culture –but comics use closure “like no other” art form does, McCloud argues emphatically. The audience of a comic is not just a passive recipient of the narrative but its active co-creator: “in the limbo of the gutter, human imagination takes two separate images and transforms them into a single idea.”²⁶ This

relationship between time and space, McCloud, is the very “essence” of comics: in comics, time equals space.²⁷

In this way, a gutter functions as what scholars of rhetoric would call an enthymeme, a form of reasoning in which the audience supplies an unstated premise.²⁸ For example, if I explain that people enjoy comics because they are drawn in and moved by them, I assume that my reader believes that *people enjoy things they are drawn in and moved by*. As Cara Finnegan explains, “The power of the enthymeme lies in the fiction that its unstated premise, at once invisible and transparent, is ‘natural’ rather than context-bound; it is simply something that ‘everybody knows.’ In addition, enthymemes powerful because they grant audiences agency. The audience is not merely a witness to the argument, but a participant in its ceation.”²⁹ Yet while the enthymematic process of co-creating meaning makes comics a rhetorically powerful art form, it also makes the medium highly unstable. Two people might read a comic in two radically different ways, depending on how they have filled in the space/time between the panels. The power of the enthymeme is in what it assumes of its audience, yet it is the radical contingency of closure, not its universality, that makes the medium of comics so generative. You can test this: find two sequential panels in the comics that follow and ask a group of people to describe—or, better yet, draw—the action that takes place off the page. I suspect you will get a host of different answers, each of which pulls the reader’s experience into the artwork. Despite the fact that hermeneutic flexibility of comics might be risky in some respects (in that a comic does not communicate its meaning without remainder and is subject to misreading), the plasticity and polysemy they allow is one of the most engaging aspects of the medium since readers are required to become directly involved in the story that unfolds over the panels.³⁰

While most of the comics in the collection can be understood as graphic medicine, even in their challenges to the medicalization of reproduction, I want to make clear that most of the comics included here do not fall into the category of graphic pathography, a genre that explores the pictorial embodiment of illness.³¹ While there is quite a bit of physical and emotional pain, there is very little illness. I make this distinction not to distinguish pregnancy from illness or disability in a way that devalues people with an illness or disability,³² but to uphold the critical voice at the core of these narratives. As Marika Seigel argues, “How we define the work of pregnancy has material consequences of women’s bodies and ways of living.”³³ While pregnancy may sometimes involve negative health effects, and childbirth involves pain, pregnancy is not de facto an illness, and childbirth is not de facto a medical emergency...

As Ian Williams argues, “Images do not just ‘mirror’ the world; they help to build it.”⁴² Comics do not just portray different perspectives on the world we live in; they also have the potential to imagine new worlds. In the case of reproduction, comics offer a window onto a future world that grapples seriously with the personal and political meanings of conception, pregnancy, and childbirth, as well as their contradictions; a world that faces honestly the many struggles that people have with conception, pregnancy, and birth with the hope of ameliorating stigma, shame, grief, and loneliness; a world that looks candidly at the complex emotions that accompany any act of reproduction; and even a world that considers a life without children to be as rich and meaningful as a life with them. By presenting this multiplicity without yielding to the demand for a neat narrative, a perfect resolution, or a singular meaning, the comics of *Graphic Reproduction* demonstrate that these potential worlds might be found in the cracks of the world we already live in. That is, as Paula Knight puts it, if “you’d care to take a look.”

NOTES:

1. For an exploration of how making comics may serve a therapeutic function (and the limits of this association), see Ian Williams, "Autography as Auto-Therapy: Psychic Pain and the Graphic Memoir," *Journal of Medical Humanities* 32, no. 4 (2011): 353-66.
2. Quoted in Georges Canguilhem, *The Normal and the Pathological* (New York: Zone, 1989).
3. Michel Foucault, *The Birth of the Clinic*, trans. A. M. Sheridan Smith (New York: Vintage, 1973), 108 (emphases in original), 115.
4. See, for example, Kelly Ann Joyce, *Magnetic Appeal: MRI and the Myth of Transparency* (Ithaca: Cornell University Press, 2008).
5. Ian Williams, "Comics and the Iconography of Illness," in MK Czerwiec, Ian Williams, Susan Merrill Squier, Michael J. Green, Kimberly R. Myers, and Scott T. Smith, *Graphic Medicine Manifesto* (University Park: Penn State University Press, 2015), 118.
6. See Elizabeth Wilson's work on this metaphor of mapping in her *Neural Geographies: Feminism and the Microstructure of Cognition* (New York: Routledge, 1998).
7. Nikolas Rose, *The Politics of Life Itself* (Princeton: Princeton University Press, 2009).
8. I am thinking here about the huge rush of publicity and interest in Thomas Beatie's pregnancies. For more on the circulating meaning around Beatie's pregnancies, see J. Halberstam, "The Pregnant Man," *Velvet Light Trap* 65, no. 1 (2010): 77-78.
9. Rosemarie Garland-Thomson, *Staring: How We Look* (Oxford: Oxford University Press, 2009), 3-4.
10. Anne Balsamo, "Public Pregnancies and Cultural Narratives of Surveillance," in *Revisioning Women, Health, and Healing: Feminist, Cultural and Technoscience Perspectives*, ed. Adele E. Clarke and Virginia Olesen (New York: Routledge, 1999), 231-53, 231, my emphasis.
11. Many feminist scholars have written about how the collision of pregnant embodiment and visual culture impacts the construction of maternal and fetal subjectivity, and it would take an encyclopedia to list them all. For foundational studies on the subject, see Rosalind Pollack Petchesky, "Foetal Images: The Power of Visual Culture in the Politics of Reproduction," in *Reproductive Technologies: Gender, Motherhood, and Medicine*, ed. Michelle Stanworth (Minneapolis: University of Minnesota Press, 1987); Carol A. Stable, "Shooting the Mother: Fetal Photography and the Politics of Disappearance," *Camera Obscura*

10, no. 128 (1992): 178-205; Susan Merrill Squier, *Babies in Bottles: Twentieth-Century Visions of Reproductive Technologies* (New Brunswick: Rutgers University Press, 1994); and especially Barbara Duden's classic *Disembodying Women: Perspectives on Pregnancy and the Unborn* (Cambridge: Harvard University Press, 1993).

12. Peggy Phelan, *Unmarked: The Politics of Performance* (London: Routledge, 2003), 6-7. For a detailed discussion of visibility and pregnancy, see 130-45.

13. See, for example, Angela Y. Davis, *Women, Race, and Class* (1981; repr., New York: Vintage, 2011), esp. 202-21; Ines Hernandez-Avila, "In Praise of Insubordination; or, What Makes a Good Woman Go Bad?" in *Transforming a Rape Culture*, ed. Emilie Buchwald, Pamela R. Fletcher, and Martha Roth (Minneapolis: Milkweed, 1993), 323-42; Virginia Espino, "Women Sterilized as They Give Birth: Forced Sterilization and the Chicana Resistance in the 1970s," in *Las Obreras: Chicana Politics of Work and Family*, ed. Vicki Ruiz (Los Angeles: UCLA Chicano Studies Research Center Publications, 2000), 65-82; Jessica Enoch, "Survival Stories: Feminist Historiographic Approaches to Chicana Rhetorics of Sterilization Abuse," *Rhetoric Society Quarterly* 35, no. 3 (2005): 5-30; Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage, 2014); and Loretta Ross, Elena Gutierrez, Marlene Gerber, and Jael Silliman, eds., *Undivided Rights: Women of Color Organizing for Reproductive Justice* (New York: Haymarket, 2016).

14. Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction* (New York: Beacon, 2001).

15. There are significant limits to the volume's scope and any claims to representation, particularly since it does not include comics by artists of color. The collection unfortunately had to be limited to extant comics—none could be commissioned—and only includes comics for which I was able to secure the rights to reprint. I hope that as the field of comics keeps growing, this volume is not the only one dedicated to graphic approaches to reproduction, merely the first. For scholarship on the intersection of race and comics, see Jeffrey A. Brown, *Black Superheroes, Milestone Comics, and Their Fans* (Oxford: University of Mississippi Press, 2001); Hector Fernandez L'Hoeste and Juan Poblete, eds., *Redrawing the Nation: National Identity in Latin/o American Comics* (London: Springer, 2009); and Deborah Elizabeth Whaley, *Black Women in Sequence: Re-Inking Comics, Graphic Novels, and Anime* (Seattle: University of Washington Press, 2015).

16. Michael J. Green and Kimberly Myers, "Graphic Medicine:

Use of Comics in Medical Education and Patient Care," *British Medical Journal* 340 (2010): 574-77, 576.

17. Susan Merrill Squier, "The Uses of Graphic Medicine for Engaged Scholarship," in Czerwiec et al., *Graphic Medicine Manifesto*, 41-66, 48. See also Catherine Belling, "Toward a Harder Humanities in Medicine," *Atrium* 3 (2006): 1-5.

18. Czerwiec et al., *Graphic Medicine Manifesto*, 2-3.

19. For more on the politics of difference in mainstream comics, see Ramzi Fawaz, *The New Mutants: Superheroes and the Radical Imagination of American Comics* (New York: New York University Press, 2016).

20. Czerwiec et al., *Graphic Medicine Manifesto*, 3.

21. For a sample of the many feminist challenges to the medicalization of pregnancy, see Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986); Kristin K. Barker, "A Ship upon a Stormy Sea: The Medicalization of Pregnancy," *Social Science and Medicine* 47, no. 8 (1998): 1067-76; Robbie E. Davis-Floyd, *Birth as an American Rite of Passage* (Berkeley: University of California Press, 2004); Sheila Kitzinger, *Birth Crisis* (New York: Routledge, 2006); and Marika Seigel, *The Rhetoric of Pregnancy* (Chicago: University of Chicago Press, 2013).

22. Gilliam Whitlock, "Autographics: The Seeing 'I' of Comics," *MFS: Modern Fiction Studies* 52, no. 4 (2006): 965-79, 966.

23. Elisabeth El Refaie, *Autobiographical Comics: Life-Writing in Pictures* (Oxford: University of Mississippi Press, 2012), 4.

24. El Refaie, *Autobiographical Comics*, 51.

25. Scott McCloud, *Understanding Comics: The Invisible Art* (New York: HarperCollins, 1993), 67.

26. McCloud, *Understanding Comics*, 66.

27. "Round and Round with Scott McCloud: Interview by R. C. Harvey," *Comics Journal* 179 (1995): 52-81. See also Scott McCloud, *Reinventing Comics* (New York: Paradox, 2000). For a complication of the cognitive elements at play in McCloud's argument, see Neil Cohn, "The Limits of Time and Transitions: Challenges to Theories of Sequential Image Comprehension," *Studies in Comics* 1, no. 1 (2010): 127-47.

28. Robert Dennis Watkins, "Sequential Rhetoric: Teaching Comics as Visual Rhetoric" (Ph.D. diss., University of Iowa, 2014), 57. For more on the rhetorical function of gutters, see Joshua C. Hilst, "Gutter Talk: (An)Other Idiom," *JAC: A Journal of Rhetoric, Culture, and Politics* 31, nos. 1-2 (2011): 153-76, and the subsequent response from Jeff Rice, "Guttered Anecdotes," *JAC* 32, nos. 1-2 (2012): 362-72.

29. Cara A. Finnegan, "Recognizing Lincoln: Image Vernaculars

in Nineteenth-Century Visual Culture," *Rhetoric and Public Affairs* 8, no. 1 (2005): 31-57, 34.

30. For more on polysemy, see Leah Ceccarelli, "Polysemy: Multiple Meanings in Rhetorical Criticism," *Quarterly Journal of Speech* 84, no. 4 (1998): 395-415.

31. Green and Myers, "Graphic Medicine." There is a great deal of semantic wrangling over what to call the emerging genre of autobiographical comics that don't fit comfortably into the dominant category of graphic novels. Some scholars prefer the terms "autobiographical comics," "graphic memoirs," and "graphic life writing." See, for example, David Herman, "Multimodal Storytelling and Identity Construction in Graphic Narratives," in *Telling Stories: Language, Narrative, and Social Life*, ed. Deborah Schiffrin, Anna De Fina, and Anastasia Nylund (Washington, D.C.: Georgetown University Press, 2010), 195-208. Others prefer the term "autography," such as Whitlock, "Autographics"; Gilliam Whitlock and Anna Poletti, "Self-Regarding Art," *Biography* 31, no. 1 (2008): v-xxiii; and Williams, "Autography as Auto-Therapy."

32. See Douglas C. Baynton, "Disability and the Justification of Inequality in American History," in *The New Disability History: American Perspectives*, ed. Paul K. Longmore and Lauri Umansky (New York: New York University Press, 2001), 33-57.

33. Seigel, *Rhetoric of Pregnancy*, 6.

42. Williams, "Comics and the Iconography of Illness," 119.