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# Illness and (hyper)masculinity in 'HIMM' comics from the USA

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## ABSTRACT

In this essay, I analyse HIMM comics from the USA, a specific textualisation of graphic medicine/pathography that deals with a variety of illness experiences by male cartoonists. It is my contention that, in the existing literature, the motif of masculinity in autobiographical health-related comics is an underdeveloped area of academic enquiry. As a result, my analysis focuses on how three North American men depict ill health in their work in relation to existing sociological understandings of male behaviour. The texts I discuss are John Porcellino's *The Hospital Suite* (2014), a story about his abdominal tumour; Matt Freedman's exploration of adenoid cystic carcinoma in *Relatively Indolent but Relentless* (2014); and Peter Dunlap-Shohl's *My Degeneration* (2015), which discusses the cartoonist's experience of Parkinson's disease. At the same time, I use the concept of hypermasculinity to explore the similar visual and verbal strategies through which these men respond to their physical and emotional suffering. It is my intention to illustrate how HIMM comics provide an important, non-medicalised lens through which clinical practitioners and lay readers alike can better see the subjectivised experience of male illness in the early 21st century. With a focus on the concept of bracketing, the representation of pain and vulnerability, men's loss of self-identity and hardiness, I explore how HIMM comics act as important counter-narratives to biomedical discourse by visualising the phenomenological aspects of men's ill health. In this way, the texts in my analytical corpus offer a valuable gender-oriented understanding of the connection between illnesses and (hyper)masculinity.

## INTRODUCTION

To date, the issue of how (hyper)masculinity is reflected in health-related comics has received scant attention from an academic point of view.<sup>1</sup> In direct response to this lack, my essay seeks to address two key issues about men's illness experiences. On one hand, it maps the depictions of ill health in comics that are created by cartoonists from the USA against existing sociological understandings of male patient behaviour.<sup>2</sup> At the same time, I explore how the communal aspects of men's visual-verbal responses to illness can be illuminated through the lens of masculinity studies. By harnessing this critical bifocality, my overarching intention is to illustrate how the study of HIMM comics—an acronym that I have taken from Evans *et al*'s theoretical understanding of the intersection between health, illness, men and masculinity (2011)—provides a valuable, non-medicalised tool through which both clinical practitioners and lay readers alike

can better understand the subjective experience of illness. After all, what distinguishes such works from scientific understandings about ill health is their “ability to capture the singular, the irreplacable, or incommensurable” (Charon 2006, 45). By doing so, HIMM comics can act as important complementary or counter-narratives to biomedical discourses by making visible the phenomenological and experiential dimensions of illness. In this way, they interrogate what Susan Squier calls “the epistemological authority of the medical profession” Squier (2008). HIMM comics can, thus, encourage health professionals and others to “strengthen the empathetic bond with [those] who suffer” (Charon 1993, 158). Additionally, by being attentive to the means of self-representation that they contain, such texts provide a useful optic through which to gauge the impact that masculinity has on men's responses to illness in the early 21st century. As such, they are not only a valuable resource for medical education but also illustrate how the dissemination of affirmative behaviours for men is a key dimension of any health-promoting practice. As Green and Myers suggest, illness comics “convey immediate visceral understanding in ways that conventional texts cannot” (2010, 574).

The website *Graphic Medicine*, an excellent resource for scholars of health-related comics, contains a bibliography of works that are considered to be ‘Essential’ (Jaggers and Noe, n.d). This canon has been created by Alice Jaggers and Matthew Noe, who have both worked as medical/health librarians and are respected authorities in the field. However, in order to create a list that is not skewed by their personal preferences, Jaggers and Noe asked the attendees at the 2018 Graphic Medicine conference in Vermont, USA, readers of listservs, and other members of the graphic medicine community for suggestions about possible texts that could be included.<sup>3</sup> All the works that feature in the resulting bibliography were originally written in English, except for *Wrinkles* (Roca 2015) which was first published in Spanish in 2007 and, thus, Jaggers and Noe's list lacks some of the cultural diversity that would have been generated by including non-anglophonic comics. Nevertheless, I do not wish to question their research approach, nor the utility of the list as a means by which to inform readers of the *Graphic Medicine* web page about important health-related texts. Nevertheless, it is noteworthy that, of the 30 comics that are included in the final bibliography, only 9 (or just less than 30%) are written by men.<sup>4</sup> It may well be true, of course, that men produce less of this type of comics than women, or that they create works of less relative quality than



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many of their female counterparts. Nevertheless, in this essay, I am interested in exploring what such texts have to tell us about male responses to ill health, while also analysing the distinctive characteristics of Himm comics.

## HIMM COMICS

Before turning my focus to the texts in my analytical corpus, I will briefly clarify my use of the term Himm comics, particularly in relation to more established concepts such as pathography, PathoGraphics and graphic medicine. Anne Hunsaker Hawkins defines the former as a “subgenre of autobiographies” (1999, 3) that involves “a book length narrative about the author’s illness” (1999, 3). Nevertheless, she insists that pathographies can be created not only by “an ill person” but also by “someone who is very close to that person” (1999, xviii), a categorisation that conflates both autobiographical and biographical writing. Hunsaker Hawkins’ definition has been extremely influential in establishing how an individual’s testimony, or that of an intimate carer/observer, is a valid means by which to complement, or at times contradict, the “world of suffering” (Kleinman 1988, 28) that is treated in clinical practice. As Hunsaker Hawkins explains, “the patient’s own account will appear not so much a grossly exaggerated rendition of what happened as a corrective to the stark, depersonalized account of tests and procedures written up by medical personnel” (1999, 13). Pathography, thus, challenges the hegemonic status that the physician is granted in Arthur Kleinman’s work. According to him, a coherent illness narrative is not created by patients themselves but, rather, on their behalf by expert clinicians who must “piece together” the complaints and explanations that they hear and then “interpret [them] in light of the different modes of illness meanings—symptom symbols, culturally salient illnesses, personal and social contexts” (Kleinman 1988, 49). In contrast, pathography enacts an important shift in agency so that “the missing voice of the patient” is restored to “the therapeutic paradigm” (Hunsaker Hawkins 1999, 14), a quality that I believe is also intrinsic to the Himm comics I discuss in this essay.

Hunsaker Hawkins’ reference to ‘voice’ is pertinent because, despite the valuable insights that her theory provides, she nevertheless legitimises an unnecessarily hierarchical understanding of illness narratives through which written (literary) texts are prioritised over other forms of self-expression, including speech. Indeed, it is precisely this exclusionary practice that Arthur Frank seeks to redress in *The Wounded Storyteller* (1995) when he adds conversation to his taxonomy of illness narratives. Yet, despite Frank’s groundbreaking exploration of “the pedagogy of suffering” (Frank 2013, 145), his work notably fails to take account of how visual representation is also a powerful means by which individuals can depict their health-related experiences. This deficiency has begun to be addressed in the early part of the 21st century, initially by several studies that explored pathography’s capacity to document the lived reality of both bodily and psychological illness (Squiers 2006) Squier 2008. More recently, research in this field has been augmented by the PathoGraphics project at Freie Universität Berlin in Germany. As well as its 2016 symposium, ‘PathoGraphics: Graphic Medicine and Literary Pathographies,’ the project has also produced an edited volume of essays that explore the “similarities of written and drawn illness stories in literature and comics” (Squier and Krüger-Fürhoff 2020, 3). PathoGraphics, therefore, promotes an important reappraisal of Hunsaker Hawkins’ theory by considering visual illness texts alongside works of literature—a dual focus that is marked by the capitalisation of ‘P’ and ‘G’ in the

project’s title. This “typographical interruption of case” (Squier and Krüger-Fürhoff 2020, 2) intends to evoke both “*graphē* (‘I draw’) and its Derridean legacy *graphiein*, the trace or the written word” (2020, 3). While such a challenge to any hierarchical understanding of words and images reflects my own thinking about visual narratives, my decision to denominate the specific texts in this essay as Himm comics intends to signal two principles that divert from those of the PathoGraphics project. First, that my analysis is a comparative one *between* comics, rather than in comparison with written narratives, as this latter textual typography has already received extensive academic attention. Second, I contend that such comics can be valued on their own terms for the way in which they interface the visual and the verbal to achieve powerful effects, and without the need to justify their study by applying more academically resonant labels such as pathography or PathoGraphics. Indeed, I contend that it is precisely the “hybrid vigour” of Himm comics that makes their explorations of illness so “visceral and immediate” (Venkatesan *et al* 2019, 3).

Overlapping with PathoGraphics both in terms of its goals and personnel, the Graphic Medicine movement is a community of scholars and activists whose work since 2007, the year in which the [graphicmedicine.org](http://graphicmedicine.org) website was founded, has been “inspired by a growing awareness of the value of comics as an important resource for communicating about a range of issues broadly termed ‘medical’” (Czerwiec *et al.* 2015, n.p.). The publication of the *Graphic Medicine Manifesto* in 2015 set out to challenge “the dominant methods of scholarship in healthcare, offering a more inclusive perspective of medicine, illness, disability, caregiving, and being cared for” (Czerwiec *et al.* 2015, 2). In particular, the concept of graphic medicine seeks to resist the notion of “the universal patient” while, at the same time, embracing “conflicting points of view” (Czerwiec *et al.* 2015, 2). These intentions chime well with the rationale for my current study. Nevertheless, I have resisted referring to the texts I discuss below as “graphic pathograph[ies]” (Green and Myers 2010, 574) because this term lacks the specificity that is required for my analysis. Although graphic medicine/pathography undoubtedly raises an important awareness about “the myriad ways that health can be represented in graphic form” (Czerwiec *et al.* 2015, 3), the focus of my essay is deliberately more restricted. According to my definition, Himm comics are exclusively first-person accounts that are verbalised and visualised by a cartoonist who identifies as a man. In addition to their self-reflexive depictions of illness experiences, Himm comics also reflect on key aspects of hypermasculinity as a stereotypical and narrow construct. Although they can, thus, be thought of as a subgenre of graphic medicine, they are also distinct from other types of such comic narratives, including those that describe the ill health of another person (caregiver comics), those that describe the experience of disability, or comics that are created in collaboration.

## MEN’S ILLNESSES AND (HYPER)MASCULINITY

In the existing literature about pathographies and PathoGraphics, the link between men’s ill health and (hyper)masculinity is frequently ignored. As a result, Evans *et al.*’s observation from 2011 that “rarely is men’s health deconstructed through the lens of gender”<sup>5</sup> remains largely true about the academic analyses that exist at the time of writing. Indeed, Hunsaker Hawkins admits in the preface to the second edition of *Reconstructing Illness: Studies in Pathography* that her naivety about how gender might shape illness experiences is a “prominent

error in [her] book” (Hunsaker Hawkins 1999, xiii).<sup>6</sup> On the whole, the principal approach taken by comics scholars has been to appraise “the social reality” (Hydén 1997, 52) of a patient’s suffering in relation to biomedical conceptions of (ill) health, a praxis that is used by many sociologists who are working in the field of illness. Yet, while this outlook has produced a number of important sociological insights, such as the connection between hypermasculinity and poor health practices (Kaplan and Marks 1995, 207; Courtenay 2000, 1397), it has nevertheless failed to generate a substantial body of Comics Studies research that is dedicated to a psychosocial analysis of male health. According to my own view, while illness is obviously a phenomenon that concerns individual bodies—and there are observable biogenic differences between male and female patients in this regard—personalised responses to ill health are inevitably shaped by wider cultural frameworks, such as socialisation. Thus, as Harrison *et al* insist, specific behaviours that are associated with masculinity (but which are not necessarily exclusively adopted by men) are potentially more hazardous from a health perspective than certain biological distinctions (Harrison, Chin, and Ficattotto 1989, 307). In the following analysis, therefore, I use HIMM comics as a theoretical tool to explore commonalities in the ways that men represent a diverse range of their illness experiences. Through the study of such texts, I contend that we can better appreciate how they cohere around a set of ideological assumptions about hypermasculinity that are expressed through comparable textual strategies.

While the HIMM comics created by male cartoonists from the USA is the primary focus of my analysis in this essay, I have also selected texts in relation to the specific morbidity that is described. First and foremost, I have prioritised illnesses that affect the body, rather than mental disorders. Thus, any psychological conditions that are represented in the texts usually have their origins in the somatic conditions that precede them. In this way, as Christina Koch has observed, the verbal-visual interface that comics provide illustrates “how intricately mental states are bound up with lived bodily experience and an embodied sense of self” (2016, 29). In the HIMM comics that I have chosen to discuss, John Porcellino’s *The Hospital Suite* Porcellino (2014) and Peter Dunlap-Shohl’s *My Degeneration* (2015) can be classified as texts that depict “lived-with-illnesses” (Conrad 1987) because they cause lifestyle adjustments without the immediate threat of death. In the latter, the cartoonist describes his experience of Parkinson’s disease, while the former comic focuses on the effects of an abdominal tumour, among several other, and sometimes related, health problems. Alternatively, in *Relatively Indolent but Relentless*, Matt Freedman 2014 describes a 35-day period in which he underwent medical treatment for adenoid cystic carcinoma, a relatively rare form of cancer that affects the glands in the head and neck. According to Conrad (1987), this non-communicable disease (NCD) is a ‘mortal illness’ because it is potentially life-threatening in the short term.

Although part of a larger project to explore HIMM comics from around the world, the three texts I discuss in this essay are written in English and, as such, my focus necessarily excludes multiple comics from nations that have their own richly diverse linguistic/artistic traditions. The texts I explore below are created by professional cartoonists who, as well as being aligned by their no-collar employment, are all white, college-educated men who live in the USA. I acknowledge the restricted, and thereby exclusionary, nature of my analytical corpus, while also emphasising my intention to explore the characteristics that these HIMM comics have in common. It is my contention that, irrespective of the type of illness that is described or its relative level of severity,

North American men’s responses to their experiences reflect a shared understanding of shifting cultural codes in relation to (hyper)masculinity. In order to illustrate this idea, my analysis focuses on the following four discursive elements: male bracketing, pain and vulnerability, the loss of self and men’s hardiness.

## MALE BRACKETING

There are a number of reasons why both men and women might resist seeking professional help for their illnesses, including a distrust of the medical system, economic insufficiency (a motivation that is particularly significant in the USA) and the lack of priority that personal health can have for the individual (Williams *et al.* 2022, 8). It is the latter, for example, that leads both Marissa Acocella Marchetto (2006) (*Cancer Vixen*) and Jennifer Hayden (2015) (*The Story of My Tits*) to neglect having regular mammograms prior to their breast cancer diagnoses. Nevertheless, Kathy Charmaz derives the concept of “bracketing” (1994, 274) from Husserl as a useful way to think specifically about how men sometimes deal with the uncertainty that the onset of illness can provoke. According to her, bracketing is a defensive response, which allows a man to demarcate his illness experience and, thus, to limit the potentially emasculating sense of precarity that he may feel. She explains that “The impact of the event upon identity lessens when this event is separated from social and personal identity. Through bracketing, men define uncertainty as having boundaries” (1994, 274). One particularly problematic form of male bracketing involves men simply ignoring or minimising the importance of the symptoms that they have, a phenomenon that is linked to “FOFO” or “fear of finding out” (Paxman, Manning, and James 2017, 4). While this is a recognised aspect of both men’s and women’s responses to illness, it is also noteworthy that an important motivation for male FOFO derives the cultural stereotype of masculine invulnerability. Such a (non-)response to illness can lead to late-stage presentation and, thus, means that men often fail to seek out the medical interventions that could allow for early diagnoses. In Charmaz’s words, such help-seeking behaviour (HSB) is often viewed as “demeaning” (1994, 280). Bracketing is, consequently, a problematic component of hypermasculinity because men’s reluctance to seek treatment can be motivated by their implicit belief that to do so is feminine (Evans *et al.* 2011, 9). This avoidance behaviour has been repeatedly documented in the sociological literature about men’s health (Verbrugge 1985, 26; Moynihan 1998, 1072; Etienne 2018, 1) and, in consequence, it is of little surprise that all three of the HIMM comics I analyse here make reference to some form of bracketing. Freedman, for example, says that he endured a “bad earache” (2016, n.p.) for many years before his cancer became known about.<sup>6</sup> Like having “a hot poker in the left ear” (“Oct 3”), he illustrates this notion with a pen and ink drawing of an ear surrounded by emanata (a series of tear symbols and a lightning bolt) that visually manifest his intense physical discomfort. Rather than seeking medical help, however, Freedman self-diagnoses—and, thereby, diminishes—the problem as being the result of his “night time (sic) tooth grinding” (“Oct 3”). Freedman’s comic is subtitled ‘A Cancer Treatment Journal,’ a reflection of the fact that it was written as a spontaneous record of “an unavoidable ordeal” (Preface)—that is, his experience of radiation and chemotherapy at Massachusetts General Hospital in 2012. In fact, the published text is a facsimile of the original sketchbook that he used and, as such, reproduces his scrawled handwriting and rough pen and ink drawings. This affective technique “serves as a reminder of the human who produced it” (Alamalhodaie, Alberda, and Feigenbaum 2020, 352).



**Figure 1** John Porcellino, *The Hospital Suite*. Copyright exception, illustration for instruction. © Drawn & Quarterly.

Highlighting the problematic non-sequitur that justified his previous bracketing behaviour, Freedman confesses, “For years I think I hesitated about going for treatment for the pain because I actually took comfort from the possibility that a solution might be possible” (“Oct 9”).

As Michael Addis and James Mahalik argue, “masculinity and help seeking are not stable properties of individuals, but rather are patterns of contextually situated actions that may become more or less likely depending on particular person-environment transactions” (2003, 9). In *The Hospital Suite*, John Porcellino mentions a reluctance to seek out medical help that is consistent with the values of hypermasculinity. He says that, although he had “suffered from crippling depression since [his] teens,” he had always refused to go to therapy as it “seemed like a sign of weakness” Porcellino 2014, 162. The use of the word ‘weakness’ here is striking for the manner in which it suggests Porcellino’s historical conceptualisation of HBS as a form of emasculation. Indeed, a recent comparative analysis by Oliver *et al* that identifies the similarities and differences between men’s and women’s attitudes confirms that the former group is less likely to seek professional help for mental health issues. As a result, the study concludes that HSB is strongly correlated with the female gender (Oliver *et al*. 2005, 298).

In addition to revealing this psychological anguish, Porcellino begins his comic by describing the debilitating abdominal pain that he began to experience in 1997. Despite been told by his wife that they should go straight to the hospital, Porcellino’s dismissive response, “Nah... I’ll be all right” (2014, 18), is textualised in figure 1 (Porcellino 2014, 18), a self-portrait which contains a series of short, jagged black lines emanating from his midriff. In this way, Porcellino’s verbal performance of masculine stoicism is offset by the visual display of his bodily pain. Charles Hatfield has described such a juxtaposition of elements within comics as a tension between “codes of signification” (2009, 132; emphasis in the original). In Porcellino’s panel, we can distinguish those diegetic symbols that depict elements in the world of the story—such as the drawing of his autobiographical self—from non-diegetic symbols—here, the use of black pain lines—that offer “a kind of diacritical commentary on the images” (Hatfield 2009, 134). Written post factum, *The Hospital Suite* illustrates the cartoonist’s awareness of how bracketing, as a typical performance of hypermasculinity, only serves to increase his suffering. Indeed, according to Evans *et al*, “men will often

prefer to face risk and physical discomfort rather than be associated with traits perceived to be feminine, such as vulnerability, dependency and weakness” (2011, 9). This idea is concretised in a subsequent panel in *The Hospital Suite* when Porcellino shows himself lying prone on the floor, while the diacritical element of the image is provided by the look of agony on his face as he screams, “AAAUUGHH!!! ... UHH ... UUGHH...” (2014, 18). In similar vein, in *Relatively Indolent but Relentless*, Freedman writes that “I’ve gotten fond of the ache in my head and ear over the last few months. Before the diagnosis, when they were annoying pains, the sensations seemed trivial and silly” (“Oct 9”). Later in the same journal entry, he emphasises his preference for remaining ignorant about his state of health when he writes, “Inside our bodies is an unexplored continent. Maybe we should just leave well enough alone (and just drop dead when it’s time)” (“Oct 9”). Although this sentiment could equally be expressed by a woman, it is arguable that, in Freedman’s case, his FOFO is conditioned by a particular anxiety about the effect that adenoid cystic carcinoma will have on his hypermasculine self-identity. He depicts this horrifying “revelation” in a drawing of a person of indistinct gender who wears a “kerchief on head” (sic) and whose face is “swollen” and flaccid with “wattles” (“Oct 11”).

If the overarching purpose of bracketing is to downplay how men are psychologically affected by illness in order to maintain their hypermasculine identity, Dunlap-Shohl’s *My Degeneration* expands this notion in relation to the often-ignored symptoms that can signal the onset of Parkinson’s disease. From the “smell hallucinations” (2015, 51) that indicate a sufferer’s olfactory degradation to subtle changes in mood and behaviour, hindsight provides Dunlap-Shohl with the medical knowledge that he lacked before his diagnosis. In this sense, *My Degeneration* can be understood in terms of Heydén’s concept of a “narrative about illness” (1997, 54; emphasis in the original) because the comic is a medium by which he conveys his first-hand experience to others. This idea is encapsulated by Dunlap-Shohl’s drawing of the “Parkinson’s Prism” through which he warns the reader: “Even before you know you have Parkinson’s Disease, it changes the way you perceive things and the way you are perceived” (2015, 50). *My Degeneration*’s use of second-person pronouns—“before you know,” “your ability to make sense of a distorted and porous reality” (2015, 50)—although not exclusively addressed to male readers, indicates the need for vigilance about Parkinson’s insidious effects rather than bracketing and denial. This is exemplified by the panels in which Dunlap-Shohl depicts his bodily/psychological mutation into the “ogre who says NO!!!,” a green-skinned and horned creature whose irascibility “slowly smother[s] those around [him]” (2015, 54). As the cartoonist poignantly reflects, “Now I realize it was the early stages of Parkinson’s Disease” (2015, 53).

Farrimond has questioned the widely accepted belief that men resist help-seeking because it is incompatible with the social construction of masculinity, a notion that has become a key tenet of male health research (Farrimond 2012, 6). Rather, she insists, in the modern world, healthy living has increasingly become “a pre-eminent value in itself” (2012, 7) and, as such, men proactively seek medical interventions nowadays in order to endorse this ideology. Such behaviour can certainly be observed in the HMM comics in my analytical corpus. On the one hand, all the cartoonists identify male bracketing as a perilous aspect of hypermasculinity. At the same time, by actively going to their doctors to ask for assistance (even if, as in the case of Porcellino, this is initially done reluctantly), they promote a more positive attitude towards male help-seeking. Although being somewhat overwhelmed by the “question after question” (2015, 80) that he



Figure 2 Peter Dunlap-Shohl, *My Degeneration*. Copyright exception, illustration for instruction. © Pennsylvania University Press.

is asked by medical staff, *The Hospital Suite*, in particular, reinforces the benefits of receiving a timely medical intervention as Porcellino's abdominal surgery in the skilled hands of Dr Braun is "life-saving" (2015, 117). While celebrating the professionalism of the hospital staff, he tells us that, "Everyone has been so kind" (2015, 83), and that his illness "has given all these people a chance to practice compassion" (2015, 102).

Nevertheless, in pursuing medical advice, all the men (including Porcellino) experience frustration at the manner in which they are treated by some clinical practitioners, an unsatisfactory interaction that could, of course, discourage both men and women from asking for further help. In *Louise's A-Z of Parkinson's*, for example, the author laments the brusque way in which she was given her diagnosis—"You have Parkinson's" (Palmer 2015, n.p.)—without the specialist offering her any further information or advice. As a result, she "cried all the way home" (2015, n.p.). Similarly, *My Degeneration* explores the "callousness many doctors are capable of when delivering a diagnosis" (2015, 8). In a series of panels that are spread across two pages, Dunlap-Shohl paraphrases a variety of unnecessarily cruel real-world declarations from the "cheery prophet" and "the cockeyed optimist" to "Dr Doom" (figure 2, Dunlap-Shohl 2015, 8), whose matter-of-fact prognosis about the patient's limited life expectancy is clinical in the worst sense of the word. By positioning these characters' faces in the centre of the panel to the exclusion of that of the patient, the comic visually encodes their emotional distance and pomposity, a lack of empathy that can leave sufferers "smoulder[ing] for years after [such] gratuitous cruelty" (2015, 8). Dunlap-Shohl recognises the "uniquely difficult task" (2015, 10) of delivering a Parkinson's diagnosis, which he illustrates with a drawing of a patient being thrown into a raging tide without the aid of a lifebelt. However, he cautions doctors to make their pronouncements more sanguine. For example, in a dual panel that is constructed as an over-the-shoulder shot of a neurologist speaking to his patient, he encourages the man to remain positive by saying, "We've got tools now to manage the disease effectively for years, for decades even" (2015, 10).

While some of the causes of treatment avoidance are alike among men and women, others are more gender-specific. For example, in a study of patients with gynaecological cancer, Williams *et al* found that a fear of being labelled a hypochondriac was particularly prevalent, a motivation that is very unlikely to feature in male accounts of their illness experiences. Unlike

in Freedman's comic, in which the doctors patronise him by "talking to me like I'm a child" ("Oct 11"), Porcellino is shocked when a doctor, prior to his abdominal tumour being identified, gives him an abrupt (and mistaken) diagnosis of Crohn's disease. The panel in which this news is delivered is dominated by a speech bubble with Doctor Webber's voice—"for some reason the immune system begins attacking the intestines" (2014, 43)—while, in the bottom left corner, Porcellino's small, disembodied head reacts with the panicked exclamation, "'Crohn's Disease?!'" (2014, 43). As in much of the rest of the comic, the background of the panel is completely white, a representation not only of the hospital's sterile environment but also how this shocking revelation erases Porcellino's experiential reality. Like the comics by Freedman and Dunlap-Shohl, *The Hospital Suite* provides an important insight into a man's subjectivised response to his diagnosis of an NCD—that is, a chronic health condition that is not caused by an acute infection, and which requires long-term treatment, such as cancer or diabetes. This perspective counteracts the depersonalisation that can be experienced by many patients when they have a metaphorical "meteor strike [their] world" (Dunlap-Shohl 2015, 6) or they "[fall] off the cliff" (Freedman 2014).

By collapsing "the word/text dichotomy" (Hatfield 2009, 133) through their graphic format, the three HMM comics I analyse in this essay self-consciously illustrate male bracketing as a practice that has potentially hazardous consequences for men's health. The texts envision proactive medical help-seeking as a way to prevent physical and emotional suffering, a subversion of the hypermasculine code that, thereby, encourages much more positive health-promoting behaviours by men in the early 21st century.

#### PAIN AND VULNERABILITY

While both pain and vulnerability are common motifs in HMM comics from the USA, the latter is perhaps more noteworthy given how male weakness has been historically disparaged by the cultural hegemony of hypermasculinity. However, intense physical suffering can also be viewed as a form of emasculation because it can cause men to withdraw from their roles in the outside world, as well as making them more passive and dependent. While Elaine Scarry describes the "fragmentary language of pain" (1987, 6), Joanna Bourke has referred to pain as "an event that is rendered public through language" (2014, 7). These



**Figure 3** Matt Freedman, *Relatively Indolent but Relentless*. Copyright exception, illustration for instruction. © Seven Stories.

comments typify how much of the theoretical literature privileges the written/spoken word over other modes of expression. But the HIMM comics in my analytical corpus are effective—and affective—primarily because their written texts are interfaced with powerful, impressionistic drawings of the cartoonists’ intradiegetic selves. In this way, they overcome what Scarry describes as the “unsharability” of pain, as well as its “resistance to language” (1987, 4), a factor that led to the development of the graphically based McGill Pain Index. In fact, the comic format grants men a mode of graphic expression that hybridises the verbal/visual and, thereby, does not require them to explain their emotional responses in words alone. For example, in figure 3 (Freedman 2014, “Oct 25”), Freedman’s comic illustrates the painful reality of his illness in a splash panel in which his comic avatar is staring at himself in the mirror. By constructing this image as an over-the-shoulder shot, Freedman puts the reader in his position so that we, like him, are made to see the physical impact that radio/chemotherapy has had on his body. As Nina Schmidt comments, the intention is not only to establish a relationality between the image and the reader but also, by foreclosing “voyeuristic bystanding” (2020, 55), to make us “conscious of (our) privileged position [...] when sharing in this private moment” (2020, 52–53). The contrast here between the scrawled red ink on the text’s white background accentuates the raw pain that Freedman feels in his cancerous neck. Positioning his disembodied head in the midground of the panel enhances the image’s graphic weight, while the accompanying text is relegated to the periphery.<sup>7</sup> In fact, the words in the panel are dissected by the image so that the sentence that begins on the left-hand side of the page is continued on the right: “This / morning / I not- / iced that ....” Yet rather than articulating his emotional response to what he sees before him, Freedman’s voice remains that of an impassive observer: “...besides getting red, the skin under my chin seemed to be getting loose too” (“Oct 25”).

Schmidt has rightly described the visual/verbal juxtaposition at work in this panel as a “productive tension” (2020, 51). However, when seen through the optic of (hyper)masculinity, I believe that the particular efficacy of the drawing derives from its ability to embody Freedman’s unspoken fear. Although roughly sketched, its composition is far from accidental. Indeed, the linear perspective of the drawing is deliberately skewed, with the image in the mirror being noticeably larger than Freedman’s

head, which is positioned in the foreground of the panel. From this use of graphic weight, it is clear that the image is not really a reflection at all, but rather a visual projection of the cartoonist’s emotional response to what he sees. As such, the shape of the man’s mouth, his raised eyebrows and the fixed nature of his stare gesture towards the anguish that he feels as he tentatively touches his sore neck. This image was created on the 12th day of Freedman’s treatment or, as he notes, “just past the  $\frac{1}{2}$  mark of [his] 35 day (sic) schedule” (“Oct 26”). A variation on the sketch is first used on the fifth day. On that occasion, the reader occupies the position of the mirror and, thus, we look directly at Freedman’s face as he stares at his reflection (and, of course, us). Although his tone seems non-chalant when he tells us that he has seen “the first irrefutable signs of decay” (“Oct 16”), the anguished expression on his face allows us to sense the man’s internalised despair as he inspects his neck, which is now covered with a splurge of red ink. As Schmidt suggests, “Freedman’s self-representations—or pictorial embodiments—overall change and transform noticeably from entry to entry, day to day, aiming to reflect the diarist’s fluctuating inner state” (Schmidt 2020, 52). Later in his treatment, he sketches a version of his head in profile with red hot flames sprouting from his wide-open mouth, while the accompanying text reads, “And this morning the outside of the neck really began to hurt. It feels like a razor has been dragged across my neck” (“Nov 3”).

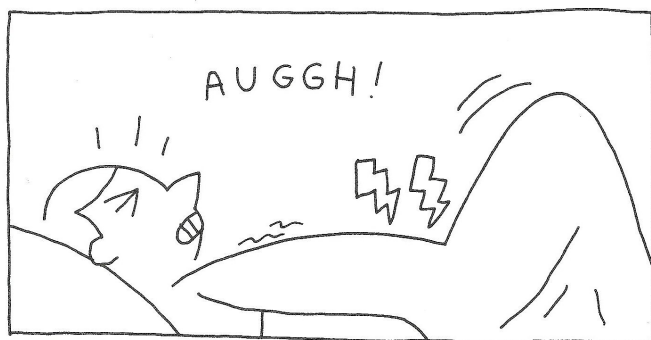
In fact, *Relatively Indolent but Relentless* displays a notable juxtaposition between Freedman’s depiction of himself when alone and when he is with other people. In the latter scenario, he projects a public persona that embodies conspicuously hyper-masculine values. For example, on day 13 of this treatment, we are told that “Kathy the nurse thinks I am covering up too much pain” (“Oct 26”) by his refusal to take opioid analgesics and, later, that the medical staff suspect him “of being too macho and prideful” (“Oct 31”). Moreover, Freedman expresses his admiration for the “sheer machismo” of his “old professor Julius Schmidt” who, despite having molten iron explode in his face, “came back to class the next day” and “shaved the burned skin off his face with a razor every day for a week” (“Oct 20”). This apparent valorisation of male fortitude, however, is offset by the reader’s insight into Freedman’s more personal reflections about becoming “discouraged” (“Oct 24”) and “feeling pretty wiped out” (“Oct 23”). After one particular session of radiation, the cartoonist depicts himself wrapped in a blanket looking weak and downcast as a sickly yellow substance drips from his mouth. At other moments, Freedman is concerned with his physical appearance, as he worries about how surviving cancer will affect the way people see him. Hoping to avoid looking “like a ghoul,” he sketches three possible disfigurements of himself with a “pencil neck,” “discoloured neck” and “droopy neck” (“Oct 25”). Such a worry about the way that one will be viewed (and presumably judged) by others is not unique to HIMM comics. In *Louise’s A-Z of Parkinson’s*, Palmer describes the problems that she faces to maintain her normal appearance by applying make-up or tidying her hair. In addition, women’s accounts of breast cancer often explore how the experience affects their relationships with lovers and friends. In *The Story of My Tits*, for example, the protagonist apologises to her husband for having a bilateral mastectomy as he is “such a tit man” (2015, 264). Nevertheless, it is noteworthy that, in Freedman’s text, he conceptualises the psychological impact of his illness in terms of his visually weakened and, thus, non-hypermasculine physique.

In *My Degeneration*, Dunlap-Shohl draws a panel that depicts his experience of dystonia, the “sustained [...] contraction and cramping of muscles leading to painful posture distortions”

(2015, 21) which is symptomatic of Parkinson's disease. The words in the panel's speech bubble are amplified by an accompanying self-portrait of his uncomfortably contorted body—with his head and right hand twisted to the side while his left hand and leg are involuntarily raised. Here, the emanata that surround Dunlap-Shohl's body represent the agony and frustration that radiates from within. A series of curved lines—or “agitrons” (Walker 2000, 33)—represent the erratic movements of the Parkinson's sufferer, while several coloured stars and short black squiggles—or “squeans” and “spurls” (Walker 2000, 29)—express the character's irritation at being unable to control his limbs. Noticeably, the border around Dunlap-Shohl's drawing subtly conveys how Parkinson's disease has the effect of confining his body. As in Freedman's text, Dunlap-Shohl uses graphic means to express the pain and fear that his illness provokes and, in this way, he illustrates his deep-seated sense of vulnerability. Given that male weakness is a proscribed facet of hypermasculinity, the Himm comics by Freedman and Dunlap-Shohl, therefore, offer an alternative construction that illustrates men's fluctuating physical and emotional states during illness.

Porcellino's *The Hospital Suite* likewise addresses the cartoonist's many years of suffering as a result of an undiagnosed tumour that had attached itself to the wall of his small intestine. In several panels, rather than words, we find an emphasis on a language of visual signifiers that represents the intense, targeted pain that he experienced. In contrast to Dunlap-Shohl's use of colour, the minimalism of Porcellino's black ink drawings is an evocative way to communicate a discomfort that he finds difficult to describe. Elsewhere, he states that, “The pain is mind-blowing, all-consuming” (2014, 23), a notion that the empty white background of Porcellino's panel figuratively conveys. As a result, he seeks emotional and physical support from his wife, Kera—a form of dependence that Charmaz identifies as being acceptable within the hypermasculine code. Bourke has described “pain-talk” as being “swollen with metaphor, simile, metonym, and analogy” (2014, 53) but, in *The Hospital Suite*, Porcellino's use of visual emanata allows him to externalise his distress without necessarily having to put it into words. Thus, in figure 4 (Porcellino 2014, 21), the word, “AUGGH!” is amplified by a profile drawing of the cartoonist's intradiegetic self with an expression of agony on his face. In tandem with his gritted teeth and tightly closed eyes, a series of straight, curved and wavy agritons enhance our understanding of his physical discomfort, while two lightning bolts provide graphic weight by directing the reader's eyeline towards the source of his pain.

Ariela Freedman argues that “insisting on the validity and reality of one's own pain is a political act” (2020, 67), an observation that is particularly pertinent in the context of masculinity.



**Figure 4** John Porcellino's *The Hospital Suite*. Copyright exception, illustration for instruction. © Drawn & Quarterly.

In fact, Porcellino's *The Hospital Suite* is unusual as a Himm comic for the explicit references that it makes to the cartoonist being “scared about everything” (2015, 118). In this sense, Porcellino's text discloses a vulnerability that is ultimately key to its envisioning of an emotionally affirmative form of masculinity. Having suffered from anxiety and obsessive-compulsive disorder since his youth, the text explores his personal history of suicidal thoughts and self-harm: “Cutting myself brought peace, somehow... Some nights it was the only way I could fall asleep” (2015, 178), a confession that Porcellino illustrates with a profile drawing of his younger self in bed with gritted teeth (a posture that, of course, recalls figure 4) and tears streaming down his face. As he admits, at this moment, he felt he was “drifting away” (2015, 178).

### LOSS OF SELF

The bed is a recurrent visual motif in Himm comics from the USA as it becomes a place where men are forced to reflect on the impact that illness has, and will continue to have, on their masculine identities. In one humorous sketch, Freedman draws himself lying in bed in the persona of ‘Mr. Passive’. Unlike ‘Big Baby’, who he becomes mostly with his partner and ‘Joe Cool’, a “funny [and] irreverently brave” hypermasculine persona who he tries to “convey to friends+family,” Mr. Passive simply “sleeps, watches things, hopes for the best” (“Oct 19”). Unlike the other cartoonists discussed in this essay, Freedman's sense of self wavers less profoundly as he is fortified by the task that he has set himself: to keep a meticulous graphic record of his 35-day treatment while continuing to live as normally as possible. It is for this reason that he is reluctant to take opiates, worrying that “All [his] projects will stop. All [his] teaching will stop. All [his] cheerful emails will stop” (“Oct 23”). Freedman's desire to control his experience, which is a typically hypermasculine value, is a key aspect of his response to his illness. He states that,

The competitive side of me at least wants to handle this as smoothly as possible. I want to gain weight, not lose weight for as long as possible. I want to keep my act together just to prove I can (“Oct 20”).

To illustrate this idea, Freedman draws himself lying on his back with his hands placed behind his head as he says, “Cancer schmancer! Bring it on.” An onlooking female nurse seemingly validates this non-chalant demeanour by commenting that his attitude is “impressive” (“Oct 20”). Nevertheless, by adding the observation that his avatar at this moment is “Part Joe Cool, part Big Jerk” (“Oct 20”), Freedman also self-reflexively devalues such masculine posturing for the way that it disguises the unarticulated anxiety that he truly feels. Moreover, at the beginning of his radiotherapy and chemotherapy treatment, he expresses a sense of personal disconnection when he writes, “I'm not seeing myself here. I'm still a voyeur, a poser, an infiltrator into another reality” (“Oct 11”), an idea that he illustrates by drawing a portrait of another cancer patient who has a “swollen face,” an “angry burn mark” on her neck and “wattles” (“Oct 11”).

According to Charmaz, “loss of self” is “a fundamental form of suffering” for chronically ill people (1983, 168). In Himm comics, this is often provoked by the cartoonists' inability to continue the working life that they had before the onset of their health problems. As Moynihan argues, “Equating masculinity with success perpetuates a Western myth, making it hard for men to accept becoming ill and to express their fears and needs” (1998, 1072). Although such concerns are also expressed by high-achieving women in the 21st century, it is noticeable that Himm comics frequently depict illness as an existential crisis for

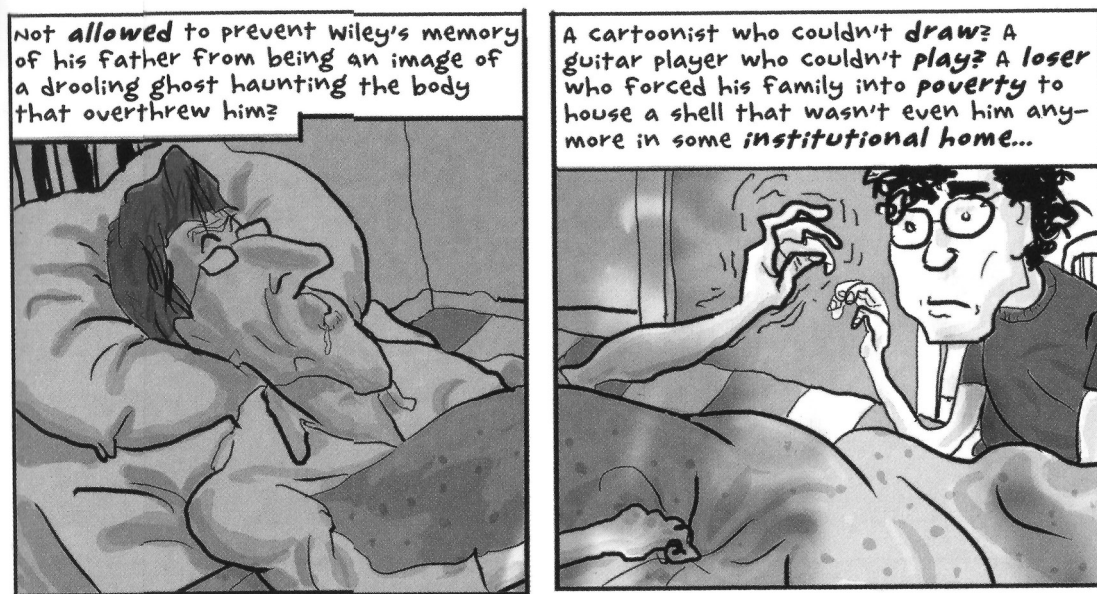


Figure 5 Peter Dunlap-Shohl, *My Degeneration*. Copyright exception, illustration for instruction. © Pennsylvania University Press.

men who are no longer able to fulfil their perceived social roles, particularly in relation to being wage earners. Indeed, Christopher Kilmartin describes “the breadwinner role” as “the traditional expression of masculine role” (2010, 203). Thus, while in *Cancer Vixen*, Acocella is distraught that she receives her breast cancer diagnosis just when “David Remnick, editor in chief of *The New Yorker*, wants to publish more of (her) cartoons” Acocella Marchetto 2006, 5, her self-belief remains secure thanks to her “stellar support group” (2006, 5) of friends and family. In contrast, Dunlap Shohl’s *My Degeneration* expresses a more all-encompassing passivity in the wake of his deteriorating physical capacities (figure 5, Dunlap-Shohl 2015, 31). Depicted in an evocative dual panel, the cartoonist reflects on his diagnosis with Parkinson’s Disease at age 43. In the left-hand panel of figure 5, he draws himself supine in bed as “a drooling ghost haunting the body that overthrew him” (2015, 31). More than his use of words, however, Dunlap-Shohl’s decision to divide this image into two bordered panels concretises how illness has caused a rift in his self-image, a fracture between who he felt himself to be in the past and the man who now has a debilitating disease. The strategically placed gutter between these panels physically marks this existential fragmentation. In the panel on the right, Dunlap-Shohl worries about becoming a “cartoonist who couldn’t draw” (2015, 31), an idea that is metonymically represented by a wildly shaking and disembodied hand that is now separated from the person in the left-hand panel. This response exemplifies what Addis and Mahalik describe as “ego-centrality” (2003, 11)—that is, the extent to which illness threatens an important aspect of the sufferer’s self-identity. In contrast to Dunlap-Shohl’s profound anxieties about his professional life, a study by the Parkinson’s Foundation (2019) found that women sufferers most often comment on the negative impact that the disease has had on their role as principal caregivers in their families.

The fear of being unable to fulfil an active social role through working is a recurrent trope in the HMM comics, even though the cartoonists in my current corpus mostly work alone and at home. In figure 5, this notion is illustrated by Dunlap Shohl’s concern that his illness will “force his family into poverty” (2015, 31)—a diminishment of his hypermasculine role as the breadwinner which the dual panel graphically reinforces by

physically separating the father (in panel one) from his son (in panel two). Moreover, the fact that there is no direct communication between them is a powerful indication of a man who has become trapped within himself. Instead of speech bubbles, the autobiographical self’s thoughts are presented to us through captions at the top of each panel. As well as depriving him of the power to speak, it is noticeable that Dunlap-Shohl uses “oculama” (Walker 2000, 14) to draw his intradiegetic self with no eyes behind his glasses, a signal of the loss of self-identity that Parkinson’s disease has provoked.

At times, Dunlap-Shohl depicts himself as a visual blur as both illness and the side effects of his medication begin to erase his previous sense of personal coherence as a father, husband and cartoonist. This graphic exploration of “embodiment as a medium of experience” (Couser 1997, 294) is also used to good effect by Porcellino who expresses his panic about being unable to do his job after a misaligned IV drip causes his right hand to swell up: “Nurse! Nurse!! My hand!!” he exclaims, “My drawing hand!!” (2014, 101). During the course of the comic, he discovers that the nature of his work, which requires long hours sitting at a desk or drawing board, has contributed to the chronic pain in his back, hands and perineum. In addition, Porcellino develops an allergy to the ink that he uses to draw his comics, a situation that he describes as his “worst nightmare” (2015, 124). *The Hospital Suite* is composed of three sections, the second of which (“True Anxiety”) describes Porcellino’s post-surgery recuperation in the year 1998. Having relocated with his wife to his parents’ house in Chicago, he admits that he was “scared and desperate... It’d been a year and a half since I’d held a straight job—but the cost of living in Chicago was about three times what it’d been in Denver” (2014, 121). Despite finding employment in a health food store, Porcellino’s increasingly frequent bouts of anxiety render him “completely dead inside—[with] nothing but shame, dread, and fear” (2015, 160). Partly as a result of his disturbed emotional state, as well as the necessarily curtailed social life that this inflicts on him, Porcellino’s marriage breaks down. As Charmaz affirms, “Continuous immersion in illness [...] takes a toll on involved others” (1983, 178). Porcellino depicts this notion in a borderless splash panel that is devoid of any images, a visual indication of his loss of self (as a cartoonist). Instead, on



the white expanse of the page, he conveys his sense of mortifying passivity with two blunt declarations: “I stood there as Kera and her parents removed all of her belongings from our house ... It was the most humiliating moment of my life” (2015, 164).

Porcellino’s profound despair reignites the suicidal thoughts that plagued his adolescence and early adulthood. In one panel, he draws himself in a simplistic pen and ink mid-shot below a caption that reads, “I became scared that in the state I was in, I might ‘accidentally’ kill myself...” (2014, 189). To the left of his body are two curved arrows that point towards him and read “Lives alone” and “No one to talk to” (2014, 189). As elsewhere in the comic, the empty background encapsulates the impoverished state of Porcellino’s existence at this point in his life.

In HMM comics, the possibility of suicide is a common motif as a solution to a man’s loss of identity through illness. Although depicted with self-deprecating humour, Dunlap-Shohl begins *My Degeneration* by describing his self-destructive urge to be attacked by a wild bear while out jogging in the woods. The rationale for such a drastic plan is his anxiety about his pending disablement—a fear of physical incapacity that is commonly associated with hypermasculinity. He asks, “How long before I’m stuck in a wheelchair, bent and drooling?” (2015, 1). Through becoming aware that his immobilisation will provoke a concomitant physical dependency on his wife and son, Dunlap-Shohl recognises that Parkinson’s disease has now become the defining aspect of his social identity. Although mock-serious in his intention to “throw [himself] on the mercy of the bears” (2015, 2), he later admits that “It wasn’t a ‘cry for help.’ [...] knowing there was a back exit was one of the things that got me through the early months” (2015, 5). This idea is illustrated by a panel that is completely black apart from a shaft of blue light emanating from the partially open door through which his comic avatar walks.

## MEN’S HARDINESS

‘Hardiness’ is a concept that, since its initial theorisation by Suzanne Kobasa Kobasa (1979) in the late 1970s, has become firmly established in medical research. Perhaps even more significantly, however, hardiness has now achieved such cultural currency that, according to Elianne Riska, it has even “penetrated the vocabulary of the American populace” (Riska 2002, 353). Initially conceived as a way to rethink the link between hypermasculinity and illness, hardiness is based on self-control, a personality facet that allows men to reduce the negative impact that stressful situations can have on their health. In collaboration with Salvatore Maddi, Kobasa conducted a survey of male business executives in Illinois, USA, and discovered that the hardy individual experiences “commitment rather than alienation, control rather than powerlessness, and challenge rather than threat” (Maddi and Kobasa 1984, 31). Hardiness is a useful construct through which we can better understand how HMM comics cartoonists respond to their illness experiences. In order to avoid depression and suicidal thoughts, these men explore the need to positively reconstruct their identities in the wake of their infirmities—that is, to envision what is happening to them into an opportunity for personal growth. In this sense, emotional, if not physical, well-being is very much linked to the men’s capacity to regain some degree of personal control over their lives and bodies.

One of the recurrent motifs in the three texts I discuss in this essay is the need for each man to establish a constructive relationship with his illness. For Freedman, this involves him imposing a temporal order on his experience by numbering each day of this treatment and by insisting on his role as a cartoonist.

He tells us, “I was hoping to be a careful observer of my treatment so I wanted as clear a head as possible to report on what was happening to me” (“Oct 26”). At the end of his radio- and chemotherapy, he reflects that, “...this little book [...] gave me as practical and as real a distraction from the challenges of the treatment as my calorie counting and symptom monitoring” (“Nov 27”). Freeman closes his comic with a final borderless splash panel that contains a self-portrait (online supplementary figure 1, Freedman 2014). However, lacking sufficient space on the page to draw his head and torso together, he sketches them separately with his head being cut-off at the neck. While the red lines and blotches manifest the continued reality of his pain, Freeman’s image draws our attention towards the man’s eyes. Looking straight towards us, a gaze which is reciprocated by the reader, Schmidt has argued that his stare invites us to reflect on “illness/disability more widely” (Schmidt 2020, 55). While this is true, the drawing also actively embodies Freedman’s creative authority, an important aspect of his masculine identity, as he returns to the outside world beyond the hospital. There is an implicit sense here that he has accepted the changed person who has emerged from his illness experience. Indeed, as the image bears witness, Freedman sketches himself confidently, without needing to look at the page as he does so—an act that insists on his rediscovered identity as a cartoonist rather than cancer victim.

According to Charmaz, “Being able to control the *logistics* for doing work” (Charmaz 1994, 282; emphasis in the original) is fundamental to men’s self-identity when they suffer illness. Despite his continued physical and related psychological problems, Porcellino ends *The Hospital Suite* on an affirmative note when he insists that, with the help of medication, “I can draw though ... and I can think” Porcellino (2014). Similarly, in a section of his comic called ‘Moping and Coping,’ Dunlap-Shohl explains how learning to use modern computer technology has not only allowed him to continue working as a cartoonist but has actually enhanced the quality of his production. In a panel in which his intradiegetic self receives a bonus cheque—and which, thus, signifies his social validation—he contemplates the irony of this situation with the words, “What’s weird is that I never would have done this if it hadn’t been for Parkinson’s” (2015, 43). Dunlap-Shohl’s sentiment here is indicative of how the hardy man can transform a challenging health scenario into an opportunity for enhanced personal understanding. Importantly, while control is usually negatively associated with hypermasculinity, HMM comics offer a demedicalised vision of men’s behaviour that legitimises their need for mastery over illness. On occasion, this is textualised in terms of illness being an enemy of the sufferer. However, as Charmaz notes, to do so “externalises [...] and thus distances it from at least personal, if not also, social identity” (Charmaz 1994, 276). Dunlap-Shohl directly addresses such clichéd constructions of illness as an antagonist when he personifies Parkinson’s disease as the “Killer” (2015, 22). In an ominously black splash page, a gigantic, red-eyed “thug” towers over the panicked, wildly shaking cartoonist and torments him with the words, “I am [...] going to kick your pathetic ass and leave it for the crows!” (2015, 28). Later in the comic, Dunlap-Shohl creates a series of panels in which he fantasises about himself as “Joe Louis” (2015, 85) who knocks out his Killer, with the monster’s previously intimidating stature now noticeably diminished in the boxing ring.

Nevertheless, the HMM comics in my corpus do not valorise men for being competitive or conflictive when confronting their illnesses. Indeed, in a section entitled ‘A Different Path’, Dunlap-Shohl asks the rhetorical question, “I wonder if ‘Fighting

Parkinson's' is the best way to handle the disease" (2015, 88). For the first time in the comic, he draws his intradiegetic self without glasses but with eyes, a significant use of graphic weight that represents how he is now able to see what had previously eluded him. Rather than imagining his illness as a vicious enemy, Dunlap-Shohl comes to the realisation that a better metaphor is that of walking on a high-wire. This delicate act of balance requires "discipline, imagination, [and] courage" (2015, 91). Replacing his identification with the aggressive Joe Louis for that of the self-restrained "Philippe Petit" (2015, 90), the man who walked between the twin towers of the World Trade Center in 1974, Dunlap-Shohl rediscovers an empowered sense of self in the mist of his illness. In order to do this, however, he acknowledges Petit's reliance on a network of "co-conspirators and friends" (2015, 91), a signal of how Dunlap-Shohl reconciles his masculine identity with a physical and emotional dependency on others that is both affirmative and health-promoting.

## CONCLUSION

In this essay, I have focused on Himm comics, a specific textualisation of graphic medicine/pathography that is created by male cartoonists. By doing so, my analysis of three texts from the USA responds to Carissa Etienne's appeal for "More gender-sensitive health research" that will allow us "to better understand the relationship between masculinities and different aspects of men's health" (2018, 1). I have argued that, though exploring the parameters of male bracketing, the representation of pain and vulnerability, the loss of self, and men's hardiness, we can recognise how the experience of illness is conditioned by men's responses to/against the construct of hypermasculinity. Himm comics verbalise and visualise morbidity "'from the inside,' from the vantage point of the suffering person's situation" (Hydén 1997, 62). This focalisation provides evidence for and, at the same time, challenges some of the assumptions that have been prevalent in medical research for many years. Although the comics discussed here address different types of NCDs, they illustrate a self-reflexive awareness of bracketing as a typical aspect of hypermasculinity. Nevertheless, they do not endorse such hazardous avoidance behaviour, emphasising instead the manifold benefits of men seeking early medical diagnoses. In this way, Himm comics offer a vision of early 21st century masculinity that is consistent with modern healthism, a "popular health consciousness" that, as early as 1980, Crawford identified as "a national preoccupation" (Crawford 1980, 365) in the USA.

While male weakness and dependence are antithetical to the construct of hypermasculinity, the three cartoonists in my study use verbal/visual means to communicate their experience of vulnerability—an act that (literally) draws attention to a more nuanced view of men's physical and emotional responses to illness. Porcellino's *The Hospital Suite* is particularly notable in this regard as a Himm comic that explores with great candour his history of self-harming, suicidal thoughts and psychological distress. Despite suffering from a series of health problems throughout his life, a circumstance that leads to the breakdown of his marriage, Porcellino nevertheless is ultimately empowered by his experiences: "My illnesses had humbled me," he writes, "I was just happy to be there" (2015, 127). While most of the intradiegetic selves represented in Himm comics suffer a loss of self as a result of morbidity, particularly in relation to the disruption that is caused to their work as cartoonists, they also discover the need for hardiness, a mental fortitude in the face of personal crisis that allows them to rediscover a new existential purpose as men who have been positively changed by their experiences. For

this reason, Himm comics offer a lens through which clinical practitioners and lay readers alike can view men's responses to physical incapacity, a valuable optic that provides a more gender-oriented understanding of the connection between illness and (hyper)masculinity.

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## NOTES

1. 'Hypermasculinity' refers to those physical and behavioural characteristics that are typically associated with machismo. These include strength, aggression, control and emotional indifference. As Riska explains, "This one-dimensional social category captures the dominant notion that serves, it is argued, the interest of dominant male groups" (Riska 2002, 249).
2. 'Cartoonists' are comics artists that create both the visual and verbal elements of a comic. As such, their role combines those of comics writers, who produce written text, and comics illustrators, who are responsible for a text's graphical content.
3. For more on the process by which the 'Essential Graphic Medicine: An Annotated Bibliography' was created, see Jaggars and Noe (n.d.).
4. Apart from *My Degeneration: A Journey Through Parkinson's* by Peter Dunlap-Shohl which will be discussed in this essay, the other works by male authors that are included in Jagger and Noe's bibliography are: *The Bad Doctor* (Williams 2014), *Hey, Kiddo* (Krosoczka 2019), *Mis(h)adra* (Ata 2017), *Mom's Cancer* (Fies 2008), *Rosalie Lightning* (Hart 2015), *Stitches* (Small 2009) and *Wrinkles* (Roca 2020).
5. Graphic weight is a term used in Comics Studies to refer to how a reader's attention is drawn to certain elements within a panel owing to its graphic composition. For example, these can include the use of colour, shade and/or penwork.
6. Despite making this observation, Hunsaker Hawkins' comment is engendered only in relation to Women's Studies. She mentions a number of scholarly works that interpret pathographies from a feminist perspective (Hunsaker Hawkins 1999, 227–8 n.2) but neglects to consider masculinity as an analytical framework.
7. As Freedman's comic is unpaginated, the dates when specific entries were created will be used for all subsequent in-text citations.

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