

Dark Art Shines Light on Mental Health: Exploring the Visual Rhetoric of Shawn Coss's *Inktober*  
*Illness* Illustrations Depicting Mental Health Disorders.

Anne Harber

Queens University of Charlotte

Author Note

An inquiry project in the Master of Arts in Communication Program submitted to the faculty of the Knight School of Communication in partial fulfillment of the requirements for the degree of Master of Arts at Queens University of Charlotte.

Project Advisor: Zachary White, Ph.D.  
Capstone Advisor: Carole Isom-Barnes, Ph.D.

April 22, 2019

## Abstract

This analysis examines the visual rhetoric of Shawn Coss's 2016 *Inktober Illness* series of pen and ink illustrations depicting mental health disorders. Mental health is a prevalent issue in the United States, with various authorities promoting fundamentally different and often opposing understandings of, and approaches to, the wide range of conditions broadly labeled mental illness. While central to this discussion are those who themselves struggle with mental health, representation has largely been from the viewpoint of advocates, critics, the media, government agencies and the medical community, rather than of personal experience. This study seeks to understand the rhetoric of select *Inktober Illness* images (e.g., how they use culturally recognized metaphor to create meaning), and to trace whether the images are interpreted, within the artist's Facebook community, as faithful narratives of the experience of mental illness, or if they are instead perceived as artifacts that lead to deeper misunderstanding. Select images from the 2016 *Inktober Illness* series were analyzed for their visual rhetorical features, such as intertextuality, supra-textual elements, color and metaphor; and, grounded theory open coding was applied to each image's respective comments on the artist's public Facebook page. Findings indicate that *Inktober Illness* Facebook audiences felt that the images were "accurate" depictions of the invisible struggles associated with mental disorders; that they created greater awareness about mental health issues; and that the images helped to articulate a personal experience that eludes verbal description. Tested against Walter Fisher's *narrative paradigm* theory, and viewed through the lens of Arthur Frank's *chaos narrative* of illness, *Inktober Illness* both illuminates the chaos

of living with mental health disorders, as well as provides a unique, visual narrative for an experience that is difficult to describe in words. *Inktober Illness*, therefore, makes an important contribution to a broader social conversation about mental illness.

*Keywords:* Visual Rhetoric, Mental Health, Inktober Illness, Narrative Paradigm, Chaos Narrative

“One thing artists do for us is show that there are a number of different ways to perceive reality” (Berger, 2012, p. 76).

In 2016, self-described “dark art” artist, Shawn Coss, created a series of pen and ink drawings focused on mental illness as part of *Inktober*, a drawing challenge in which artists produce one ink drawing each day during the month of October. Titled *Inktober Illness*, each of Coss’s stark illustrations portrayed a specific mental health disorder, with 31 images comprising the series. As Coss’s *Inktober Illness* drawings were posted, the images began resurfacing throughout social media sites and in numerous online publications such as BuzzFeed, Huffington Post and MensXP. Within days of publication, “Shawn’s social media accounts were bombarded with fans who felt they finally found someone who could depict their feelings exactly as they were. Dark, raw, and true.” (Any Means Necessary Clothing, 2018, para. 1).

Coss, who comes from a medical background and who has disclosed his own struggles with depression, has claimed that he was inspired to make the series to help create a conversation on mental health. He stated, “I want those who feel they have no voice to know that they aren’t alone with their mental health” (Barnes, 2018, para. 8). Since 2016, *Inktober Illness* images have spread across the internet, been printed onto apparel and people have reported using his images for tattoos. In 2018, Coss quadrupled his goal for a Kickstarter campaign to fund publication of a book featuring his *Inktober Illness* illustrations, raising \$88,000 against his original \$12,000 goal, and he recently published *Inktober Illness II* (for the October 2018 challenge). While Coss’s critics argue that the dramatic and creepy images send the wrong message about mental illness, fans connect deeply to his art and feel that it has provided both validation and voice. Coss explains, “the artwork described how they felt when their words couldn’t, and for a moment, the art helped them not feel so alone in their battles” (Coss, 2018, Story: para. 1).

According to the National Institute of Mental Health, “nearly one in five US adults (age 18 and older) lives with mental illness,” (NIMH, 2018, Mental Illness: para.1, Figure1), and nearly half of adolescents (age 13-18) have struggled with some mental disorder during their lifetime (Prevalence of Any Mental Disorder Among Adolescents: para. 9, Figure 5). Yet even with such a large portion of the U.S population struggling with some form of mental illness, lack of social awareness alone continues to create significant barriers for those seeking help. Kobau et al. (2012) explain that pervasive cultural beliefs and attitudes about mental illness determine how people express and disclose their own emotional or psychological suffering, and how “they interact with, provide opportunities for, and help support a person with mental illness” (p. 6). In fact, stigma about mental illness is one of the primary obstacles to seeking care (Choudhry, Mani, Ming & Khan, 2016).

As dark, artful metaphors, each of Shawn Coss’s *Inktober Illness* illustrations deviate from conventional images portraying mental illness, offering to the viewer an interpretation of reality that may, or may not, align with their beliefs. In doing so, the images make the viewer work harder to not only interpret their meaning, but to address their own attributions about mental illness. Berger (2012) claimed that, “images in general are visual, often are mediated – carried by the mass media – and are connected to information, values, beliefs, attitudes, and ideas people have” (p. 68). Indeed, Shawn Coss’s *Inktober Illness* images may serve to question or affirm those cultural attitudes, depending on the reader. With its dark, stark contrasts and surreal imagery, Shawn Coss’s *Inktober Illness* series invites the viewer to consider various ways to perceive reality; to adopt, for a moment, a new perspective on mental illness – perhaps illuminating hidden struggles and challenging existing perceptions – or even reinforcing them.

### **Literature Review**

Coss's *Inktober Illness* series, and similar others in the "deviant art" genre provides context and meaning where other descriptive devices have fallen short, giving a voice to those who haven't felt heard or understood. Throughout history, the discourse of mental illness has largely been governed by hegemonic frameworks that promote opposing beliefs about health and illness, minimizing both the voice and agency of those who most intimately experience psychological distress. A review of the literature encompasses an overview of the rhetoric and representations of mental illness over time, and situates an understanding of Coss's artistic interpretations within the discipline of visual rhetoric.

### **Rhetoric and Representation of Mental Illness**

The current narrative of mental illness has evolved through a long history of cultural, social, religious and political tensions. According to Wright (2018), labeling others as "mad" or "crazy" has been a strategy employed since the days of the Greek orators to essentially nullify opposing arguments or perspectives. Throughout history, such "psychiatric invective" (p. 6) has been used to establish authority of state, religious, political and sociocultural institutions over groups of people deemed as risks to those establishments. Aggressively applied over centuries to stigmatize dissidents, Wright argued, this practice has lodged itself into our casual rhetoric, creating a precarious entanglement between "mad" and "bad," and by extension, brain disease from moral disorder. (p.8).

In tracing the history of mental health in the United States, Larson (2018) teased-out important intersections between social reform and the civil rights era, conflicting government interest in both the cost and care of the mentally ill, and an evolving medical perception of mental illness as a state of disease that, like other physiological states of illness, can and should be moving toward a state of wellness. He claimed that three basic impulses have long shaped the American approach to mental health treatment:

One is an optimistic belief in quick fixes for mental illness to obviate long-term care, ranging from psychotropic medications to eugenics. The second is a more pessimistic determination to make the system work as cheaply as possible, often by deferring the costs to somebody else and keeping them from public view. Last is the assumption that people with mental illnesses are undeserving of charity, either because of genetic defects or because they should be curable and thus not under long-term care (para. 13).

Through perhaps somewhat simplified, the history outlined by Wright (2018) and Larson (2018) explore the relationship between power, privilege and voice, illuminating the dominant rhetorical agendas that largely underpin the way we relate to and talk about mental illness today: that mental illness is a physiological disorder or dysfunction in the brain brought about by genetics, brain trauma or some other physical disruption, and which can and should be progressing towards a state of health; or that it is a social disorder in which one is unable to successfully adapt to or cope with life events. Fee (2000) proposed that these physiological and sociocultural frameworks for understanding mental illness are now fundamentally entangled, creating a current-day discourse that is based on dualistic beliefs about “health/pathology, normal/abnormal, rational/irrational – which serve to justify conceptual binaries and real-world exclusions” (p. 10). While not discounting either the neurobiological reality of mental disorders or the sociocultural context, Fee proposed that the result of such dominant dualistic beliefs is a confused public stuck between opposing viewpoints of what are actual causes of mental illness, which ultimately undermine constructive dialogue about appropriate care, and perpetuate labels that classify and constrain those who deviate from cultural expectations of “normal.”

### **Representation of Mental Illness in the Media**

Studies of media coverage of mental illness have found disproportionately negative portrayals of mental illness over several decades. Wahl's (1992) review of research that addressed the frequency, accuracy and impact of mass media portrayals of mental illness found strong connections between inaccurate and unfavorable representations of mental illness in mass media and public perception. Wahl concluded that negative images of mental illness reinforce stereotypes of mentally ill people as being dangerous, unpredictable, bad, unproductive, dependent, unsocial, violent, and bizarre. These perspectives represent mental illness as something to be afraid of and fear, as abnormal and needing to move toward a state of health, and as personal failings or an individual's fault.

Following Wahl (1992), Stout, et al., (2004) also reviewed existing research on images of mental illness in the media, which revealed a continued lack of research and a need for more precise criteria for evaluating U.S. media coverage of mental illness; in particular, correlations between exposure to media coverage of mental illness and mental illness stigma. In addition, Stout, et al., found that mental health professionals are often portrayed as quacks – male therapists as incompetent and female therapists as sexualized. Stout's findings generally correlated with Wahl's (1992), though noted increases in public information related to causes and treatments, stigma and mental health policy (p. 522). The authors also identified more positive trends in coverage as digital media continues to grow as a prominent medium for public news, entertainment and information; however, they acknowledged that research focused on portrayals of mental illness in new media is still limited.

McGinty, et al. (2016), in their research of media coverage of mental illness, found disproportionate representation of interpersonal violence and suicide rates among US military personnel, as well as “overrepresentation of people with mental illness in the criminal justice



system” (p. 1122). The authors also noted that, of the causes of mental illness most frequently mentioned in the media, “stressful life events” had slightly more representation than “genetics or biology” (p. 1125), a pattern which continues to shape competing dialogues about mental illness. With greater emphasis on negative portrayals over more health-oriented mental illness topics, the authors contended that these trends exacerbate social stigma toward mental illness and distract from substantial discourse about health policy in the United States.

### **Representation of Mental Illness in Art**

Artists have long been integral to the portrayal and understanding of psychological disorder and distress. In his brief examination of art inspired by “madness” since the 15<sup>th</sup> century, Jones (2015) noted that, “from Hogarth to Van Gogh, art has challenged our understanding of mental illness,” and “has led the way in seeing mental illness not as alien or contemptible but part of the human condition” (para. 1). Jones’s analysis explicated the social, cultural and religious tensions embedded within society’s understanding of illness and the mind.

Rustin (2008), in her work tracing art and mental illness since , illustrated that, “several notable artists with psychiatric disorders have expressed their thoughts and moods in their artwork” (p.2). Her review covers artists Mark Rothko, Edvard Munch, and Bernard Buffet, and interpretations of paintings by Paul Cezanne, Vincent van Gogh, and Jackson Pollock as showing evidence of psychiatric disorders. Further, she credited the work of artists such as Ambroise Tardieu, Charles Bell, Pablo Picasso and George Cruikshank in documenting the plight of the mentally ill (p. 4). Rustin’s work also explored the contributions of “Outsider” artists, those who are self-taught or otherwise work outside of the art establishment. She quotes Greg Bottoms, noted author, as describing Outsider Art in this way, “it is more often fueled by passion, troubled psychology, extreme ideology, faith, despair, and the desperate need to be heard and seen that

comes with cultural marginalization and mental unease” (p. 6). While Coss’s work may or may not be considered Outsider Art, as he acknowledges having no formal training in art (Barnes, 2018, para. 4), it certainly provides a similarly unconventional perspective on mental disorder.

Gilman (1995) explored the use of images, illustrations, pictures and other visual representations in the history of medicine as both means to document historical understandings and representations of illness and health, but also as instruments of social control and cultural commentary. His work highlighted the tensions of an evolving medical practice to develop and adhere to scientific methods, while at the same time unwittingly exploiting class, race and gender. Gilman’s study discloses the close relationship that images of illness have with cultural anxiety about illness, particularly invisible illnesses. He suggested that, “the images provide a means of dealing with the anxieties about the illnesses represented. For the images themselves become the space in which the anxieties are controlled” (p. 34); however, he also emphasized that, over time, images of illness have functioned as an increased vocabulary for understanding them.

Surrealism, an artistic and literary movement in the early-mid 20th century, largely influenced the dark art style that defined Shawn Coss’s *Inktober Illness* series. Surrealism evolved out of earlier Dada art movement, and represented a reaction against the “rational thought” of society and politics that members of the movement felt had led to the horrors of World War I and World War II. Poet and activist, André Breton (1896-1966), who led the movement, defined Surrealism as, “a violent reaction against the impoverishment and sterility of thought processes that resulted from centuries of rationalism” (moma.org, para. 1). Artist, David Charles Fox (2016), further described Surrealism as, “an anti-rational, apolitical and social response to a world that allowed a horrific disregard for humanity. Rejecting any degree of rational explanation, members of the Surrealism movement embraced chaos and unconscious desires, and Freud’s theory of

psychoanalysis” (para. 2). Disregarding conventional rules and norms, Surrealism art was characterized by dark, distorted, strange, macabre and often violent themes, which Surrealist artists felt tapped into repressed thoughts and desires.

Stuckey and Nobel (2010) conducted a survey of the research into art and healing, to address their question of “how the arts might be used in a variety of ways to heal emotional injuries, increase understanding of oneself and others, develop a capacity for self reflection, reduce symptoms and alter behaviors and thinking patterns” (p. 254). In their review, they identified several outcomes demonstrating strong connections between artistic expression, health and healing. Specific to visual arts, they noted, “having individuals draw how they visualized their condition was an insightful method with which to explore understandings of illness” (p. 257). The authors concluded that “when people are invited to work with creative and artistic processes that affect more than their identity with illness, they are more able to ‘create congruence between their affective states and their conceptual sense making.’ Through creativity and imagination, we find our identity and our reservoir of healing” (p. 261).

Harrison (2002) reviewed several studies that explored the use of painting and drawing, video, film and photography within the contexts of health and illness. Her work focused primarily on the ways in which imagery has helped medical professionals understand the lived experiences of illness, particularly with circumstances that are otherwise difficult to describe in words. She noted, “We use visual skills and visual resources as ‘taken-for-granted’ ways of being in the world, even if such visual dimensions may be translated into words . . . much of the routine work of social actors in many different contexts requires visualization as a component of human thinking and problem solving” (p. 857).

### **Artistic Representation in Social Media**

Social media provides a unique platform for people to share their own experiences with mental illness, coordinating and amplifying voices which have, to this point, remained largely underrepresented. Social media has provided, as Manikonda and de Choudhury (2017) note, “conducive means of social exchange and support seeking around stigmatized concerns like mental health” (para. 1). Thompson and Furman (2018) also suggested that social media has fundamentally changed the way that people communicate about mental health, observing that, what once was uni-directional outreach has evolved into a, “many-to-many circulation” (p. 401). This section documents a growing body of research around the use of visual images online to communicate about mental illness.

Thompson’s (2012) case study of the visual discourse about mental health on the online mental health community website, HealthyPlace.com demonstrated how the visual imagery on the website reflects an ideological, social shift from a focus on illness to a “socio-therapeutic discourse centered on health and wellness” (p.395). Thompson contended that this reframing directed attention away from addressing illness, and presented, in its place, a discourse focused on health and wellness, which may not be attainable for many people.

Drawing on Thompson’s (2012) research into government discourse in the mental health arena, Thompson’s and Furman’s (2018) case study of the National Institutes of Mental Health’s public service campaign (2003-2013) contended that, through the use of *virtual visual synthetic personalization*, in combination with institutional discourse and social media technologies, the government aimed to not only redirect mental health discourse from one of illness to that of attainable health, but also to prescribe specific behaviors leading towards wellness. *Virtual visual synthetic personalization* occurs when a visual message, such as a video or photograph, is produced for a mass audience in such a way that people feel they are being addressed personally. The authors proposed

that the use of this technology, along with other therapeutic discourses, demonstrated the government's influence in controlling the conduct of individuals in managing their conditions and making health care decisions.

Andalibi, Ozturk and Forte (2017) examined visual imagery and disclosures on Instagram to better understand, "the role that imagery plays in online sharing of negative emotions, stigmatized experiences, or those that make people feel stigmatized: (para. 4). Their research found that people use the popular, image-based social media site, Instagram, to seek positive support, a shared identity, emotional, network and esteem support, and to legitimize their experiences. Situating their findings within Bernard Rimé's (1992) "social sharing of emotion as meaning creation" framework, the authors suggest that, "finding social support is critical and by sharing negative experiences and emotions, people signal this need to others" (para. 3).

Manikonda and De Choudhury (2017) also analyzed visual images related to mental health disorders shared on Instagram. By contrasting the modes of visual imagery and linguistic expression posted on the social media site, they found that "visual and emotional markers of mental health images [on Instagram] capture unique characteristics of self disclosure, beyond those expressed via the sharing of linguistic content" (para. 6) Situating their research within the study of visual semiology, the authors demonstrated that the use of visual imagery on social media revealed unique self-disclosure needs that were quantitatively and qualitatively distinct from those shared via textual modes alone, and claimed that, "the visual expressivity of Instagram may be providing individuals with an outlet to showcase and release their emotional pain" (para. 48).

To study the impact of visuals in reducing stigma, Lazard and Bamgbade (2016) developed a campaign to raise awareness about depression on a college campus. The authors demonstrated that the use of visual metaphors led to greater message engagement, and that messages based on

conceptual metaphors had the potential to reduce stigma around seeking help. The authors claimed that, “the use of conceptual and visual metaphors is an effective strategy to communicate about a complex health topic, such as mental illness” (p. 1260).

### **Artistic Representations as Visual Rhetoric**

Central to this study is the use of highly stylized, deviant art to describe an experience that is hard to put into words, and the use of social media to share that perspective and invite others to participate more fully in the larger conversation about mental illness. For *Inktober Illness*, Coss employs visual metaphor to convey distinct distress that one may have difficulty articulating. For example, the diagnostic criteria<sup>1</sup> for depression includes “fatigue or loss of energy nearly every day,” and “a slowing down of thought and a reduction of physical movement.” Perhaps more insightful, for some, is the verbal description, “it’s like trying to breathe when you’re covered in tar” (Baker, 2014, Comment #19). Coss’s *Inktober Illness* images translate such emotionally charged descriptions into visual metaphors, bringing the pain of mental illness, otherwise invisible, into our line of sight, providing context and narrative for a reality that is difficult to express in a meaningful way that leads to understanding.

Critical to understanding Coss’s *Inktober Illness* images is awareness that they are metaphorical depictions, rather than literal representations. His work does not suggest that people themselves who struggle with mental disorder are monstrous or creepy, rather that the experience of dealing with affliction is horrific, and should appear unsettling and disturbing. Visual metaphor is a figurative form of expression, otherwise known as a trope, which Coss employs extensively in his *Inktober Illness* series. Scott (1994) explained that the purpose of a trope “is to present a

---

<sup>1</sup> <https://www.psych.com/depression-definition-dsm-5-diagnostic-criteria/>

proposition in a fresh way, so that the audience thinks about a familiar issue from an unexpected perspective” (p. 254).

Kennedy (2008) commented that artists’ drawings , “conjure metaphor from objects, geometries, lines and contours” (p. 447). The images, not being realistic representations, violate the laws of nature, signaling an encoded message in the manipulated image. Examining metaphor in other examples of art, such as Jean-Honore Fragonard’s “The Bolt,” and Marcel Duchamps’ “Nude Descending a Staircase, No 2,” Kennedy explains that, “violations of realism in art are readily taken to be metaphors. The general principle at work here is that metaphor violates standard representational practice” (p. 447). Coss’s images, clearly not realistic, immediately signal to the viewer that coded messages are artfully embedded within, and their intensity and immediacy invite an emotional response.

Scott (1994) described the reading of visual representations as a learned process, informed over time by exposure to various, nuanced imagery. The effect is that, “although newly devised styles of representation are often seen as arbitrary, awkward, cryptic, and even frightening,” (p. 261), over time we become accustomed to their vocabulary. And, McQuarrie and Mick (1999) argued that the more extensive a reader’s visual vocabulary, the more one can participate in decoding complex images, even delighting in their artful deviation. They proposed, “texts that allow multiple readings or interpretations are inherently pleasurable to readers . . . the initial ambiguity is stimulating, and the subsequent resolution rewarding” (p. 40).

Important to note here, particularly with Coss’s depictions of mental disorders, is a cultural awareness and vocabulary that enables a reader to understand the context of the images and thereby participate in decoding their meaning. Barthes (1978), in his essay, *The Rhetoric of the Image* (1964), insisted that the composition of an image is both imbued with, and interpreted through,

certain types of knowledge – practical, national, cultural, aesthetic. Without a shared system of knowledge, between the artist and the viewer, correct meaning cannot be realized. (Barthes, 1978) In other words, it would be helpful to a viewer to have some familiarity with how people who have mental illness have tried to verbally describe their experiences, or how those descriptions have been adapted into other texts. McQuarrie and Mick (1999) claimed that the meanings drawn from visual tropes “require an active construal by the reader, a construal that requires a body of cultural knowledge before it can occur” (p. 49). And, Werner (2004) proposed that, “the ideas and feelings that an individual forms arise in part from the background experiences, knowledge, and interests brought to the image, and also upon the social and physical milieu of that encounter. Meanings are contingent upon all three – image, viewer, and context” (para. 7). However, precisely because visual vocabulary and cultural competency help to inform a reading of the *Inktober Illness* images, the images are uniquely vulnerable to misinterpretation and misunderstanding about people who already endure stigma and marginalization. Borgerson & Schroeder (2002) cautioned that, “meaning is produced or constructed by social and cultural forces; thus representation is of primary importance. The very process of representing objects or ideas shapes meaning” (p. 574). Without some reference to help situate meaning, the authors contended, “a person influenced by such images may treat members of the represented group as less than human and undeserving of moral recognition” (p. 577).

### **Theoretical Frameworks**

This review of existing research and literature has attempted to examine the historical and dominant discourses of mental illness through various media types, and to examine visual art as a rhetorical medium. The case to be made is that that dominant narratives about mental health – those originating in medical and state interests and those created by the media, do not tell the whole (or



necessarily true) story. Without the perspective of lived experience, from voices who know mental illness in the most intimate way, the narrative of mental health is, at best, incomplete and, at worst, damaging and immoral.

Walter Fisher's (1984, 1987) *narrative paradigm* offers one theoretical lens through which dominant discourses of mental illness can be synthesized with Shawn Coss's aesthetic interpretations of mental health disorders. Fisher, whose work was strongly influenced by Kenneth Burke's (1958) theories of symbolic communication, described his theory as, "a dialectical synthesis of two traditional strands in the history of rhetoric: the argumentative, persuasive theme and the literary, aesthetic theme" (p. 2), what he called the *rational-world paradigm* and *narrative paradigm*, respectively.

According to Fisher (1984) the *rational-world paradigm*, which he traced back to the early days of the great Greek orators, stipulated that, "rationality was a matter of argumentative competence: knowledge of issues, modes of reasoning, appropriate tests, and rules of advocacy in given fields. . .[it was] something to be learned, depended on deliberation and required a high degree of self-consciousness" (p. 9). These principles laid the foundation of modern, Western thought, scientific reasoning and rhetoric, and influenced cultural and social expectations. However, "the effects," wrote Fisher (1987), "were to create 'experts' in truth, knowledge, and reality; to establish the rational superiority of philosophical (technical) discourse" (p.7), and to "fragment society and the conceptions of the individual, to create a struggle between sense and intellect" (p. 12).

Fisher's *narrative paradigm* theory, on the other hand, postulated that all humans are storytellers, and that we collectively author and co-author stories that create meaning and give order to the human experience. He argued that knowledge and reason were fundamentally embedded in all

types of human communication and symbolic action, as a natural part of socialization and lived experience. Further, because stories were inscribed with cultural values and advice, no form of discourse could be considered more valid than others simply because of its evidence or argument. In Fisher's view, "no matter how strictly a case is argued – scientifically, philosophically, or legally – it will always be a story, an interpretation of some aspect of the world that is historically and culturally grounded and shaped by human personality" (Fisher, 1987, p. 49). Fisher further defined *narrative rationality* as the logic against which all human communication could be tested, the essential principles of which were *narrative probability* (a story's coherence, or the degree to which it makes sense), and *narrative fidelity* (whether a story "rings true" to its audience). Finally, if a particular narrative denies or negates self-conception, it is an incomplete narrative and, thus, "does not matter what it says about the world" (p. 14). The *narrative paradigm*, then, "insists that human communication should be viewed as historical as well as situational, as stories competing with other stories constituted by good reasons, as being rational when they satisfy the demands of narrative probability and narrative fidelity and as inevitably moral inducements" (Fisher, 1984, p. 2).

Fisher's *narrative paradigm* accepts that stories rival each other, that people conceive of their world and of themselves in different ways, and that both must be given equal merit. He argued that both the rational world-paradigm and narrative paradigm are vital components of human potential – one we are educated into, the other we naturally acquire through living in the world. He wrote, "the two stories inform one another and both are necessary to a full realization of the relationship between communication and what humans are and can become" (Fisher, 1987, p. 6). His theory attempted to encompass and elevate all discourses, regardless of form, that guide our knowledge and understanding about reality. Not only does this analysis seek to examine Shawn

Coss's *Inktober Illness* images within the conditions of Fisher's *narrative paradigm*, but to understand the particular narrative, or rhetoric, woven within their visual form.

Arthur Frank's (2013) work with illness narratives may help illuminate the nature of the narrative revealed through Shawn Coss's *Inktober Illness* series. In his book, *The Wounded Storyteller*, Frank traced the arc of illness narratives through premodern times, when people, "had rich descriptors for disease and its remedies" (p. 5), modern times in which the medical version of those stories dominates, and the postmodern experience of recrafting and retelling one's own story as an authentic narrative of experience. He argued that, "the postmodern experience of illness begins when ill people recognize that more is involved in their experiences than the medical story can tell" (Frank 2013, p. 6). In Frank's view, personal voice is a distinctive feature of postmodern illness narratives. He wrote, "voices tell stories. Stories are premodern. . .the coming of modern medicine took away a capacity for experiencing illness in traditional stories. In the modern period the medical story has pride of place. The postmodern divide is crossed when people's own stories are no longer told as secondary but have their own primary importance" (p. 7). He describes people whose illness stories have been told through other discourses as being, "written on the from the outside" (p. 71), and posits contemporary illness narratives as attempts to reclaim one's voice in the experience.

Together, Fisher (1984, 1987) and Frank (2013) provide a comprehensive theoretical framework through which we may better understand Shawn Coss's *Inktober Illness* series as a narrative of mental illness, perhaps "reclaiming," in Frank's view, "a voice that has been taken away" (p. 64). *Inktober Illness*, with its exaggerated imagery, visually juxtaposes binary beliefs about mental disorders, presenting them as real and unreal, beautiful and frightening, familiar and strange. The collection works within the realms of both art and discourse – his images *say*

something. While there is a growing body of research about the role of imagery within the greater social, political and cultural narrative of mental illness, this inquiry fills a gap by exploring how *Inktober Illness*, as dark art, leverages and disrupts cultural meanings and representations of mental illness. Taking an artifact-centric approach and using visual and textual qualitative content analysis, the following research questions are addressed:

(RQ1): What visual features characterize Shawn Coss's 2016 *Inktober Illness* images of mental health disorders?

(RQ2): How do individuals react to Shawn Coss's 2016 *Inktober Illness* images on Facebook?

(RQ3): What themes emerge from the responses to Shawn Coss's 2016 *Inktober Illness* images on Facebook?

### **Method**

Generative Criticism (Foss, 2004) was employed as the overarching framework for conducting an open-ended inquiry of *Inktober Illness*. Generative criticism (Foss, 2004) is a method that allows for examination of an artifact before determining the specific questions to be asked of it. Generative criticism follows a, "gut-level, unexamined intuitive feeling about a text" (p. 412), arriving at a particular inquiry only after some exploratory study of the artifact.

Within this framework, I embedded grounded theory open coding (Charmaz, 2006), which complements a generative criticism approach precisely because both methods encourage an unconstrained approach to analysis, preferring to allow theoretical frames to emerge from the data. Charmaz explains that, "grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories "grounded in the data themselves" (p. 2). A grounded theory strategy, according to Charmaz, will, "seek data, describe observed events,

answer fundamental questions about what is happening, then develop theoretical categories to understand it” (p. 25).

Foss (2004) provides the following structure for conducting generative criticism of a text, in this case a series of images: (1) encountering a curious artifact; (2) broadly coding the artifact; (3) searching for an explanation and/or (4) creating an explanatory schema; (5) formulating a research question; (6) coding the artifact in detail; (7) researching the literature; (8) framing the study, and then (9) writing the essay.

### **Encountering a curious artifact**

The first step in generative criticism is to select an interesting artifact. Foss (2004) asserts that “the defining characteristic of an artifact that intrigues and interests you is likely to be something that doesn’t fit or that breaks a pattern” (p. 413). According to Manikonda and De Choudhury, (2017), “imagery can be a powerful tool for expression related to mental illness, especially feelings and experiences that individuals may struggle to express verbally or through written communication (para. 3). The dark, surreal nature of the *Inktober Illness* series artfully deviates from more subdued visual representations of mental illness, and how those images are interpreted could yield some insight into the mental health community’s particular preference for visual expression. Because mental illness is so highly stigmatized, and media portrayals have repeatedly employed negative stereotypes to depict individuals who have mental illness, the series is, indeed, a curious artifact to examine from the perspective of how people respond to the imagery.

### **Broadly coding the artifact**

I broadly coded the selected *Inktober Illness* images in two parts: a visual analysis of the series’ broad, overarching visual features and how they work together as a body of text, and open

coding of the comments related to each image to identify whether the artist's Facebook audience reacted to images as visually rhetorical artifacts.

For the first part, I examined their visual major features of the entire series, including intense aspects that stand out and the frequency with which primary elements are repeated and/or patterns emerge. (Foss, 2004, p. 414) According to Foss, these overarching features may serve as clues to what the images may be trying to communicate. This portion of the analysis considered the following rhetorical devices: intertextuality (Werner, 2004), supra-textual elements (Kostelnick, 1996) and color (Kress & Van Leeuwen, 2002).

Images do not exist in isolation. We are bombarded with visual images every day, and processing and interpreting them in relation to each other images, words or texts is referred to as intertextuality. Werner (2002) proposed that, when we view particular images as part of a larger collection or framework, "intertextuality is at work; meanings assigned to the image differ from those that would be drawn if it were interpreted in isolation" (p. 64).

Like the intertextuality, supra-textual elements also provide context for understanding the meaning of the *Inktober Illness* series. According to Kostelnick (1996), *supra-textual* refers everything comprising, but not including, the text or illustration itself. It is the "global framework" (p. 10), through which we encounter an image, and includes *textual*, *spatial* and *graphic* features that, while not part of the text itself, "are not merely the outer shell, the container, that envelops the rhetoric of the text, but are intrinsically rhetorical themselves" (p. 10). Further, supra-textual elements of *Inktober Illness* function to create the first impression, drawing viewers in (or repelling them), and they set the tone, creating "an immediate voice" (p. 26).

With illustrations as monochromatic as *Inktober Illness*, it may seem that there isn't much to say about color; however, Kress and Van Leeuwen (2002) contend that color works on a number of

levels to influence a viewer's interpretation of the artifact. The authors assert that, "in the lives of all human beings light and dark are fundamental experiences, and there is no culture which has not built an edifice of symbolic meanings and value systems upon this fundamental experience" (p. 355-356). The authors explain that color has both a "direct value, which is the colour's actual physical effect on the viewer" (p. 354), and "an associative value, as when we associate red with flames or blood, or other phenomena of high symbolic and emotive value" (p. 355).

For the second part of the broad analysis, I conducted grounded theory open coding on each of seven images' related comments on Facebook. Charmaz (2006) explains that, "through coding, you define what is happening in the data and begin to grapple with what it means (p. 46).

Each of the original 2016 *Inktober Illness* images were posted on Shawn Coss's public Facebook page. I selected seven images that represent some of the most commonly diagnosed mental health disorders<sup>2</sup> including Depression, Anxiety and Panic disorders, Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADD/ADHD) and eating disorders, including Bulimia and Anorexia. Each image post's URL was stored together with date and time of creation, number of Shares and Likes, along with all comments and related Tags.

A total of 844 Facebook comments were coded first to determine the audience's general reaction to each of the seven images. Specifically, I was looking to broadly assess whether Coss's Facebook audience acknowledged the images as symbolic in any way, favorably or unfavorably, or if they merely commented on the art alone, or something else entirely. Each comment was coded for whether it indicated a *favorable response to visual rhetoric (VR)*, *unfavorable response to VR*, *comment on art only/no response to VR*, and *unknown/unrelated*. **Table 1**, located under Findings,

---

<sup>2</sup> <https://www.nimh.nih.gov/health/statistics/index.shtml>

illustrates both the codes used to classify responses, as well as examples from the comments themselves.

### **Search for an explanation or create an explanatory schema**

According to McQuarrie and Mick (1999), “a rhetorical figure is an artful deviation, relative to audience expectation, that conforms to a template independent of the specifics of the occasion where it occurs” (p. 38). Coss’s *Inktober Illness* images are, of course, not literal depictions of mental illnesses; rather, they are stylistic devices, metaphors that are a, “literally false but nonetheless illuminating equation of two different things” (p. 39). What makes them meaningful is precisely *what* they illuminate, which is the essence of an illness that marks a person inside and out, but that can’t be seen. They are codes for how illness feels, narratives of lived experiences that are difficult to describe in words.

As a narrative, *Inktober Illness* fits well within Walter Fisher’s (1984, 1987) theory of *narrative paradigm*, which seeks to reintegrate individual stories of experience into the fabric of social understanding about that experience – to correct the loss of personal knowledge as a voice in dialogue with logic and rationality. To do so, *Inktober Illness* must demonstrate the following dimensions: historical and situational relevance; that it is symbolic of values and information that are recognizable to its audience; it stands the tests of *narrative probability* (it makes sense to its audience), and *narrative fidelity* (it ‘rings true’); and that it is ultimately an argument for moral action.

Additionally, McQuarrie and Mick (1999) proposed that, “the literal falseness of metaphor is only a problem for logicians – ordinary readers readily recognize that the communicator has deviated from expectation in order to make a point” (p. 40). The point made by *Inktober Illness* is that mental illness can be painful, scary and overwhelming, and what we can think we know may



only be the very tip of the iceberg. The distinctive features of each image, disturbing and chaotic, are perhaps synonymous with Arthur Frank's (2013) definition of *chaos narrative*. Frank explains, "in the chaos narrative, troubles go all the way down to the bottomless depths. What can be told only begins to suggest all that wrong" (p. 99). This analysis attempts to demonstrate that *Inktober Illness*, in whole and in part, leverages what can be told, symptoms that have been described, into visual metaphors that reveal so much more about an experience that cannot be easily articulated.

### **Formulate a research question**

Having selected Shawn Coss's 2016 *Inktober Illness* series as the artifact to examine, broadly coded the images and their related Facebook comments and developed an early explanatory schema for my observations, I developed the following research questions:

(RQ1): What visual rhetorical features characterize Shawn Coss's 2016 *Inktober Illness* images of mental health disorders?

(RQ2): How do individuals react to Shawn Coss's 2016 *Inktober Illness* images on Facebook?

At this juncture in my research, I had not yet coded either the images or their related Facebook comments in great detail (which is the next step in the generative criticism method). However, while broadly coding the Facebook comments for their reaction to the images, it became evident that the responses themselves held rich, detailed and text-audience interactional descriptions, disclosures and other clues that Coss's audience perceived the images as meaningful interpretations. Consequently, I developed a third research question:

(RQ3): What themes emerge from the responses to Shawn Coss's 2016 *Inktober Illness* images on Facebook?

### **Code the artifact in detail**

As before, when broadly coding the artifact, I looked at both the selected images and their related comments on Facebook.

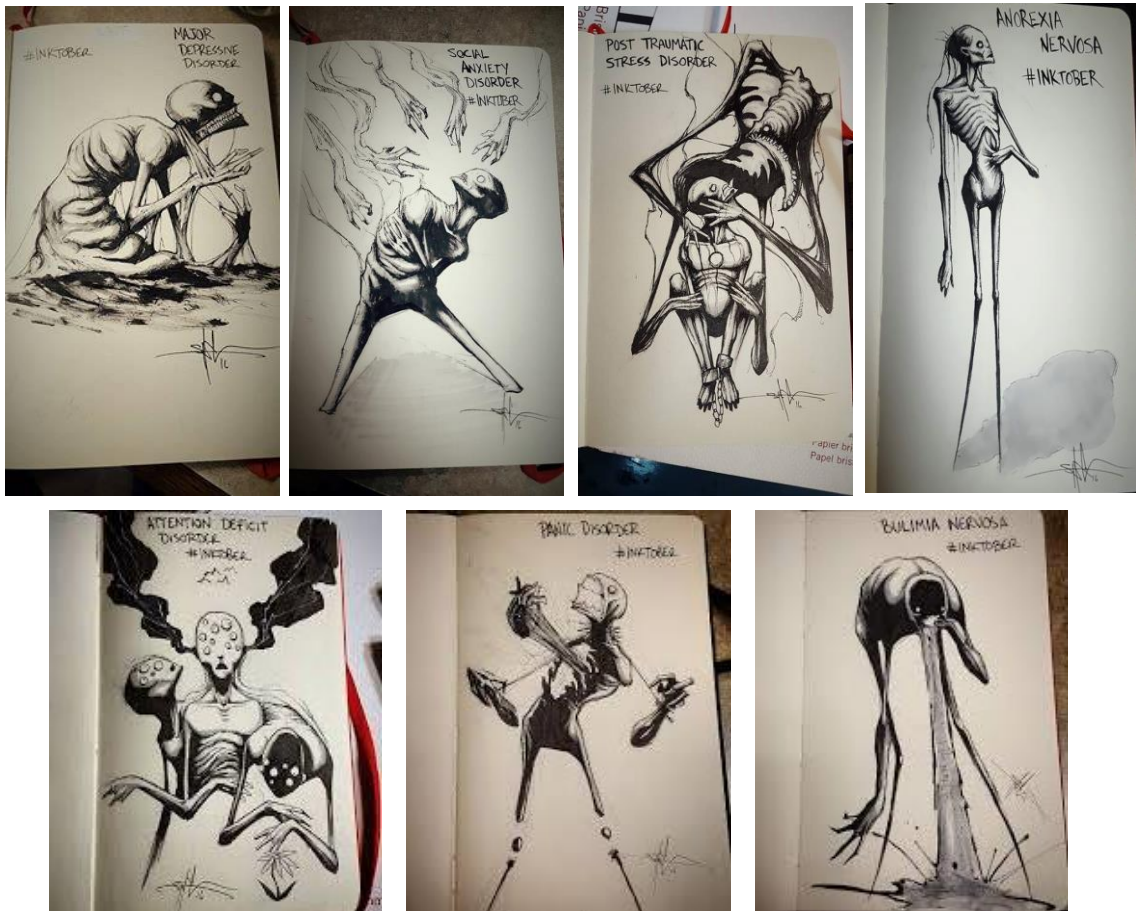
For a more detailed analysis of the *Inktober Illness* images, I returned to the seven representative images to explicate their specific rhetorical features, comparing them to diagnostic criteria and to their respective Facebook comments. Danesi (2017) defined visual rhetoric as, “the critical analysis of visual texts (paintings, movies, ads, posters, and so on) with the techniques of both semiotics and rhetorical analysis” (p. 2), noting also that a visual rhetorical analysis looks not only at the structure of an image, but does so with its consequence in mind. The aim then, according to Danesi (2017), “is not to just illuminate the structure of a visual text but to show its ethical, social, political, an ideological functions” (p. 12). And, Foss (2005) explained that “essential to an application of a rhetorical perspective is explication of the distinguishing features of the visual image. Description of the nature of the visual rhetoric involves attention to two components – presented elements and suggested elements” (p. 146). Presented elements are the physical features of the image that we can identify: size, media-type, shapes, colors and even text, etc. We can infer certain meaning to the way an image is positioned on the page, to the color of a line or the boldness of its stroke. Suggested elements, then, are themes and concepts that a viewer may infer from the image.

For more detailed coding of the Facebook comments, I again conducted qualitative open coding of each comment. Charmaz (2006) cautioned that, “initial coding should stick closely to the data. Try to see actions in each segment of data rather than applying preexisting categories to the data. Look closely at actions and, to the degree possible, code data as actions” (p. 48). I revisited each comment, noting particular words, phrases and themes that were repeated and coded them as an action-type. In total, 23 preliminary categories were documented. Depending on the text, comments

were assigned to one or more categories. For example, a comment may have simultaneously associated the image with the respondent's own experience with the disorder depicted, and included a signifier for the term "accurate," and one for "awareness," as well.

After completing this initial coding, I conducted a more focused coding on the data set, combining what Charmaz (2006) described as, "the most significant and/or frequent earlier codes," (p. 57) to arrive at three major themes (see Findings).

## Findings



**Figure 1: *Inktober Illness* 2016. Shawn Coss. Clockwise from top left: Major Depressive Disorder; Social Anxiety Disorder; Post Traumatic Stress Disorder; Anorexia Nervosa; Bulimia Nervosa; Panic Disorder; Attention Deficit Disorder**

### Visual Features – Broad Analysis

Coss's 2016 *Inktober Illness* comprises 31 individual depictions of different mental health disorders. In response to RQ1, I conducted both a broad analysis of the series, as well as a detailed analysis of seven select illustrations. A broad analysis of the images takes into consideration the following rhetorics: *intertextuality*, *supra-textual elements* and *color*. For reference, selected images from the 2016 *Inktober Illness* series have been provided in **Figure 1**.

### **Intertextuality**

When viewing the *Inktober Illness* images, at least three types of intertextuality are at work. First, we can view the *Inktober Illness* series as a cluster of images. Werner suggested that clustering is commonly employed to “illustrate selective aspects of a historical issue” (p. 69), with individual images each conveying distinct information while also contributing to narrative of the entire collection. Each individual picture is viewed in relation to both the surrounding images, as well as the series in its entirety which, Werner argued, “provides textured and conflicting details that add human interest to the event and imply that one interpretation is always partial and limited” (p. 69). By clustering images that each represent a distinct mental health disorder, the series articulates that, while there is a tendency to refer shorthand to “mental illness” as a lump-sum, that label does disservice to the individual experiences of dissimilar afflictions

Another way that we can see intertextuality at work the *Inktober Illness* series is the relationship between written text and illustration. Each depiction in the series includes two text references: the *#Inktober* tag and the name of the disorder symbolized. Werner (2002) claimed that this type of synthesis, “gives rise to ‘composite meanings that exceed what can be achieved with words or images alone” (pg. 70). According to Barthes (1978), the text or “linguistic message” (p. 156) present within an image serves to both *anchor* and *relay* the viewer’s understanding, defining, or *anchoring*, what the illustration specifically depicts, while directing, or *relaying* the viewer through correctly interpreting the rest of the image. For *Inktober Illness*, the *#Inktober* hashtag reminds the viewer that each image exists within a series of images drawn for a specific purpose, while the name of the disorder frames what each drawing represents. Given the highly stylized and metaphorical nature of the *Inktober Illness* images, it would be challenging to identify their referents without a textual clue.

Lastly, as dark and highly metaphorical descriptions of the feelings association with distinct disorders, *Inktober Illness* contrasts with conventional visual representations, which generally attempt to depict more realistic representations of humans feeling sad or lonely, or “headclutching” (Elliott, 2015), or of some other figurative imagery such as rainclouds or isolated landscapes.

### **Supra-Textual Elements**

*Inktober Illness* was initially published as a social media text, with the audience encountering the images in online space, through computer, phone or tablet screens. This interface is critical to understanding *Inktober Illness* as a social, communal artifact, rhetorical in its accessibility and “share-ability,” but also as an intimate artifact where one can view the images from the privacy of their own screen without a public encounter. This intimate and dynamic feature of *Inktober Illness* provides a gateway for people who may feel isolated and stigmatized into a broader community and conversation, such that they realize they are not alone in their suffering, and that their innermost struggles are seen and validated.

White space also features prominently throughout the series. Each pen and ink illustration is drawn in the center of a notebook page, leaving the residual white space blank. While I address the use of white space in each individual image in the following section (*color*), repetition across the entire collection helps to establish a strong identity and enhance reader recognition (p. 29) and create coherence (Kress & Van Leeuwen, 2002, p. 349). Additionally, this repetition -- the image centered on the page surrounded by space -- conveys a sense of ceaselessness, an ongoing glossary of illness that is as vast as it is varied.

### **Color**

With a few exceptions, such as the depiction of Obsessive Compulsive Disorder (*Inktober Illness*, 2016, day 4. Not pictured.) in which Coss uses a patch of red ink to represent a compulsive act of cleaning oneself to the point of rubbing away layers of skin, all the images in the series are

rendered in black ink. In western culture, the color black is often associated with death, darkness and mourning, and the suffering so carefully depicted in each image of the *Inktober Illness* is amplified by such a simple, yet culturally significant palette. The monochrome palette is stark, forcing the reader to grapple directly with each dark interpretation of what it feels like to live with mental illness, without the relief or capacity for avoidance provided by light or color.

The contrast between the white page and the black ink illustrations is a powerful, emotionally raw statement about the experience of each illness represented. It conveys a sense of suffering in utter isolation, with no progression from illness to health, no silver-lining or momentary respite. Frank (2013), in writing about his own illness, commented, “I also needed recognition of my suffering at that particular moment, as well as recognition that my recover was by no means assured” (Preface, pg. xiv). Visualizing this “aloneness,” and lack of movement towards wellness may be a uniquely cathartic experience for some audiences.

### **Visual Features – Detailed Analysis**

In addition to a broad analysis of the series, I analyzed each of the seven images selected from the series. Appendix A shows a comparison between my independent visual analysis, a list of diagnostic criteria for each disorder and personal narratives provided in the Facebook comments for each image. In summary, this analysis revealed that not only do Coss’s images mirror documented diagnostic criteria for each disorder, but that members of Coss’s Facebook audience interpret similar meanings, engaging with his highly stylized illustrations as metaphors for their own experiences.

Reaction Codes and Examples		
Category	Description	Examples
<b>Favorable to VR</b>	<ul style="list-style-type: none"> <li>- Identifies images as representations of lived experience.</li> <li>- Expresses Agreement.</li> <li>- Describes image as accurate, or similar</li> <li>- Includes "thanks," or emotional connection</li> <li>- Requests for other disorders</li> </ul>	<ul style="list-style-type: none"> <li>- <i>"This is how I feel everyday."</i></li> <li>- <i>"So true."</i></li> <li>- <i>"Accurate. Very accurate."</i></li> <li>- <i>"Thank you so much for this."</i></li> <li>- <i>"Will you do Trichotillomania? Great work"</i></li> </ul>
<b>Unfavorable to VR</b>	<ul style="list-style-type: none"> <li>- Rejects images as representations of lived experience, or describes own experience differently.</li> <li>- Describes images as misrepresentative, stereotyping, un-informed</li> </ul>	<ul style="list-style-type: none"> <li>- <i>"I think this could be more chaotic. Part of the struggle (at least for me) is that the brain will feed off of chaos until it crashes. I also don't see avoidance portrayed"</i></li> <li>- <i>"He is literally using stereotypes about mental disorders in order to "raise awareness" when that doesn't help at all."</i></li> </ul>
<b>Comment on Art Only</b>	<ul style="list-style-type: none"> <li>- Provides feedback on art alone, without reference to disorder or mental illness.</li> <li>- One-word comments without reference to either image or mental illness.</li> <li>- Inquiry of purchase or use without reference to motivation or mental illness.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>"This is my favourite one for sure."</i></li> <li>- <i>"Awesome."</i></li> <li>- <i>"I'd love this on one of the shirts."</i></li> </ul>
<b>Unknown or Unrelated</b>	<ul style="list-style-type: none"> <li>- Partial or non-descript responses.</li> <li>- Emojis only</li> <li>- Comment unrelated to image or mental illness/Nonspecific replies</li> </ul>	<ul style="list-style-type: none"> <li>- <i>"Found it!"</i></li> <li>- <i>"❤️"</i></li> <li>- <i>"This looks like Dead Hand"</i></li> </ul>

**Table 1: Inktober Illness Reaction Codes and Examples.**

**Audience Reactions to Inktober Illness on Facebook**

In response to RQ2, **Table 1** shows the categories for how respondents generally reacted to seven images posted on Facebook, to determine the degree to which viewers acknowledged the images as symbolic representations of disorder: *favorable response to visual rhetoric (VR)*, *unfavorable response to VR*, *comment on art only/no response to VR*, and *unknown/unrelated*. Examples of comments are also included. Of the 844 comments coded, 101 (12%) were tags only, without comment. 180 (21%) commented only on the art, without indication that the illustration was a symbolic gesture. Additionally, 175 comments (21%) were indeterminate or unrelated to the images. Excluding these codes, there were 390 comments that acknowledged the symbolism of the images: 371 (95%) responded favorably to the images as symbolic of the disorders illustrated. 19



(5%) had an unfavorable response, indicating either that they felt their own experiences were contrary to that depicted, or that the images were misrepresentations of mental illness altogether.

### **Interpretations and Engagement by Users on Facebook.**

The dataset of 390 comments indicating recognition of the images' visual symbolism were then coded into one or more of 23 separate categories, from which three overarching themes emerged, in response to RQ3. First, viewers repeatedly referred to the images as “*accurate*” representations of mental illness, as they or others have experienced it, and expressed deep gratitude for the artist's insightful renderings. Next, the audience resoundingly felt that *Inktober Illness* had the capacity for creating greater *awareness* and *understanding* about general mental health issues, and either received or provided some *social support* to other members of the Facebook community. The final theme elucidated the audience's perception that *Inktober Illness* images provided a way for them to “describe” their personal experiences with mental illness, better than words alone. In summary, the following three themes emerged from comparative analysis: 1) *accuracy of imagery*; 2) *creating awareness*; and 3) *articulating experience*. The properties and dimensions of each theme, along with criteria and examples drawn from the comments, are detailed below, as well as included as Appendix B. (*Note: Although Coss's Facebook page is publicly accessible, names or other identifying features have been replaced with pseudonyms to protect the privacy of participants.*)

### **Accuracy of Imagery**

Over half of the comments in the dataset expressed a belief that the *Inktober Illness* images were accurate or relevant visual representations that ring true to the viewers' own personal experiences. For many, the distinctly chaotic imagery captured not just the symptoms, but the feelings and emotions they associated with their disorders, and viewers repeatedly acknowledged

the artist's ability to capture the "essence" of illness. Encompassed within this category were comments using the word "accurate," or a similar term or synonym (e.g., "perfect," or "spot-on"), with the following examples: "Very Accurate"; or, "This captures it perfectly." Also included were comments expressing gratitude for the images or series, or in which the viewer was articulating an emotional response, such as: "Thank you for making this, this is so beautiful and means so much to me"; or, "I've been struggling with ptsd for four years. I have to say this image really moved me." What is revealing about this theme is the degree to which the audience felt that Coss's illustrations were capturing something real, and that this insightful and candid interpretation about their own experiences was immensely revealing, cathartic and meaningful, in large part due to its perceived coherence within what they felt and what was represented.

### **Creating Awareness**

Nearly three-quarters of the comments indicated that the images increased *awareness* or *understanding* about mental health issues, and/or engaged in providing *social support* to other members of the Facebook community. Appreciation for Coss's novel approach reverberated throughout his audiences' comments, applauding his effort to ignite a conversation about the darker (yet all too real) aspects of dealing with mental health issues, issues his audience felt have not been sufficiently portrayed in the public lexicon. The criteria for each of these three subthemes are provided below:

Evidence for *increasing awareness* included responses indicating that viewers felt that *Inktober Illness* brought greater awareness and attention to mental health issues, as well as increased public understanding, for example: "Thank you for bringing attention and normalcy to mental health. I hate that there is such a stigma that comes along with mental disorders"; or, "Thank you for taking the time to help others understand what people who suffer from these disorders fight everyday." Also included within this subset were comments from viewers who had

encountered *Inktober Illness* in other media outlets, such as, “I found his page through an online article and I went through most of his posts from the last month or so admiring his work.”

Comments of this type were understood as indicators that the series had multiple audiences, and, consequently, was creating even broader awareness.

Responses indicating that the viewer gained a new level of *understanding*, or learned something about mental health via the images or their associated comments, were also included, as a measure of the series’ impact on public consciousness. Examples for these included: “Thanks for doing these. It not only helps me understand a little differently what other people have to go through, but hopefully it also helps validate the specific feelings certain people have to experience, whether they've been diagnosed or not”; and, “I just found out that civilians too could have a PTSD ahah.”

The final element of this theme, *social support*, was comprised of comments indicating that a viewer received some specific benefit, or engaged in supportive outreach to others. Perceiving of oneself as part of a broader community, and gaining clarity or new insight about mental health, were understood as resulting from increased awareness and a desire to extend that awareness into action. Examples included: “LOOK at what he has done!! I haven’t felt so well about sharing and reading stories about mental illnesses, I feel less alone”; and, “[\*Mary]- this makes me think of \*J.P.'s bad days.”

Coss emphasized that creating awareness about mental health issues was his aspiration for *Inktober Illness*, and it became an important feature of the series for his Facebook audiences, as well. Viewers not only expressed their belief that that *Inktober Illness* had the potential for creating greater awareness about mental health issues, but through their communal interaction and multiple opportunities for engagement with the images (e.g., posting additional information about mental

health, or tagging friends and family members to promote recognition or to express their understanding and support), many actively participated in expanding that awareness throughout the Facebook community. Subsequently, *creating awareness* was a defining achievement of the series for Coss' audience.

### **Articulating Experience**

The last theme drawn from the data, but perhaps the most revealing, was the audience's perception of the images as communicative texts, as providing more comprehensive descriptions about experiences that elude verbal explanation. This theme explicated viewer's expressed desires to feel seen and heard in their distress, and emerged from comments indicating that *Inktober Illness* images helped to "describe" what having a mental illness feels like. By substituting visual narrative for verbal, viewers felt that the images more efficiently conveyed their innermost struggles, and their recognition of the images' capacity to describe illness -- to provide evidence of invisible pain -- manifested in a variety of ways. *Articulating experience* was comprised of the following elements:

Emphatically, viewers claimed that the images "described" what their disorder feels like more vividly than verbal explanations, as exemplified by this response: "I was talking to a tattoo artist about how hard it was to describe how PTSD feels, I call it the darkness but its [sic] hard to explain. And then I see your sketch and it shows exactly how it feels." Further, audience members perceived some benefit from "seeing" their own illnesses personified, as demonstrated in this example, "This gave me chills. It's like looking in a mirror that actually lets me see my demons."

In addition both "describing" and "seeing" their suffering, audience members commented that they could use the Inktober Illness images to "show" others what their experience feels like, and many "tagged" other Facebook members to share this insight. Examples included: "You've

given me a way of showing others how it feels”; and, “[\*M.D.] - look at the ones for my disorders too. I feel like the pictures explain how it feels better than words can.”

Further, comments that implied an audience, such as those including the word “message,” were also incorporated. By referring to Inktober Illness as a “message,” the viewer supposed an audience waiting to receive that communication, the delivery of which could subsequently create awareness. An example included: “This is a perfect representation. Having the character still grabbing the “fat” on their stomach & depicting the “fat” shadow as what they see themselves as really drives the message home about what goes on in a person's brain who suffers from this. This is how I felt every minute of every day.”

The last criterion for this theme, and perhaps the most surprising, were comments from viewers indicating that the Inktober Illness images helped them better understand what their loved ones experience, such as, “My 11 year old son is ADHD, I've wanted to see what he feels. This brought me to tears. Thank you for showing me.” This aspect was direct evidence of *Inktober Illness*'s capacity to illuminate inner realities and articulate invisible anguish; which, for some, evoked deeper understanding and stirred compassion.

Central to this study was the conviction that only part of the story about mental health is told in public discourse; and further, what is told is often inaccurate or misunderstood, and thus is insufficient for revealing the true nature of illness. Through this series of images, viewers perceived a real sense of validation and understanding for their disorders, while others gained important insights about loved ones' distress. This analysis demonstrated that Coss's Facebook audience felt that *Inktober Illness* accurately portrayed their own deeply emotional and painful experiences related to their mental health, created awareness about mental health issues, and provided a unique vocabulary for communicating about mental illness.

### Discussion

At the heart of Fisher's *narrative paradigm* theory was the belief that humans are storytellers, co-creating (as authors and audiences) and re-creating (over time) narratives that help them make sense of the world. Further, Fisher proposed, people "evaluate the texts of life" (1987, p. 18), comparing them to their own lived experiences, to make decisions that are based in fact as well as personal values, intellect and imagination, and with reason and emotion (1984, p. 10). Reason, then, according to Fisher, was "a process of meaning-formation that gathers within it the logic of technical reason and the *logos* of myth" (p. 10).

The dominant rhetoric regarding mental illness, shaped over time by competing interests of state, politics, religion and science, has largely excluded the voice of individual experience, manifesting a narrative of mental health that is fragmented, distorted and incomplete. Combining his expertise as a health care professional with his artistic insight and creativity, Coss's *Inktober Illness* images attempt to restore some balance to a long, lopsided narrative about mental health in the United States. For perhaps the very first time, an extensive narrative about the experience of mental distress was presented to the public in an accessible, visually stimulating manner that invited viewers to elaborate their own understanding. "Elaboration," according to McQuarrie and Mick (1999) "indicates the amount, complexity, or range of cognitive activity occasioned by a stimulus . . . when a rhetorical figure is embodied visually, it is reasonable suppose that both discursive and imagistic elaboration may result" (p. 39). By virtue of visualizing mental illness, the viewer may expand their comprehension, perhaps arriving at new insights or compassionate conclusions. In such, *Inktober Illness* satisfies the *narrative paradigm*'s demand for both historical and situational relevance.

A detailed analysis of seven images from the 2016 *Inktober Illness* series, combined with open-coding of each image's related comments on Facebook, revealed a number of important

characteristics. First, not only did Coss's Facebook audience overwhelmingly understand and accept the images as metaphors for the experience of living with a mental health disorders (e.g., narrative coherence), they described them as accurate representations of their personal experiences ("rings true"). Within Fisher's (1984, 1987) *narrative paradigm*, then, they demonstrate both *narrative probability* and *narrative fidelity*.

Lastly, Coss's audience indicated that the images gave them a way to "see" their own personal struggles, as well as to "show" or "describe" these experiences to others. It is precisely this lack of a cohesive verbal narrative to describe illness that defines what Frank (2013) termed *chaos narratives*. He explained, "the chaos narrative is always beyond speech, and thus it is what is always lacking in speech. Chaos is what can never be told; it is the hole in the telling" (p. 101). Each of Shawn Coss's *Inktober Illness* images is a snapshot of a moment in chaos, where there is no movement toward health and healing. The images reflect, and thereby acknowledge, *what is* rather than *what could be*, and defy conventional health narratives that elevate, as Frank describes them, "stories of resilience, spirit, fight" (p. 104). However, are so much more than that. Not only are they chaos narratives, they illuminate chaos, filling in what Frank called, "the hole in the telling." One viewer commented,

My brother is severly [sic] autistic and embodies several of these disorders (PTSD, ADD, Social Anxiety, Panic disorder). I have found a beauty in this specific form of drawing because it helps me understand the monsters my brother deals with. It has encouraged a stronger sense of understanding for what my brother lives with on the daily, what darkness lurks beneath his skin and how he continues everyday working his hardest to tame composure. As a person who has grown up with a brother that emcompasses [sic] the manifestations of some of these depictions, I have found an invaluable way to visually

understand his internal ordeals. It's also further encouraged me to help ease his living in any way I can.

*Inktober Illness* provides a language for those struggling to articulate the depth of their suffering, and a bridge for outsiders to understand. They are an emotional appeal, and demand a compassionate response. Frank avowed that, “the need to honor chaos stories is both moral and clinical. Until the chaos narrative can be honored, the world in all its possibilities is being denied . . . To deny a chaos story is to deny the person telling this story” (p. 109). This moral inducement satisfies the last of Fisher’s (1984, 1987) *narrative paradigm* principles and because of its visual – beyond words re-presentation(s) – provides an opportunity for identification and connection in the midst of the chaos experience.

On their own, Coss’s depictions may be merely clever interpretations of diagnostic criteria for mental health disorders – “proofs”, if you will, of technical discourse. However, when interpreted through his audience, they also become powerful visual metaphors for personal experience. It is in the interrelationship between the text and its audience that meaning is created, understanding is enriched and narrative evolves.

### **Implications**

Arthur Frank (2013) claimed that, “one of our most difficult duties as human beings is to listen to the voices of those who suffer. The voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message. . .listening is hard, but it is also a fundamental moral act” (p. 25). The demand for a national discourse about mental health that is sensitive to individual human suffering has never been more prevalent, and it continues to gain momentum as mental health diagnoses increase.



Coss's work provides a unique discourse for understanding real experiences that are particularly hard to describe in words. *Inktober Illness* demonstrates that the boundaries for thoughtfully portraying mental illness are porous and malleable, allowing for creative interpretation that simply lets a person know that they are seen, their struggles recognized as real, and that space exists for them within the discourse of our entire social fabric. Fisher (1987) articulated that, "the cognitive significance of aesthetic communication lies in its capacity to manifest knowledge, truth or reality, to enrich understanding of self, other, or the world" (p. 13). In the simplest sense, *Inktober Illness* illustrations are metaphors that visually elaborate verbal descriptions of mental illnesses. In this way, they are akin to the 'feeling faces' that pediatricians employ to help small children articulate their level of pain when they don't have the language yet to do so. They are also, however, more dynamic, as they are emotional appeals and moral inducements to do something about that pain – to not only recognize it, but to acknowledge its presence and incorporate it into a larger, national health care narrative. This may be the most challenging aspect of confronting mental illness, as it perhaps represents an existential question. Frank suggests that, "chaos stories are threatening – it shows that the image of health can be stripped away, that illness can not be forced into health, it represents weakness – we suppress the possibility that our own lives could become chaotic: the chaotic body is the other, representing only we fear for ourselves" (p.104). However, my research indicates that viewers welcomed the opportunity to visualize that threat – to give it a face and a name, and thereby gain some sense of direction and control by recognizing it as "real" through commenting on and talking about it as an individual and communal experience. In this way, the visual lexicon provided, or invited, by Coss's images make possible a communicative experience of experiences that are too often privatized and individualized.

### **Limitations and Future Work**

I collected comments that viewers had posted in response to seven of the 2016 *Inktober Illness* images posted on Shawn Coss's public Facebook page. While those commenting may have disclosed personal experiences with mental disorders, this research does not claim that individuals have been diagnosed with any particular disorder, and individual comments are not representative of a larger population of individuals suffering with mental health issues.

Further, Coss uses his public Facebook page, among other social media outlets, to publish a variety of his artwork. For that reason, it could not be assumed that an encouraging comment alone indicated an uptake of the visual rhetoric of the images – only that someone liked or appreciated the image itself. For that reason, comments expressing only an appreciation for the art or style, though initially included in the data set, were ultimately omitted from the findings.

It is important to note that *Inktober Illness* has drawn sharp criticism from people who feel that the images promote negative stereotypes of mental health disorders. However, rather than negate the significance of Coss's depictions, such arguments further demonstrate Fisher's (1984, 1987) appeal for a more textured, varied and inclusive approach to public discourse.

Important shifts are already happening, and work like Coss's encourages us to press on, dig deeper into social consciousness and grapple with our own fears and vulnerabilities that cause us to label and condemn others in the first place. Shawn Coss's work contributes to a growing community of art activists who are leveraging digital technology, unconventional mediums and social media spaces to “pursue new approaches to understanding others and continuing activist traditions of giving voice, or rather, amplifying voices of those who are continually silenced and stigmatised by illness” (Dupere, 2016, para. 2). This research has demonstrated that audiences are willing to engage with Coss's dark art as a candid narrative of mental health; whether they agree or disagree about his approach. It would be interesting to compare various artists across different

mediums, as well as continue to explore audience engagement and elaboration with artistic depictions of mental illness in both digital and analog spaces, to elucidate how artistic representation impacts those living with illnesses, as well as how it influences social awareness and cultural attributes about mental health. These findings may prove beneficial for mental health professionals, policymakers, advocacy organizations, art activists, educators, people who live with mental illness and their caregivers.

### **Conclusion**

As humans, we make sense of our world through stories and symbols that frame the information we receive, and then we act accordingly. Art provides one critical lens through which we gain deeper appreciation and keener understanding for the realities and complexities which govern our existence. Its ability to surprise us, to make unknown experiences more transparent, provides an opportunity to disrupt people's preconceived notions, perhaps leading to critical shifts in cultural beliefs and values. Kenneth Burke (1941) wrote, in the opening of his book, *The Philosophy of Literary Form*, "critical and imaginative works are answers to questions posed by the situation in which they arose. They are not merely answers, they are strategic answers, stylized answers" (p. 1). This study has attempted to demonstrate that Shawn Coss's *Inktober Illness* is, indeed, one highly strategic and stylized response to the historical and situational question of how to talk more holistically about mental health. Dark and chaotic, Coss's provocative images speak to real, lived experiences that are often difficult to articulate, yet are critical to synthesizing the dualist narratives of *evidence* and *experience* into a more complete story about humanity. As technology advances, the worlds of art and medicine will even further intertwine, endeavoring to explain the unexplainable, shining light in the dark and illuminating realities we cannot yet see.



## References

- Andalibi, N., Ozturk, P., and Forte, A. (2017). Sensitive Self-disclosures, Responses, and Social Support on Instagram: the case of #depression. *CSCW 17*.
- Any Means Necessary Clothing. (2018). Retrieved from: <https://www.amnclothing.com/pages/mental-illness>
- Baker, D. (2014) 50 Sufferers Describe Depression For People Who've Never Been Depressed. Huffington Post. Retrieved from: [https://www.huffingtonpost.co.uk/danny-baker/depression\\_b\\_5267263.html](https://www.huffingtonpost.co.uk/danny-baker/depression_b_5267263.html). Comment #19.
- Barnes, S. (2018). Interview: Artist illustrates 31 mental illnesses to fight stigmas associated with them. *My Modern Net*. Retrieved from: <https://mymodernmet.com/shawn-coss-inktober-mental-illness/>
- Barthes, R. (1957). *Mythologies*. Le Seuil. [excerpt] 10-164.
- Barthes, R. (1978). The Rhetoric of Image. In *Image – Music – Sound* (32-51). New York: Hill and Wang. Chapter retrieved from: <https://faculty.georgetown.edu/irvinem/theory/Barthes-Rhetoric-of-the-image-ex.pdf>. 152-163
- Berger, A. (2012). *Seeing is Believing: An Introduction to Visual Communications*, New York, NY: McGraw-Hill. [excerpt]. 19-77.
- Borgerson, J. & Shroeder, J. (2002). Ethical issues of global marketing: avoiding bad faith in representation. *European Journal of Marketing*. 36(5/6).
- Brummett, B. (2010). *Techniques of Close Reading*. Oakland, CA: Sage. 97-125.
- Burke, K. (1941). *The Philosophy of Form: Studies in Symbolic Action*. Berkeley, CA: University of California Press.
- Campelo, A., Gnoth, J., & Aitken, R. (2011). Visual rhetoric and ethics in marketing of destinations. *Journal of Travel Research*, 50(1). 3-14.
- Charmaz, K. (2006). *Constructing Grounded Theory: A practical guide through qualitative analysis*. London, UK: Sage Publications.
- Cheang, J. (2018). When Art and Mental Illness Collide: An Interview with Artist Derek Hess [Blog]. *Mental Health America*. Retrieved from: <http://www.mentalhealthamerica.net/blog/when-art-and-mental-illness-collide-interview-artist-derek-hess>
- Choudhry, et al. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric Disease and Treatment*, 12, 2807-2818.
- Coss, S. (2018). It's All In Your Head - A Collection of Mental Health Art. Retrieved from: <https://www.kickstarter.com/projects/shawncoss/its-all-in-your-head-a-collection-of-mental-health/description>
- Craven, J. (2018). Surrealism, the Amazing Art of Dreams. *ThoughtCo*. Retrieved from: <https://www.thoughtco.com/what-is-surrealism-183312>

- Crowe, M., (2000). Constructing Normality: a discourse analysis of the DSM-IV. *Journal of Psychiatric and Mental Health Nursing*, 7, 69-77
- Danesi, M. (2017). Visual Rhetoric and Semiotic. *Critical/Cultural Studies, Rhetorical Theory*. Retrieved from communication.oxfordre.com. DOI: 10.1093/acrefore/9780190228613.013.43
- Dupere, K. (2016). Black visual artists are bravely addressing mental health in their work. *Mashable*. Retrieved from: <https://mashable.com/2016/10/10/black-mental-health-art/#NKRgEKqR2iqm>
- Edwards, J., & Winkler, C. (2009). Representative form and the visual ideograph: The Iwo Jima image in editorial cartoons. *Quarterly Journal of Speech*, 83(3), 289-310
- Ehshes, H. (1984). Representing Macbeth: A case study in visual rhetoric. *Design Issues*. 1(1)
- Eisenhauer, J. (2008) A visual culture of stigma: critically examining representations of mental illness. *Art Education*, 61(5), 13-18
- Elliott, C. (April 12, 2015). How a visual cliché about mental health can slip through. *The Guardian*. Retrieved from: <https://www.theguardian.com/commentisfree/2015/apr/12/visual-cliche-mental-health-slip-through>
- Eysenbach, G., et al. (2004). Health related virtual communities and electronic support groups: systematic review of the effects of online peer to peer interactions. *Bmj*, 328:1166.
- Fee, D. (ed) (2000). *Pathology and the Postmodern: Mental Illness as Discourse and Experience*. London: Sage.
- Fisher, W. (1984). Narration as a human communication paradigm: The case of public moral argument. *Communication Monographs*. 51. 1-22.
- Fisher, W. (1987). *Human Communication as Narration*. Columbia, SC. University of South Carolina Press.
- Forceville, C. (2008). Metaphor in pictures and multimodal representations. In *The Cambridge handbook of metaphor and thought*. Cambridge: Cambridge University Press, 462-482.
- Foss, S. (2004). *Rhetorical criticism: Exploration and practice*. Long Grove, IL: Waveland Press.
- Foss, S. (2005). Theory of visual rhetoric. In Smith, K, Moriarty, S., Barbatsis, G, & Kenney, K. (Eds) *Handbook of visual communication: Theory, methods, and media*. Mahwah, NJ: Lawrence Erlbaum. 141-152.
- Fox, D. (2016). Dark Surrealist Art. Retrieved from: <https://davidcharlesfox.com/dark-surrealist-art/>
- Frank, A. (2013). *The Wounded Storyteller*. Chicago, IL: The University of Chicago Press.
- Gillies, V. et al. (2005). Painting pictures of embodied experience: the use of nonverbal data production for the study of embodiment. *Qualitative Research in Psychology*, 2, 199-212.

- Gilman, S. (1995). *Picturing Health and Illness: Images of Identity and Difference*. Baltimore, MD: Johns Hopkins University Press.
- Gries, L. (2015). *Still life with rhetoric*. Boulder, CO: University Press of Colorado.
- Hawn, C. (2009). Take two aspirin and tweet me in the morning: How Twitter, Facebook, and other social media are reshaping health care. *Health Affairs*, 28(2), 361-368
- Harrison, B. (2002). Seeing health and illness worlds—using visual methodologies in a sociology of health and illness: a methodological review. *Sociology of Health & Illness*, 24(6), 856–872.
- Huntington, H. (2016). Pepper spray cop and the American dream: Using synecdoche and metaphor to unlock internet memes’ visual political rhetoric. *Communication Studies*, 67(1), 77-93.
- Harold, C. (2004). Pranking rhetoric: “Culture jamming” as media activism. *Critical Studies in Media Communication*, 21(3), 189-211.
- Hocks, M. (2003). Understanding visual rhetoric in digital writing environments. *College Composition and Communication*, 54(4), 629-656
- Huckin, T., Andrus, J., & Clary-Lemon, J. (2012). Critical discourse analysis and rhetoric and composition. *College Composition and Communication*, 107-129.
- Iedema, R. (2003). Multimodality, resemiotization: Extending the analysis of discourse as multi-semiotic practice. *Visual communication*, 2(1), 29-57.
- Jones, J. (January 13, 2015) A short history of mental illness in art. The Guardian. Retrieved from: <https://www.theguardian.com/society/christmas-charity-appeal-2014-blog/2015/jan/13/-sp-a-short-history-of-mental-illness-in-art>
- Kennedy, J. (2008). Metaphor in art. In R.W. Gibbs (Ed.) *Metaphor and thought* (3rd Edition). Cambridge: Cambridge University Press. 447-461
- Kobau, R., et al. (2012) *Attitudes toward mental illness: results from the behavior risk factor surveillance system*. Atlanta, GA: Centers for Disease Control and Prevention
- Kostelnick, C. (1996). Supra-textual design: The visual rhetoric of whole documents. *Technical Communication Quarterly*, 5(1), 9-33.
- Kress, G., & Van Leeuwen, T. (2002). Colour as a semiotic mode: Notes for a grammar of colour. *Visual communication*, 1(3), 343-368.
- Larson, Z. (2018). America’s Long-Suffering Mental Health System. *Origins*. 11(7). Ohio State University and Miami University. Retrieved from: <http://origins.osu.edu/article/americas-long-suffering-mental-health-system>
- Lazard, A., & Bamgbade, B. (2016) Using Visual Metaphors in Health Messages: A Strategy to Increase Effectiveness for Mental Illness Communication. *Journal of Health Communication*, 21, 1260-1268.
- Manikonda, L., & De Choudhury, M. (2017). Modeling and understanding visual attributes of mental health disclosures in social media. CHI 2017. Denver, CO, USA.



- McGinty, E., et al., (2016). Trends in News Media Coverage of Mental Illness in the United States: 1995-2014). *Health Aff (Millwood)*, 35(6), 1121-1129.
- McQuail, D. (1984). With the benefit of hindsight: Reflections on uses and gratifications research. *Critical Studies in Mass Communication*, 177-193.
- McQuarrie, E., & Mick, D. (1999). Visual rhetoric in advertising: text-interpretive, experimental, and reader-response analysis. *Journal of consumer Research*, 26(1). 37-54.
- MoMALearning (n.d.). Surrealism. Retrieved from:  
[https://www.moma.org/learn/moma\\_learning/themes/surrealism/](https://www.moma.org/learn/moma_learning/themes/surrealism/)
- Naslund, J., et al. (2014). Naturally occurring peer support through social media: the experiences of individuals with severe mental illness using YouTube. *PLOS ONE*, 9(10).
- National Institute of Mental Health (NIMH), (2018). Retrieved from:  
[https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part\\_155771](https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_155771)
- Phillips, B., & McQuarrie, E. (2004). Beyond visual metaphor: a new typology of visual rhetoric in advertising. *Marketing Theory*, 4(1/2), 113-136.
- Ruggiero, T. (2000). Uses and gratifications in the 21st century. *Mass Communication & Society*, 3(1), 3-37.
- Rustin, T. (2008). Using artwork to understand the experience of mental illness: mainstream artists and outsider artists. *GMS Psycho-social-medicine*, 5
- Rusu, M. (2017). Empathy and communication through art. *Review of Artistic Education*, 14, 139-146.
- Schoeneman, T. et al. (1994). Seeing the insane in textbooks of abnormal psychology: the uses of art in histories of mental illness. *Journal for The Theory of Social Behavior*, 24(2), 111-141.
- Scott, L. (1994). Images in Advertising: The need for a theory of visual rhetoric. *Journal of Consumer Research*, 21, Pp. 252-273.
- Sieger, J. (1987). Visual Metaphor as Theology: Leo the Great's Sermons on the Incarnation and the Arch Mosaics at S. Maria Maggiore. *Gesta*, 26(2), 83-91.  
<https://www.journals.uchicago.edu/doi/pdfplus/10.2307/767086>
- St. Clair, R. (2000). Visual metaphor, cultural knowledge, and the new rhetoric. In Reyhner, J, et al. (Eds), *Learn in Beauty: Indigenous Education for a New Century*. Flagstaff, AZ: Northern Arizona University. 85-101.
- Stout, P., Villegas, J., & Jennings, N. (2004). Images of mental illness in the media: identifying gaps in the research. *Schizophrenia Bulletin*, 30(3), 543-561.
- Stuckey, H., & Nobel, J. (2010) The connection between art, healing, and public health: a review of current literature. *Framing Health Matters*, 100(2), 254-263.
- Taylor, L. (1990). The rainbow serpent as visual metaphor in Western Arnhem Land. *Oceania*. 60(4). 329-344. [https://www.jstor.org/stable/40332450?seq=1#page\\_scan\\_tab\\_contents](https://www.jstor.org/stable/40332450?seq=1#page_scan_tab_contents)



- Thompson, R. (2012). Looking healthy: visualizing mental health and illness online. *Visual Communication*, 395-420.
- Thompson, R., and Furman, R. (2018). From mass to social media: governing mental health and depression in the digital age. *SIAS Faculty Publications*, 836, 397-429.
- Wahl, O. (1992). Mass media images of mental illness: a review of the literature. *Journal of Community Psychology*, 20, 343- 352.
- Werner, W. (2004). "What does this picture say? Reading the intertextuality of visual images. *International Journal of Social Education*, 19(1), 64-77.
- Whiting, A., and Williams, D. (2013). Why people use social media: a uses and gratifications approach. *Qualitative Market Research: An International Journal*, 16(4), 362-369.
- Wikipedia contributors. (2018, September 21). Enthymeme. In *Wikipedia, The Free Encyclopedia*. Retrieved 02:53, December 12, 2018, from <https://en.wikipedia.org/w/index.php?title=Enthymeme&oldid=860580482>
- Wright, J., (2017). The Dangerous Rhetoric of Mental Illness. *Eidolon*. Retrieved from: <https://eidolon.pub/crazy-talk-7a2c9c575ebf>.
- Wright, K., & Webb, L. (2011). *Computer Mediated Communication in Personal Relationships*. Washington, D.C./Baltimore: Peter Lang.

## INKTOBER ILLNESS APPENDIX A

### Visual Analysis with Diagnostic Criteria and Quotes/Examples from Facebook Comments


Inktober Illness Image	Visual Analysis	Descriptions of DSM - 5 Diagnostic Criteria	Facebook Comments
	<p><b><u>Major Depressive Disorder (Day 8)</u></b> An overwhelming feeling of being stuck, mired in something that clings to every part of the sufferer, pulling ever downward. A lone figure is attempting to get up, judging from the upward bend of the upper back and elevated head, but is continually drawn downward by a sticky substance that wraps around their neck, arms and hands, inhibiting their action. While the face may be interpreted as a grimace, there is a gentle arc in the eyebrow that conveys more of an attempt to smile or to 'put the best face forward', while sinking into the murk. This 'person's' legs have dissolved, leaving them immobile and unable to run away from their distress, and the emaciated frame indicates that, despite their efforts, their very life is being drained. To the viewer, their circumstance is dire and hopeless, yet the uplifted head and arms seem to indicate an attempt at outward expression – perhaps a plea for help or façade of normalcy.</p>	<p><b><u>Major Depressive Disorder<sup>3</sup></u></b></p> <ul style="list-style-type: none"> <li>– Depressed mood most of the day, nearly every day.</li> <li>– Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.</li> <li>– Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.</li> <li>– A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).</li> <li>– Fatigue or loss of energy nearly every day.</li> <li>– Feelings of worthlessness or excessive or inappropriate guilt nearly every day.</li> <li>– Diminished ability to think or concentrate, or indecisiveness, nearly every day.</li> <li>– Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.</li> </ul>	<p><i>"This is EXACTLY how it feels: being pulled down, trapped and not being able to do anything because you can't move. It feels like your bones are rusty or like you are trapped in tar. And there's also this mixture of sadness and numbness. And sometimes really terrible pain, which makes you feel trapped as well, while you're desperately trying to escape and get out. And you are never able to do it, cause the tar is way too sticky."</i></p>
	<p><b><u>Social Anxiety Disorder (Day 9)</u></b> A figure pulling away and avoiding a throng of talon-like hands that grab and claw, crowding ever closer. The 'person' looks towards the intruding hands, wide-eyed and with a pained and fearful expression, while hugging himself and covering away from the unusually long, disembodied arms that reach toward him. The legs are truncated, so he can't run away and there is nowhere to hide. With teeth gritted, this 'person' looks backward towards the extended hands and arms, watching them as they press in, pushing him down and cornering him, conveying a sense of imminent danger though the threat is unclear.</p>	<p><b><u>Social Anxiety Disorder<sup>4</sup></u></b></p> <ul style="list-style-type: none"> <li>– Fear of acting in a way that will reveal anxiety symptoms that will be negatively evaluated by others. In children, the anxiety must occur when the child is among peers and not just adults.</li> <li>– The social situations almost always cause fear and anxiety.</li> <li>– The social situations are avoided or endured with intense fear.</li> <li>– The fear or anxiety is out of proportion to the actual threat posed by the situation.</li> </ul>	<p><i>"My social anxiety used to be bad enough that I hated going outside, never made eye contact, wouldn't talk for weeks... thanks for doing these drawings."</i></p>

<sup>3</sup> <https://www.psycom.net/depression-definition-dsm-5-diagnostic-criteria/>

<sup>4</sup> <https://www.psycom.net/social-anxiety-disorder-overview#diagnosticcriteria>

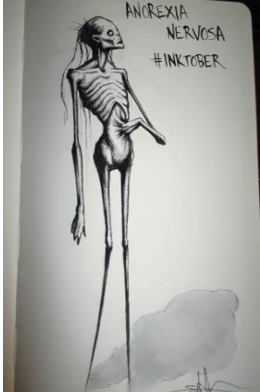
## INKTOBER ILLNESS APPENDIX A

### Visual Analysis with Diagnostic Criteria and Examples from Facebook Comments

Inktober Illness Image	Visual Analysis	Descriptions of DSM - 5 Diagnostic Criteria	Facebook Comments
	<p><b>Post Traumatic Stress Disorder (Day 11)</b></p> <p>Unlike many of the other images in this series, the threat itself is personified as a alien-like monster with a gaping maw that forces its victim to face it by holding his chin, torso and legs. The individual's arms and legs are shackled together and there is a hole in the center of his chest where his heart would be - a piece of him is literally missing. With his face angled upward towards the beast that holds him in its grip, his expression appears overcome with fear, even anguish. The angle at which the monster holds the individual's chin towards it suggests that he has tried to resist looking at it. And the resigned body language of the individual seems to suggest that this episode has been repeated before - like a flashback - there is no indication of struggle, aside from having his head to face the demon. Held fast, there is nothing he can do but be consumed by this dark, gangly nightmare with limbs long enough to completely enwrap him or reach him if he were to try to get away. The sense is that there is no escape; the individual is completely and utterly within the nightmare's grip, chained, without hope.</p>	<p><b>Post Traumatic Stress Disorder<sup>5</sup></b></p> <p><u>Criterion A:</u> stressor (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):</p> <ul style="list-style-type: none"> <li>- Direct exposure, Witnessing the trauma, Learning that a relative or close friend was exposed to a trauma, Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)</li> </ul> <p><u>Criterion B:</u> intrusion symptoms (one required): The traumatic event is persistently re-experienced in the following way(s):</p> <ul style="list-style-type: none"> <li>- Unwanted upsetting memories, Nightmares, Flashbacks, Emotional distress after exposure to traumatic reminders</li> <li>Physical reactivity after exposure to traumatic reminders</li> </ul> <p><u>Criterion C:</u> avoidance (one required) Avoidance of trauma-related stimuli after the trauma, in the following way(s):</p> <ul style="list-style-type: none"> <li>- Trauma-related thoughts or feelings, Trauma-related external reminders</li> </ul> <p><u>Criterion D:</u> negative alterations in cognitions and mood (two required)</p> <ul style="list-style-type: none"> <li>- Negative thoughts or feelings that began or worsened after the trauma, in the following way(s): Inability to recall key features of the trauma, Overly negative thoughts and assumptions about oneself or the world,</li> <li>- Exaggerated blame of self or others for causing the trauma, Negative affect, Decreased interest in activities, Feeling isolated, Difficulty experiencing positive affect</li> </ul> <p><u>Criterion E:</u> alterations in arousal and reactivity Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):</p> <ul style="list-style-type: none"> <li>- Irritability or aggression, Risky or destructive behavior, Hypervigilance, Heightened startle reaction, Difficulty concentrating, Difficulty sleeping.</li> </ul>	<p><i>"Almost every day I relive my moms death over and over again. So these pictures have a lot of meaning to me. Thank you for doing them!"</i></p> <p><i>"I know you don't know me but it helps, to have someone articulate all the scrambled feelings and thoughts into a cohesive image. Like putting a face to a name. So thanks... I needed this."</i></p>

<sup>5</sup> <https://www.brainline.org/article/dsm-5-criteria-ptsd>


**INKTOBER ILLNESS  
APPENDIX A**

Visual Analysis with Diagnostic Criteria and Examples from Facebook Comments			
Inktober Illness Image	Visual Analysis	Descriptions of DSM - 5 Diagnostic Criteria	Facebook Comments
Visual Analysis with Diagnostic Criteria and Examples from Facebook Comments			
Inktober Illness Image	Visual Analysis	Descriptions of DSM - 5 Diagnostic Criteria	Facebook Comments
	<p><b><u>Anorexia Nervosa (Day 12)</u></b> The essential form of a once beautiful woman. She stands tall, shoulders back and lower leg angled to the side in a posture that is reminiscent of someone posing. However, she is deathly thin, her long hair now thin and stringy and face gaunt with hollow cheekbones and eyes. We can see every rib, tendon and bone, though her thin, frail hand attempts to "pinch and inch" of fat on her emaciated body. Even though she is entirely skin and bones, the obese shadow she casts suggests that she perceives herself, or is perceived by others, as being fat.</p>	<p><b><u>Anorexia Nervosa<sup>6</sup></u></b></p> <ul style="list-style-type: none"> <li>- Persistent restriction of energy intake leading to significantly low body weight (in context of what is minimally expected for age, sex, developmental trajectory, and physical health) .</li> <li>- Either an intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain (even though significantly low weight).</li> <li>- Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.</li> </ul>	<p><i>"I suffered from this illness when I was younger and this is spot on. Grabbing the non-existent fat and still seeing a fat person even though you are skin and bones is exactly what it feels like. Thank you for these!"</i></p>

<sup>6</sup> <https://www.eatingdisorders.org.au/eating-disorders/what-is-an-eating-disorder/classifying-eating-disorders/dsm-5>

**INKTOBER ILLNESS  
APPENDIX A**

**Visual Analysis with Diagnostic Criteria and Examples from Facebook Comments**

Inktober Illness Image	Visual Analysis	Descriptions of DSM - 5 Diagnostic Criteria	Facebook Comments
	<p><b>Attention Deficit Disorder (Day 19)</b>            Distracted. Frustrated. Frozen or stuck in place. So many eyes. So much visual input. So many things to pay attention to that one is pulled in too many directions at once. One's attention drawn away to look at the birds then to the flowers. And those parts of one's attention that are drawn elsewhere are completely fixated on the objects of their interest (birds and flowers), signifying hyperfocus. Meanwhile, the caught in the middle is the self, eyes moving in every direction, mouth agape and smoke billowing from his ears, overwhelmed by sensory input and an inability to reign-in distractions. Incapacitated and unable to move in any one particular direction because he can't reel his mind in enough to focus it on any one thing. And he's aware of it.</p>	<p><b>Attention Deficit Hyperactivity Disorder<sup>7</sup></b></p> <ul style="list-style-type: none"> <li>- <b>Inattention:</b> Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities; Often has trouble holding attention on tasks or play activities; Often does not seem to listen when spoken to directly; Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked); Often has trouble organizing tasks and activities; Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework); Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones); Is often easily distracted; Is often forgetful in daily activities.</li> <li>- <b>Hyperactivity and Impulsivity:</b> Often fidgets with or taps hands or feet, or squirms in seat; Often leaves seat in situations when remaining seated is expected; Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless); Often unable to play or take part in leisure activities quietly; Is often "on the go" acting as if "driven by a motor"; Often talks excessively; Often blurts out an answer before a question has been completed; Often has trouble waiting his/her turn; Often interrupts or intrudes on others (e.g., butts into conversations or games)</li> </ul>	<p><i>"This is exactly it. I was diagnosed very recently with ADD (I'm 32) and it explains so much. It's not just losing things or getting distracted--it's constant chaos and indecision in the moment, and then in the long run a sort of emptiness and stagnation because ultimately you're pulled in so many directions that you wind up staying in one place. I think this captures that."</i></p> <p><i>"HAHA I have ADHD and love how you put the birds and flower for distractors! Absolutely LOVE and can relate to this drawing!"</i></p>



**Visual Analysis with Diagnostic Criteria and Examples from Facebook Comments**

Inktober Illness Image	Visual Analysis	Descriptions of DSM - 5 Diagnostic Criteria	Facebook Comments
------------------------	-----------------	---	-------------------

<sup>7</sup> <https://www.cdc.gov/ncbddd/adhd/diagnosis.html>

**INKTOBER ILLNESS  
APPENDIX A**

**Visual Analysis with Diagnostic Criteria and Examples from Facebook Comments**

Inktober Illness Image	Visual Analysis	Descriptions of DSM - 5 Diagnostic Criteria	Facebook Comments
	<p><b><u>Panic Disorder (Day 23)</u></b> Heart leaping violently out of the figure's chest, complete disconnectedness of the limbs and an entangled cord around the figure's neck signify heart pounding, chest pain, choking, feeling detached and unable to control the attack. His arms and legs are disconnected from his body, though the claw-like shape of his hands suggests that he's trying to at least grab ahold of the string encircling his neck, even as it pulls tighter. His entire face is contorted in a grimace, as if gasping for air. Distinct from some of the other images is an obvious pain - heart ripping through his chest, arm and hands straining as he chokes.</p>	<p><b><u>Panic Disorder</u></b><sup>8</sup> Palpitations, pounding heart, or accelerated heart rate, Sweating, Trembling or shaking, Sensations of shortness of breath or smothering, A feeling of choking, Chest pain or discomfort, Nausea or abdominal distress, Feeling dizzy, unsteady, lightheaded, or faint, Feelings of unreality (derealization) or being detached from oneself (depersonalization), Fear of losing control or going crazy, Fear of dying, Numbness or tingling sensations (paresthesias), Chills or hot flushes.</p>	<p><i>"I just feel a relation to this. I often get odd, mild anxiety moments at night trying to go to sleep and the heart beating out of the chest is similar to what I feel, or feeling like a limb is disconnected at other random anxious moments. All these drawings have been amazing."</i></p>
	<p><b><u>Bulimia Nervosa (Day 24)</u></b> Pretty straightforward image of figure vomiting profusely, while the word "thinner" inscribed in the vomit indicates the motivation. Their extremely thin legs and awkwardly elongated arms, along with what appears to be a relatively 'normal' torso, may suggest some body dysmorphia. There is no receptacle for the vomit, connoting perhaps that the desire to 'purge' can arise at any time and that the individual may not have any control over their urge. The draped, hanging posture, leaning slightly to the side suggests a tiredness or feeling of fatigue.</p>	<p><b><u>Bulimia Nervosa</u></b><sup>9</sup> Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:</p> <ul style="list-style-type: none"> <li>- Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.</li> <li>- A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).</li> <li>- Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.</li> <li>- The binge eating and inappropriate compensatory behaviours both occur, on average, at least once a week for three months.</li> <li>- Self-evaluation is unduly influenced by body shape and weight.</li> <li>- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.</li> </ul>	<p><i>"This drawing really resonates with me. I suffered from bulimia for a short period of my life. Sometimes I still have the urge to "purge" as they call it, even though I know that throwing up is actually bad for your health."</i></p>

<sup>8</sup> <https://www.verywellmind.com/diagnosing-panic-disorder-2583930>

<sup>9</sup> <https://www.eatingdisorders.org.au/eating-disorders/what-is-an-eating-disorder/classifying-eating-disorders/dsm-5>



**INKTOBER ILLNESS  
APPENDIX B**

*Inktober Illness Facebook Comments: Emergent Themes and Quotes/Examples*

Theme	Description	Quotes/Examples
<p><b><u>Accuracy of Imagery</u></b>  <b>Belief that images are accurate visual representations of lived experience.</b></p>	<ul style="list-style-type: none"> <li>- Using the term “accurate,” or a similar term or synonym (e.g., “perfect,” “Spot-on,” etc.</li> <li>- Expressing gratitude.</li> <li>- Articulating an emotional connection.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>“Accurate. Very accurate”; “This captures it perfectly.”</i></li> <li>- <i>“Thank you for making this, this is so beautiful and means so much to me.”</i></li> <li>- <i>“I’ve been struggling with ptsd for four years. I have to say this image really moved me.”</i></li> </ul>
<p><b><u>Creating Awareness</u></b>  <b>Images Create and/or Expand Awareness, Understanding and Social Support about Mental Health</b></p>	<ul style="list-style-type: none"> <li>- Using terms such as “awareness,” or ‘helps others understand.’</li> <li>- Indicating that viewer gained knowledge or insight through the image/series of images.</li> <li>- Receiving social support.</li> <li>- Reporting that viewer learned about images through a different media outlet.</li> <li>- Posting additional information related to Mental Health.</li> <li>- Tagging.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>“Thank you for bringing attention and normalcy to mental health. I hate that there is such a stigma that comes along with mental disorders. Thank you for taking the time to help others understand what people who suffer from these disorders fight everyday.”</i></li> <li>- <i>“Thanks for doing these. It not only helps me understand a little differently what other people have to go through, but hopefully it also helps validate the specific feelings certain people have to experience, whether they've been diagnosed or not.”</i></li> <li>- <i>“LOOK at what he has done!! I haven’t felt so well about sharing and reading stories about mental illnesses, I feel less alone.”</i></li> <li>- <i>“I found his page through an online article and I went through most of his posts from the last month or so admiring his work.”</i></li> <li>- <i>“Je viens de découvrir que les civils aussi pouvaient avoir un PTSD ahah (I just found out that civilians too could have a PTSD ahah)</i></li> <li>- <i>“[TAG NAME]- this makes me think of *J.P.’s bad days.”</i></li> </ul>
<p><b><u>Articulating Experience</u></b>  <b>Images help to articulate lived experience.</b>          ➤ <b>Images bridge a language and/or communication barrier</b></p>	<ul style="list-style-type: none"> <li>- Using terms or phrases that indicate that image describes or explains lived experience.</li> <li>- Using image to “show” others.</li> <li>- Indicating that images helps self to “see” own experience.</li> <li>- Indicating that images help others “see” experience of illness.</li> <li>- Implying Audience (“message”).</li> <li>- Tagging w/ reference to self or other’s experience.</li> </ul>	<ul style="list-style-type: none"> <li>- <i>I was talking to a tattoo artist about how hard it was to describe how PTSD feels, I call it the darkness but its hard to explain. And then I see your sketch and it shows exactly how it feels.”</i></li> <li>- <i>“You've given me a way of showing others how it feels”</i></li> <li>- <i>“This gave me chills. It's like looking in a mirror that actually lets me see my demons.”</i></li> <li>- <i>“My 11 year old son is ADHD, I've wanted to see what he feels. This brought me to tears. Thank you for showing me.”</i></li> <li>- <i>“This is a perfect representation. Having the character still grabbing the "fat" on their stomach &amp; depicting the "fat" shadow as what they see themselves as really drives the message home about what goes on in a person's brain who suffers from this. This is how I felt every minute of every day.”</i></li> <li>- <i>“*M.D. - look at the ones for my disorders too. I feel like the pictures explain how it feels better than words can.”</i></li> </ul>