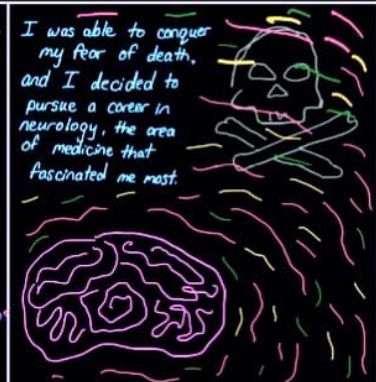
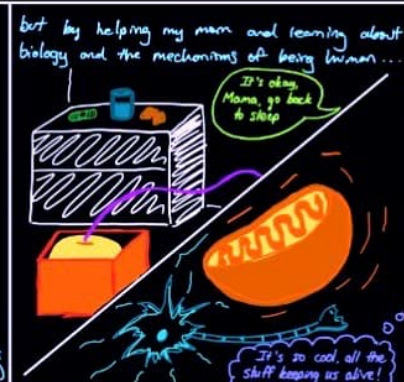
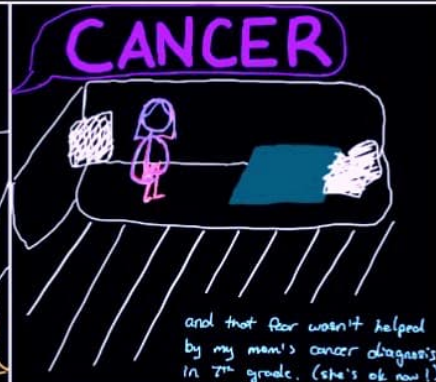
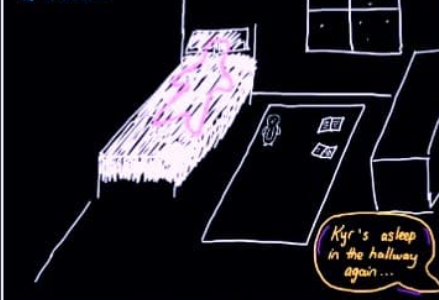
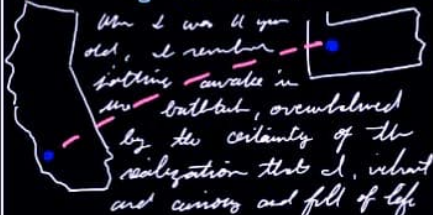


The story I've always told about me and medicine is:

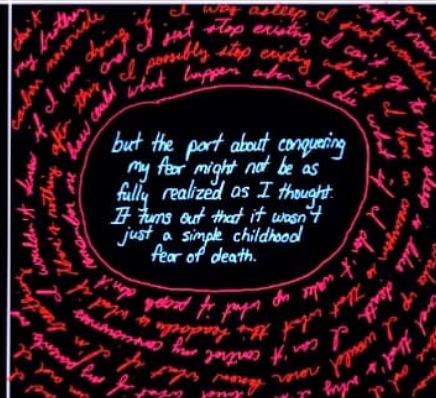
I was terrified of death as a child...



It's a good story - I told it in my common application essay - and it is true:



my mom's illness and my fear of death really did send me on the path where I find myself today.



The panic over dying really isn't as bad now, but it's been supplanted by new fears.



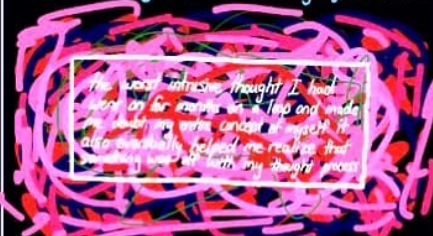
After a series of very panicky moments throughout my first few weeks of college, my friend suggested - really insisted - that I make an appointment with the counselling center.

The result of that meeting was a probable diagnosis:



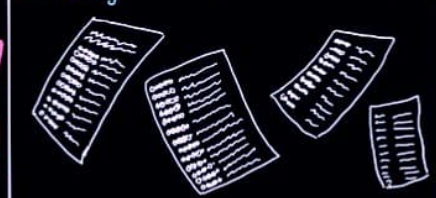
Woowow, I NEVER would have guessed... ↳ a friend's sarcastic response. I wasn't that surprised.

I had suspected OCD for a while - a couple of intrusive thoughts I had were very typical of it.



I think my previous therapist dismissed my theory because my compulsions are mostly mental - no handwashing or door knob tapping, just endless thinking.

Accepting the diagnosis has been significantly more difficult than I thought. Realizing how many things - that are normal to me - might be obsessive or compulsive was unsettling.



It's hard to tell what's me and what isn't.

I keep questioning whether I actually want to be a doctor or if it's a result of some perfectionistic obsession...



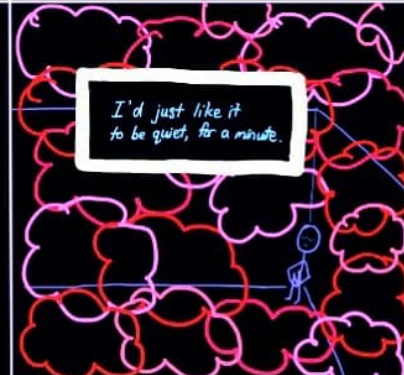
and even if I do, I'm not sure I can anymore.

I always felt like I thrived in stressful environments, but I'm realizing that it has always been driven by OCD, to a certain extent.



If I'm working to treat it, I don't know if what's left behind will be enough to get me through med school and residency.

I'm supposed to be working on viewing my OCD as separate, but everything I can hear just sounds like me. Hopefully I'll eventually be able to tell the difference. Right now, though, I'm tired of fighting what feels like myself.



Lately, I've been spending a lot of time thinking - ironically - about time



Mostly about all the time I've lost

There's so much time I don't remember...



... and when I thought about it too long, I had a panic attack in front of my door, the kind where your body feels like static.

It's infuriating that everything that seems to make me feel better turns out to be compulsive.



When the numb fog lifts, there's a lot of anger at a lot of different things.

It's been two months since I wrote the last comic. I think I hoped I'd look back on it someday with a sense of accomplishment or excitement - look how far I've come!

I'm not there yet.

There has been progress. It's not linear at all, and at this point I don't know if I'm any "better." I know more now, though, and that's worth a lot.



I don't know how many days I spent alone in my room, when time warped and went funny and then disappeared altogether.

I know it was a lot. Part of me wants to know exactly how many, to go back and count, catalogue every empty day.



I started writing down everything I feel in a day - which thoughts I have, how I feel about them, whether it was more of a good or a bad day.



I needed written proof because in hindsight everything blends into the numb feeling that's been wrapped around me for a long time, where everything is - fine. I'm fine.

I'm so viscerally aware of all the time I'm losing now, while I try to convince myself not to stop talking to everyone I know.

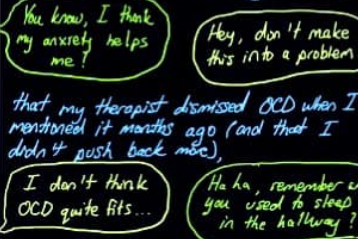


Kyr, focus on what's around you... what does the tea smell like? Nothing is real. I can't remember... Mint...



It devolved pretty quickly into just spiralling, and after my last therapy visit, it's not something I'm supposed to do anymore.

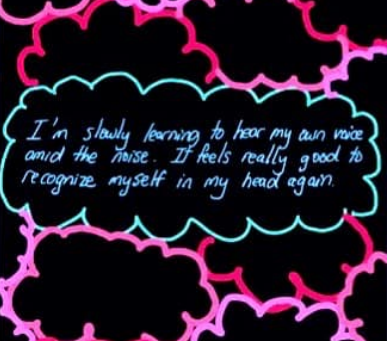
I'm angry that no one really listened when I talked about being anxious,



and that more than a decade of clearly abnormal behaviour was dismissed and brushed over again and again and again.



But more than the anger is the grief - it just keeps going.



I'm slowly learning to hear my own voice amid the noise. It feels really good to recognize myself in my head again.



I wish it hadn't been so long.

“It Keeps On Going” – Afterword and Reflection

Before I talk about the composition process for this comic, I want to give context for where I was emotionally when I wrote it. While most of my transition to college has been smooth, the problems I had in high school followed me across the country, probably because they come as a package deal with my brain. I’ve never had a specific diagnosis for the thought process in my brain that leaves me hyperventilating and crying when I can’t do something perfectly or when I can’t stop thinking about whether I might have done something wrong. Not having a name for it made me feel for a long time that it was just how my brain worked, a conviction that was also reinforced by the responses I got from those around me. My parents usually called it a lack of resilience, teachers called it a tendency towards perfectionism, and a previous therapist ascribed it to generalized anxiety.

As I note in the comic, I’ve suspected OCD for a few years. It turns out that my suspicions weren’t unfounded and I’m now undergoing Exposure and Response Prevention therapy (ERP) for what I now know is OCD. ERP involves exposing myself to things that trigger obsession-related anxiety, and then preventing myself from doing the behaviors that usually alleviate it. It’s exhausting. When I wrote the first part of the comic, I was only a couple of weeks into therapy; by the time I wrote the second, it had been more than two months of trying to rework the way that my brain responds to anxiety. In the time between when I wrote the two comics, the way that I viewed my diagnosis and my response to it evolved significantly, which I think is noticeable between the two comics.

Originally, I wanted to tell the story I’ve always told about how I got interested in medicine for this assignment. When I went to draw it, though, it felt inauthentic. In preparation for this assignment, we read a portion of “The Graphic Medicine Manifesto” written by MK Czerwiec, a nurse who explores themes of medicine and caregiving in her comics and who

promotes the titular graphic medicine – essentially illustrated comics made about medicine and what it is like to work in healthcare – as an important way to prevent provider burnout. In this piece, Czerwiec describes the narrative constipation experienced by healthcare workers after years of exposure to disturbing and potentially traumatic stories with no good way to process their experiences. As described in other readings, the easy-to-comprehend narrative of healthcare workers as heroes tends to fall flat after they are overworked, overwhelmed, and superficially over-glorified by systems that continue to fail to take care of them. While significantly different – I’m not even a medical student yet, much less a doctor – telling the “nice” story of how I became interested in medicine has started to wear on me recently.

The second comic came as a natural progression from the end of the first one. As I mention in one of the panels of this sequel, I had hoped to eventually look back on the original comic and feel like I had made progress. Despite my frustration with the convention of making real-life experiences into tidy arcs of character development, I wanted that neat, clean narrative in which I returned triumphant to give the update that I have everything figured out. The version of me writing the second comic had none of the clarity that the version of me which wrote the first hoped that I would have, and I think the product reflects the continuing uncertainty of my experience.

Czerwiec talked about how their first comic was the result of a one-off drawing that they, on a whim, enclosed in a box. They also explain how comics gradually became a way for them to process their experiences more adeptly than with words or visual art alone – the combination offers a greater sense of catharsis than either on their own can provide. Writing on its own – my usual choice for processing – has failed me as of late, and so I decided to use this assignment as an opportunity to parse through the mess of what I was feeling. Much like

Czerwiec, I ended up at an unexpected moment of insight by the time I completed each section of the comic, even if it didn't necessarily make the feelings any less messy.

I rarely start any kind of expression with an end goal in mind – usually, as for Czerwiec, the origin is a blank sheet of paper and too many thoughts in my mind. This time, I had an idea of where to start – I wanted to explore how recent events had upended the ease with which I could tell the familiar narrative of how I became interested in medicine. It worked out well because I still had no set place where I wanted to end, and so the narrative was able to flow in the direction that it needed to once I finished outlining the old narrative and introduced the idea that it wasn't quite so simple. I ended the first comic with a panel where I wished for it to just be quiet, and I felt like it presented a good ambiguous ending point to which I could later add on; it wasn't a dramatic conclusion or a stopping point that required a particular arc to continue, so I could add whatever I felt like adding when I went to write the sequel comic.

For a later assignment, I chose to revise my original “Graphic Medicine” assignment by writing and drawing a new sequel comic of a similar length. I did not change the original comic for two reasons. First, I didn't feel like there were any dramatic structural, narrative, or visual adjustments that needed to be made to the original work as I feel it was successful in illustrating the emotions I was feeling at the time I wrote it. Secondly, I felt that the sequel comic would be more powerful set next to an unaltered version of the original: by not changing the first comic, I enhanced the sense of temporal separation between the first and the second and made it clear that they represented different points in my experience with my OCD diagnosis.

I believe the sequel comic significantly changes the impact of the work compared to just the first comic alone. The existence of the sequel comic in the first place alters the value of the first: it makes it part one of a narrative rather than a whole on its own. Originally, the message implied by the ending of the first comic is melancholy and slightly hopeful: the conclusion of

my response to my new diagnosis is tired but cautiously optimistic, with a simple wish for a few moments of quiet. With the addition of the sequel, there are significantly more complex emotions involved. Looking at the first comic, I think that the degree to which I felt unmoored by the diagnosis is very apparent – there is a lot of uncertainty in what I’m writing, and a sense of being unsure about almost everything. At the time, I was slightly in shock and most of the emotions associated with the diagnosis hadn’t yet evolved. The sequel comic provides the update on everything that eventually came crashing through and takes the narrative from a simple one about an immediate reaction to new information to a more complex story about the amalgamation of emotions that can coexist in response to life-altering news. Both comics are retrospective in some ways: I spend time in both reflecting on my childhood, but the sense of loss that I feel is much more apparent in the second.

Compositionally, there were a couple of specific choices that I made that remained the same between the two comics, and a few that shifted. I continued to use a particular set of red and pink colors to illustrate intrusive thoughts visually; I chose them originally because I found them difficult to look at against the black of the background that I chose but equally difficult to ignore. Those two qualities align with my experience of intrusive and obsessive thoughts and stand out when looking at the set of panels. In the first comic, I wrote out intrusive thoughts in one panel in a circular pattern in cursive lettering; in the second, I wrote them out in all capital letters going straight across. While I considered changing the first comic to match the second, I found that both are accurate visual descriptions. Sometimes the thoughts are looping and more sinister because they seem perfectly logical to some part of my brain, and sometimes they are glaring, messy, and loud. Having both represented feels like a more complete picture of the way I experience having OCD.

I chose to use a light purple color for the borders as well as any figures or objects in

the comics that existed in the background or to which I didn't want to draw too much attention. While I could have used white, it tends to look particularly glaring against the black background and I decided to reserve white instead for a few panels in the second comic that I wanted to stand out when compared to the rest of the work. The narrative in both remains a light blue. I used more light greens in the second comic to color in any objects that I wanted to stand out against the purple of the background and borders, which I think was an effective visual choice. Despite these slight color variations, the use of blue for the narration of both comics, of pink and red for the intrusive thoughts, and purple by the background and borders means that the two comics are still unified aesthetically and clearly a part of a single narrative.

One challenge I had in the second comic was to visually represent the overwhelming grief that I describe feeling. I considered using typical depictions like clouds, but I had already used cloud-like thought bubbles to illustrate the intrusive thoughts and I wanted something that would be distinct from those representations. I also wanted to capture the sense of loss and absence that I have been feeling beyond just sadness. Ultimately, I chose to use short white lines that take up the entirety of four panels in the comic; the lack of color corresponds to the sense of absence and loss, and the repetitive continuous lines were intended to evoke a downpour that doesn't seem to have an end or a beginning. Although I am mostly happy with how it turned out, I think it might have been more effective if the colors were inverted; however, my original choice to have a black background made this impossible.

I think the biggest impact of the sequel comic are those panels that are almost empty aside from the white lines that I used to represent grief and loss. While the ending of the first comic is melancholic, it retains a sense of hope. Although the second comic's ending isn't

entirely hopeless – I talk about progress, and about getting better – ending with a simple depiction of this grief has a very different effect that I think better underscores the degree to which that emotion is currently affecting my life, and I am pleased with the way that the comic now reads as a whole.

Overall, I don't feel like Czerwiec's methods vary that much for mine when it comes to composing creative work in general but creating visual art without a goal of aesthetic perfection was new to me. Words are allowed to be messy, visual art is not: this is the rule that I have generally followed for projects, and one that I recognized as being potentially flawed as I reread Czerwiec's discussion of the catastrophic decline in visual creativity that occurs when children are told that only those who are good at drawing should spend time on that mode of expression. I enjoyed the challenge of drawing without worrying about how neat or visually perfect it was (a challenge that was, yes, made more difficult by the OCD that was the topic of the whole comic). Czerwiec's approach of allowing drawing, and specifically the creation of comics, to function as a casual form of expression on par with simple writing or abstract painting allowed me to create something that I am proud of as a piece of reflective work and which also helped me process these developments in my life.