

FROM WORD TO IMAGE: DEPTH PERCEPTION, GRAPHIC
NARRATIVE, AND DOUBLE-EFFECT IN “COMA”

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Abstract. “Coma” has invited multiple criticisms regarding its affective qualities (Belling, Charpy and Crellin). However, these studies have simply evaded the mechanics that bring about this effect using the term “sensational”. Scholars on medical thrillers have pointed visceral and emotional responses, but the problem lies in the construction of an alternative medical world that is completely opposed to the normative presumption of a medical institution in our contemporary medical culture. How does fiction enable it? This study explores the mechanics of narrative by analysing “Coma” through a close reading, using Catherine Belling’s concept of “depth perception” and various theories of grotesque by Wolfgang Kayser, Connelly, Jennings, Anderson and McElroy. It aims thus to understand the characters and the techniques of narrative with a focus on settings and mood.

Keywords: depth perception, double-effect, grotesque, graphic narrative, Coma

1. INTRODUCTION

Coma delves into the malpractices at the Boston Memorial Hospital, where a number of patients turn comatose. When a couple of cases occur, the protagonist, Susan Wheeler, tries to investigate the cause.

Scholars of Robin Cook focus on a few aspects, mainly the problematic way ethics has been dealt with in *Coma* and advantages of ‘endographic-omniscient narrative techniques’ (Belling 444, Belling 152 and Charpy 231). Although many of them have shown specific interests, it is Lorena Laura Stookey who takes up an entire study titled *Robin Cook: A Critical Companion*. Her work is a detailed analysis of all Cook’s works until 1996. She uses multiple critical approaches ranging from cultural criticism, reader-response, feminist criticism, structuralism, and new historicism with a brief summary of the plot and characters for each text. The chapter titled “Coma and Terminal” is an act of cultural criticism. Varying from Stookey, this study addresses it through the lens of the grotesque, which argues for the affective qualities through close reading. “Reader response theory” fails to explain the “graphicality of the narrative” as well as the “visceral and emotional response”.

Lee Byron Jennings, in *The Ludicrous Demon: Aspects of the Grotesque in German Post Romantic Prose* explains the double-effect as the co-presence of both opposing elements, which brings emotions of laughter and horror, pity and horror, and similar combinations that are on the two sides of a continuous spectrum. Jennings essentialises the combination of emotional with the physical attributes, which careen of imagination in ambiguity as double-effect. Taking the example of medieval gargoyles, he explains how the grotesque figure is able to bring commingling emotions of “terror and laughter” or “fear and anxiety.” For instance, he explores responses towards the “menacing display of beaks, horns and talons [...] often accompanied by a foolish, leering expression and scurrilous gestures” (Jennings 10) exhibited by gargoyles.

Similarly, the aspect of the double-effect in *Coma* is perceivable in the numerous contrasts brought in the narrative by means of the setting—the hospital, the mood—the atmosphere, and also the characterization. The double-effect functions here to destabilize the existing notions of reality either by prying open a gap of new possibilities or contesting existing ideologies that are often unsaid, but ever-present in culture. However, using such grotesque lens for

literary works has its own challenges because texts are non-visual. To bridge this gap, the concept of depth perception is useful.

Belling coins the term 'depth perception' to account for the 'imagistic' ability of representations beyond the visible (239-240). She further argues that representations and discursive tools can make invisible things perceivable through metaphor and narrative. By referring to these two vehicles of language, she explains how can one speaks about truth and reality. She discusses the visualizing process and its affect by using examples from X-Rays, to the film *Jaws* (especially the original cover image of Peter Benchley's book and the movie) and to a short story about white blood cells. Posing questions of how images provoke unexpected reactions, she arrives at the visual capability of the audience triggered by other subsidiary experiences. She argues for the viewer's ability to imagine from other cues (working like metaphor and narrative). For example, in the movie, the huge size, bloody water, and jaws provoke images of previous experiences of violence. These small clues intensify the visceral impact as well as the emotional response. The audience perceives in the narrative a bloody encounter that leads to disturbances, diagnosed by doctors in *New England Journal* as "Jaws neurosis" (quoted in Belling 240), a medical condition of shock. Belling imports this visual capability as depth perception.

In this sense, depth perception can be understood as a process that comprises "the effort to visualize actual events in a particular body and demands a kind of double vision, seeing both above and below the surface at once, oscillating across the boundary between the visible and the invisible, the concrete and the abstract, the figurative and the literal through a dialectic of figurative seeing" (Belling 240). Although Belling's aim was to understand scientific representations given by techniques like X-rays and others as imitations, the image produced espouses only false realities (imitations of imitations). This means the product of an X-ray, the image, is an unreliable paradox but it is accepted at the same time by scientists to validate science. In a similar fashion, depth perception, which allows visualization as a "dialectic of figurative

seeing” (240), can be applied to our narrative. As a result, visualization of imaginative experiences from prior first-hand or secondary experiences becomes possible.

This concept, when applied to *Coma*, creates a similar dialectic of seeing—an ability to see beyond the visible, which will be explored through the analysis below. It increases the complexity of *Coma* and genres of this category, challenging existing notions. At this point, another interesting aspect noted by Belling becomes handy for this study. In her essay “Endography”, Belling writes *Coma* has “graphic” narrative (155), which supports our standpoint of the grotesque.

Frances S. Connelly’s postulation that “the grotesque is the most imagistic of images” (ix), makes a case that image is crucial to be grotesque. Similarly, other scholars have insisted on the visual form of the grotesque¹. Geoffrey Galt Harpham and Wolfgang Kayser have been vocal about its imagistic feature. Harpham insists on this aspect when he says that the grotesque, as an aesthetic mode”, is predominantly visual and that it “remains primarily a pictorial form” (465). Kayser covertly notes this contrasting imagistic power in his illustration of Velazquez’ *Las Meninas*².

Combining depth perception and grotesque theories, this essay investigates *Coma* by shedding light on the combined effects of visual imagery that provokes the visceral impact. By extrapolating Belling’s understanding of *Coma* as “graphic narrative” (155), we suggest that the spine-chilling visceral impact is a result of depth perception that is enabled by contrasts (double-effect) both in the physical elements and mood of the narrative. Double-effect is the strategy of bringing different contrasting aspects together to invoke ambiguous responses. For example, African masks with their hybrid physical features that invoke ambiguous responses depend on the viewer. The visual limitation of fiction is thus compensated by the graphic narrative using the strategy of the double-effect.

Bakhtin, Goodwin, and Connelly note that the literary grotesque is a weakened form compared to its counterpart in the plastic arts³. This limitation is based on the less imagistic or non-imagistic nature

of fiction. Most literary texts fail to be imagistic throughout, that is, only restricted to instances or scenes of pictorial narration. Classic examples of literary grotesque are Victor Hugo's *Cromwell*, Shakespeare's *King Lear*, and Rabelais' *Gargantua and Pantagruel*.

In literature, grotesque is chiefly expressed with the help of metaphors and narratives. Metaphors work to build imagery by drawing likeness to some very unlikely object. Bloom calls it "objects of desire" (xi). Scholars such as Harold Bloom and Blake Hobby and Shun Liang Chao (2010) have explored grotesque as a metaphor⁴. Another means by which the grotesque is brought out in texts is through its narrative. The succession of events in a story forms the narrative (Rimmon-Kenan 2). From this perspective, texts that are visual should enable the developed image to be in a "visual flux compromising established realities" (Connelly 8) and "merging with alien realities" (8). It is through this means that the grotesque is fully developed in the narrative. This means the grotesque essence is built by "rupture [in] boundaries of what we know" (8).

However, the similarity of the grotesque in literature and in image tradition lies in the creative gap left for the reader (texts) or receiver (art). "The grotesque creates meaning by rupturing the boundaries of disparate realities" (Connelly 12). Though grotesque achieves its fullest expression only in art form, since this gap is fulfilled in the instances of metaphorical usage and narrative graphically, *Coma* can be interpreted through a grotesque lens. In this way, it makes the story visual and, at the same time, pricks at the emotions of the reader into a state of disparate reality.

This study finds the grotesque as the most appropriate viewpoint and argues for the impact of *Coma*, because it takes into account "the unresolved clash of incompatibles in both work and response" (Thomson 27), considering the "graphic narrative" (155). We argue by means of examples how, in the book, various events, settings and issues are powerfully brought out as visual imagery in the reader's imagination, which conflicts with and contradicts the author's perception resulting in a contradictory response of the grotesque. Since grotesque in the structural mode or "form" of hybridity, it

explicates only one part of its aesthetic appeal; it is compelling to analyse the narrative as well. Also, as the narrative of *Coma* uses some strategies of contradiction like “the unresolved clash of incompatibles in work and response” and “the ambivalently abnormal” (Thompson 27) through the ‘double-effect/co-presence’ of grotesque, these perspectives are used in discussions and analysis in the following sections, suitably.

2. DEPTH PERCEPTION, GRAPHIC NARRATIVE, AND GROTESQUE DOUBLE-EFFECT IN “COMA”

The striking feature of narrative grotesque in *Coma* is the imagistic quality revealed by depth perception, the contrasts induced by the double-effect or co-presence, besides the visceral impact as indicated by the prologue. *Coma* is ‘pictorial’. A reader is able to perceive a mental image of what is being narrated while reading it. Depth perception is the ability of the reader to see and know beyond the text. This ability enables him to build on meanings by associating them with previous primary or secondary experiences. This technique has been amply used in the narrative of *Coma* and it is the major reason for labelling it “graphic”. By exploring graphicality as a strategy of grotesque, this analysis helps in arguing for the complexity of medical thriller. It analyzes its functions in developing themes of ethical conflict, embodiment, anxiety of commercial interests and identity whilst the double-effect reinforces contrasts in themes and responses. Such a reading pulls the reader between opposite emotions that takes him away from his comfort zone and puts him into a state of uncertainty and confusion. The paper suggests the purposefulness of double-effect used to generate the intensity and thrill of the prevailing issue of organ theft.

Cook uses the episodic narrative style that carves out images of characters and events in terms of sharp contrasts, resulting in visceral response often conceptualized as “co-presence” (Thomson 3) or “doubling” (Kayser 18, Jennings 10), an essential characteristic

of the grotesque to make the style effective. For example, in *Coma*, Cook uses “Monday February 23, 7.30 am” (Cook 29) in order to transition from the prologue to the next chapter. The word becomes an image for the reader, it appears more like a movie—a story of moving images as meanings are produced contextually and vicariously. The significance of this narrative strategy is that it captures the reader’s attention right from the beginning.

The mood and setting are examples of sites where it is employed. It conveys the narrative with images suggesting its symbolic meaning as explored below. As Emanuele Tesauro argues in the chapter “The Wit of Nature” in *Il Cannonchiale Aristotelico*, a work of artistic imagination is telescopic, reducing the distance between things and “revealing their common truths” (quoted in Connelly 52), the graphic narrative collapses the distance between the reader and the work. The omniscient narrator guides the reader through hospital rooms, laboratories, and other areas as the story progresses through chase scenes and finally culminates in the discovery and retribution scene.

In *Coma*, the narrative invites readers to perceive events, situations, and characters through dialectics. In her book, *Dialectics of Seeing: Walter Benjamin and the Arcades Project*, Susan Buck-Mors explicates the “dialectics of seeing”, a concept developed by Walter Benjamin through his unpublished *Passengen-Werk*. For Benjamin, an interpretative process lies in intertextuality, and mostly it is read in conjunction with the historical, political, and social context. Similarly, the narrative which an author gives is a hint that leads to multiple interpretations or truths that equally valuable. The dialectics of seeing enables the reader to interpret *Coma* differently. The picturesque narrative welcomes the reader to critically analyse several bioethical concepts and issues intertextually. The issues discussed ‘play’ within the imagination bringing ambiguous responses as the fiction critiques issues that are against ideological assumptions of medicine.

Importantly, *Coma* produces diametric responses because the characters, situations and events, are shown in contrast to the ideal

functioning *i.e.*, caring for patients. The narrative uses settings, mood and characters with contrastive characteristics to produce the double-effect of the grotesque. The dark sky outside the hospital, for instance, and the bright light inside the Operating Room (OR) indicate the death lurking and hope inside the room, which is in constant tension and on the verge of collapse until the next scene. Cook's meticulous choice of word-images imparts this effect. Readers are asked to think, feel, see, and experience what each of the characters experiences through various events of the narrative.

3. BOSTON MEMORIAL, JEFFERSON INSTITUTE, AND THE MOOD IN "COMA"

The settings Boston Memorial and Jefferson Institute are central to all events. The overall mood of the story gives the reader ideas about the events that disorient the characters. It shows the influence of both these hospitals on them. The mood gives cues to the characters' plight through its atmosphere. Boston Memorial Hospital arouses an anxious mood, which gives the impression of the forthcoming doom. The atmosphere of the hospital conveyed through darkness and light, alternating along the many passages and rooms within the setting, aids this. The subterranean aspect of the hospital enters the consciousness of the reader because of the mood, and a gradual shift from the atmosphere towards the characters becomes apparent. The central mood is developed through the interplay of darkness and light, indicating both symbolic and literal meanings. Light is the symbol of hope, echoes, ordered world, whilst darkness symbolises grief, forebodes death and disruption resonating with the topsy-turvy world or upturned-world, as used in the carnivalesque grotesque by Bakhtin⁵.

The reader encounters the hospital through a series of events circumscribing inmates and patients such as Nancy, Berman, Walters, Bellows, the nursing staff, med-students, Stark and other doctors. When they come across the hospital, they visualize Nancy Greenly admitted in room number 8 for a minor dilation and

curettage (D&C) surgery, also know her condition of excessive bleeding and vicariously imagine themselves in Nancy's place. Prior experiences in the hospital as a patient or/and a family member of the patient are awakened and the reader's imagination is stirred towards the anxiety and horrors of being hospitalized with memories of the smell, sights, etc. The hospital, in this way, has a profound effect on the reader.

Only after this brief reverie does the reader return to Nancy, as she "lay on the operating table on her back, staring up at the large kettledrum-shaped lights in the operating room number 8 trying to be calm" (Cook 1). This thought process and visual cognition are what we call depth perception. Besides this small visual impact, in the beginning, various other things become apparent in a similar manner. For example, the contrasts in the lighting used becomes easily perceptible: the room inside had lights showering on Nancy, while the outside sky is "chalky grey" (1), showing the rest of the room as blurred, including the road outside with occasional dim-lights of the car speeding. These enable the reader to see through Nancy's vulnerability bringing mixed responses – anxiety, sadness and empathy.

This particular lighting evokes the double-effect of grotesque, and also builds up the tension and suspense of the narrative using cues like "everything was fine, until the bleeding" (1). The mood in *Coma* further develops the double-effect of grotesque, pushing the reader to anxiety and fear. Light and darkness is not only a presence in Boston Memorial, but also present in Jefferson institute. The darkness outside Jefferson indicates the blindness of the public about its workings while the lights on the coma patients indicate the awareness of the staff inside the hospital about their work. The other function of light in the hospital is to keep the comatose bodies warm for harvest. The use of light and darkness is quite frequent in *Coma*, and it has been used both in the literal and symbolic sense as shown above. Light works as a crucial actor in the surgery, in the Jefferson institute as well, to bear witness to patients' pathology. By directing our attention to the large kettledrum light above Nancy's

head, the narrative draws on the metaphor of the sinister while also pinpointing the object of that problem – Nancy.

The interplay of darkness and light evokes the feeling of entering a grotto even though they are in the hospital. Through this lens, we can say Boston Memorial evokes the grotesque of the underground passages or ‘grotto’ with a tiny ray of light streaming through, but it also serves a reminder about Cook's usage of the double-effect. The technique emphasizes the importance of the atmosphere⁶ of the hospital. Therefore, unlike the direct connotation of the grotto, here the light falling on Nancy is a signal of the coming doom. Cook's preparation of Nancy for her death has an impact similar to the one aroused by the cinematic technique of light and shadow.

Soon after the reflex of these memories and experiences, the reader's attention reverts to Nancy. Her experiences become apparent as “narrative endography”—a term used by Belling to make the narrator enter the mind and body of its characters, and reveal his thoughts and feelings. This way, the reader gets to know and also experiences, along with Nancy, when the narrator reads “the fear of her mortality” (Cook 1). Every minute thing like the tear on the edge of the sheet (1), the bloodstain on the pan below (1), the falling down of sheets (1), is shown as affecting her.

These disturbances are the external manifestation of Nancy's thoughts to escape from the reality of death. The repeated use of women as subjects for purposes like medical research, and in this case organ donation, is not surprising. Nancy's and Susan's threatening bodies are eliminated to be reused in the organ transplant project. This is Cook's attempt to indicate the ancillary status of women in male-dominated spaces. By shifting the focus to Nancy's disturbance over her ill health, “the grotto,” symbolic of the womb, is evoked. In short, the subterranean aspect of the hospital as a dingy dark place evoking claustrophobia is expanded to one invoking the rules of a different realm. As grotto is governed by artistic license, with different rules, it evokes the two contrary emotions of “fear and desire” (Connelly 1), which Leonardo da Vinci experiences and expresses while standing at the entry of

grotto. Similarly, these hospitals become a fascinating and dread-inspiring space in the novel.

The encompassing influence of the hospital is shown through the lives of the patients and professionals. The hospital alters their lives. Let us take the case of patients. The reader learns from the prologue that Nancy was admitted only for a minor case, an “extra period” (Cook 2), suggestive of the curability of her condition further assured by her doctor (4). Same was the case with Berman who was admitted for Achilles foot, another curable condition. However, we find them both ultimately brain-dead. The graphic representation of Berman hung on strings at Jefferson Institute with the contents of his stomach out, is disturbing. The hospital transforms both of them into reusable spare-parts. To sum up, the hospital is like the grotto that controls and alters the people’s lives in different ways.

The grotesquery of Boston Memorial Hospital is highlighted through evoking the structure of the building, “not an architectural landmark” (Cook 21) but with its historicity. Further, its description as “interesting and attractive,” made with “skill and feeling” (21), resonates with the grotesquery. By suggesting “studies in American Gothic” (21) with buildings that are “spurts” rather than ones in organized style along with them being described as “an ugly combination of buildings” (21), Cook reifies the grotesque association of Boston Memorial through the notion of formless form.

The grotesque structure appears as “extensions of larger buildings at obtuse angles, millions upon millions of bricks join together to hold up dirty windows and flat monotonous roofs” (Cook, 21). The reader is made to envision the grotesquery in the whole structure “[...] how the sum of the whole is larger than its parts” (21) and is impacted by its visceral effect. She is made to understand the perception of the hospital imparted because of the “innumerable layers of emotional response” (21) as evoked by it.

In this sense, Boston Memorial Hospital is rightly suggested not as a building in itself, but as a living structure with all the “mystery

and wizardry of modern medicine” (21). Moreover, when the narrator explains, Boston is something that rouses “fear and excitement” as the public approach it, while for the professional it is “the Mecca: pinnacle of academic medicine” (21) – a suggestion of wonderment and awe is drawn.

Finally, Cook marks the boundary of the hospital: “a maze of railroad tracks with elevated highway forms made of enormous sculpture of rusting steel” and “the Boston Harbor with water as black as coffee sweetened by sewer gas” (22). In doing this, a sense of fluidity is drawn. Cook beautifully captures the contrast and fluidity, making Boston Memorial prone and permeable to the squalor around. Our attention on the boundary furthers by positioning the clean hospital and dirt of the harbour outside, making the contours of familiar and “normal” visible to us, even as it intermingles with the unexpected. The grotesquery, in this narrative, is mainly from contrasts in settings and it turns received ideas, normal expectations, and social conventions against themselves, questioning boundaries and borders.

Another feature is the contradictory feelings aroused through the depiction of the hospital as ‘upturned-world’, in Bakhtin’s terminology. The readers and the characters get displaced once they enter the world of Boston Memorial and Jefferson Institute. As they realize this world is dreadful, it makes them anxious and they worry about its probability of replication in real life. Boston Memorial’s bitter truth is that many patients who are otherwise healthy turn comatose after some simple surgery, which gives the impression of Bakhtinian upturned world.

Rather than being an inanimate space, Boston Memorial becomes animate, influencing all the people within and approaching it. This nature is reflected when the narrative expresses succinctly, “it is the famous Boston Memorial with its own history and life that animates its halls that prevents wreckers and builders at bay” (21) and becomes even more apparent when we look at Nancy, Berman, Susan and other patients who lie in a vegetative-state, not

responding after the surgery. In brief, the hospital functions as a human being while human beings become liminal and inanimate.

The Memorial generates a visceral response that gets translated and expressed by all persons who encounter it. The readers begin to visualize a situation similar to the fictional one and are horrified. Also, the real-life existence of Boston Memorial blurs the boundaries of fiction and reality. By pitching in these contrasts in the imagination, an ideal situation and a less savoury possibility, the readers are pushed towards confusion about the medical world, its professionals, and workings. It is important to keep in mind that when this initial reaction grips the reader, they might get shocked and horrified, but after some time, it also allows them to pause and think.

4. CONCLUSION

Coma, crossing the boundaries of genres, shows complexity in ‘form’ and ‘narrative’, and it is responsible for awaking strong reactions to the grotesque—laughter, terror, anxiety, and thrill. It is not a straightforward piece of a cautionary tale, but reflective of the unseen and unsaid of culture, just like the skewed surface of a broken mirror.

Cook’s work seems to grasp the key biomedical trends, amidst the socio-cultural conflicting opinions and gives insights into instances of power and role-reversals that are often determined by utilitarian ends. By building a fictional world suspended in the tension of collapsing realities and boundaries, advocacy of Cook strikes a chord and enables the readers to critically evaluate and participate in the changing scenario. The hospital-setting, by spreading its influence beyond its presence, as a structure, participates in their lives in order to make them ‘liminal’.

This study, by arguing how the graphic narrative is integral to the authorial agenda to serve the cautionary tone, perceives the use of depth perception and double-effect. It is Cook’s attempt to capture

the reader's attention masquerading as the saviour of the public. From word to image, Cook's narrative builds discussions and debates that can be visualized, thus making them thrilling and sensational.

The situations discussed in *Coma* should be seen as allegorical representations of organ theft in contemporary times, which need then to be debated and discussed in public realm as such cases are only read in newspapers and media as sensationalistic stories. Ultimately, because the public is the subject and object of this problem, the root cause of organ theft, policies for eliminating such issues should trickle down to the public.

Many aspects addressed in this essay are incorporations of the grotesque in the narrative, the techniques used, and its mechanics. The purpose of the grotesque and its effects have been analyzed to show how the characteristics of 'double-effect' help in bringing multiple layers of meaning to the text. The readers experience an upturned world, characters and events in graphic details. These strategies have a huge role in generating visceral and psychological responses. They also shed light on some socially relevant problems like gender discrimination, the struggle for women's emancipation in workspace and biomedical commercialization. By crossing the boundaries from 'word to image', Cook's fiction is an example of grotesque appropriation that helps to perceive the changing notion of professional ethics.

NOTES

1. Connelly, in the preface to *Grotesque in Western Art and Culture: The image at Play*, emphasizing the key features of grotesque as visuality and boundary creature.
2. In *The Grotesque in Literature: Strategies of Contradiction*, Wolfgang Kayser gives an example of visuality: "the royal couple in clashing contrast with the charm (...) two additional ladies-in-waiting who are deformed and misshapen" (18).
3. Bakhtin notes the medieval carnivals were the lived life of the folk and capable of destabilizing the official culture, unlike the literary weakened form. Goodwin echoes the same in his analysis of modern American

- grotesque. Connelly also notes this aspect of grotesque in her introduction to grotesque in the image tradition.
4. Harold Bloom and Blake Hobby, in *The Grotesque*, explore grotesque as a “metaphor of desire” (xi). Shun-Liang Chao, in *Rethinking the Concept of the Grotesque: Crashaw, Baudelaire, Magritte*, defines grotesque as a metaphor providing insight into its use of visual and verbal media.
 5. Bakhtin, in *Rabelais and his World*, explores various concepts like the grotesque body, grotesque realism, and carnivalesque. The world that invokes grotesque is the “upturned world” and life during the short period is festive which is called carnivalesque
 6. Atmosphere: In the fiction following the Romantic grotesque period, “atmosphere” is used in the sense of setting in order to get a particular effect similar to gothic fiction.

REFERENCES

- Belling, Catherine. 2009. Endography. *The Body in Medical Culture*. Edited by Elizabeth Klaver. State University of New York Press.
- Belling, Catherine. 2010. “Living dead: Fiction Horror and Bioethics.” *Perspectives in Biology and Medicine*. 53(3):439-51. Doi: 10.1353/pbm.0.0168.
- Belling, Catherine. 2011. “Depth Perception”. *Genre* 44(3): 239-261. DOI: 10.1215/00166928-1407585
- Buck-Morss, Susan. 1999. *The dialectics of seeing: Walter Benjamin and the Arcades project*. Cambridge, Mass: MIT Press.
- Chan, Sara. 2009. “More than Cautionary tales: The role of fiction in bioethics”. *Journal of Medical Ethics* 35(7): 398-399. DOI:10.1136/jme.2009.031252.
- Charpy, Jean. 2014. “Medical Thrillers: Doctored Fiction for Future Doctors?” *Journal of Medical Humanities* 35(4): 423-434. DOI: 10.1007/s10912-014-9305-5.
- Clayborough, Arthur. 1965. *The Grotesque in English Literature*. Oxford: Clarendon Press.
- Connelly, Frances. S. 2012. *The Grotesque in Western Art and Culture: The Image at Play*. Cambridge, England: Cambridge University Press.
- Cook, Robin. 1977. *Coma*. London, England: Pan Macmillan.
- Harpham, Geoffrey.1976. "The Grotesque: First Principles." *The Journal of Aesthetics and Art Criticism*. 34(4): 461-68. DOI: 10.2307/430580.
- Harpham, Geoffrey.1963. *On the Grotesque: Strategies of Contradiction in Literature and Art*. Davies Publishers: New York.
- Hooks, bell. 1992. *Black Looks: Race and Representation*. Boston, MA: South End Press.
- Jennings, Lee B. 1963. *The Ludicrous Demon: Aspects of the Grotesque in German Post-Romantic Prose*. Berkeley: University of California Press.

- Kayser, Wolfgang. 1953. *The Grotesque in Art and Literature*. Methuen: Penguin Publishers.
- McElroy, Bernard. 1989. *The fiction of the Modern Grotesque*. New York: St Martin's Press.[https://www.bookdepository.com/Fiction-Modern-Grotesque Cara-Delay/9781349200962](https://www.bookdepository.com/Fiction-Modern-Grotesque-Cara-Delay/9781349200962).
- Montaigne, Michael. 1776. *The essays of Michael Seigneur de Montaigne*, translated into English, Vol. 3 (8th ed.) DOI: 10.1037/11799-000.
- Ruskin, John. 1907. *Stones of Venice*. London: Routledge. https://openlibrary.org/books/OL13790413M/The_stones_of_Venice
- Shlomith, Rimmon-Kenan. 1983. *Narrative Fiction*. Methuen & Co. Ltd.
- Stookey, Lorena. Laura. 1996. *Robin Cook: A Critical Companion*. Santa Barbara, CA: Greenwood Publishing Group.
- Thomson, Philip. J. 1972. *The Grotesque*. London, England: Routledge.
- .