

Analyzing Motsuo's Debut Manga: A Patient Perspective on Mental Illness and Recovery

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Abstract

This paper explores *The Story of When I Was a High School Student, Entered a Psychiatric Hospital, and Said Goodbye to the Obsessive Monster Inside Me*, an award-winning debut graphic memoir by young Japanese comic artist Motsuo. Published in 2021, the graphic memoir illustrates her lived experience of anorexia nervosa (AN) and Obsessive-Compulsive Disorder (OCD). Our study employs semiotic and psychotherapeutic analyses to deepen the understanding of Motsuo's account, offering insights into her recounts of adversity and recovery. We enhance the semiotic interpretations of signifiers used in her memoir, including the character named "Kamisama"—her metaphorical tormentor, by incorporating excerpts from our interview with the artist conducted in 2022. Specifically, our analysis is enriched by drawing on Motsuo's discussion of her character development, illustrative choices for depicting symptoms, and motivations for publishing the memoir. Concurrently, we apply a psychotherapeutic lens to analyze the memoir's narrative, constructively engaging with certain common practices around eating disorder prevention, diagnosis, and treatment. By integrating semiotic analysis with established clinical assumptions and practices, the paper not only augments Motsuo's application of rich visual symbolism but also challenges existing medical presumptions, informs prevention agendas, and proposes future research directions.

Keywords: eating disorders, OCD, manga, graphic memoirs, psychotherapy

1. Introduction

1.1 Theoretical Background

Manga, or Japanese comics, are not only a popular and accessible medium of communication and entertainment but are also widely used for educational purposes in Japan. Autobiographical manga focusing on mental health have proven effective in raising awareness of and destigmatizing mental illness in Japan (e.g., Kodaira and Ito; Takahashi et al.; Nishizono 78; Okuyama 91-96). Although their English-language translations seldom reach North America, a growing number of Japanese graphic memoirs based on authors' lived experiences of mental health issues are in fact being published.

It is generally acknowledged that the COVID-19 pandemic has exacerbated a global mental health crisis. One of the most notable instances of this crisis is the documented increase in cases of eating disorders (EDs), which encompass conditions such as anorexia nervosa, bulimia nervosa, and related disorders (e.g., Wells; Hopkins; National Center for Child Health and Development,

Vuillier et al.).¹ EDs are serious mental illnesses, typically originating in adolescence. Among them, anorexia nervosa (AN) stands out as a psychiatric condition with a particularly high mortality rate (STRIPED), second only to opioid use disorder (Noguchi).

This paper analyzes Motsuo's debut manga, *The Story of When I Was a High School Student, Entered a Psychiatric Hospital, and Said Goodbye to the Obsessive Monster Inside Me*, (original Japanese title: *Kōkōsei no watashi ga seishinka byōin ni hairi jibun no naka no kamisama to sayonara sure made*). Hereafter, we refer to the work as *The Story of My Monster* for brevity. This graphic memoir depicts the author's lived experience of and recovery from AN and the comorbid condition of OCD, both of which are mental health disorders outlined in the DSM-5.² Published by KADOKAWA, a prominent publisher in Japan, in 2021, amidst the pandemic, *The Story of My Monster* documents Motsuo's high school years, a period marked by her mental health crisis. It vividly portrays her symptoms, including OCD-related compulsions such as incessant touching, checking, and hand-washing, as well as AN-derived behaviors like calorie counting and eating-related rituals. This manga is available in both print and digital editions.

While other manga artists (e.g., Ochazuke) have shared their struggles with EDs in the genre of essay comics,³ *The Story of My Monster* distinguishes itself with inventive visual metaphors that convey Motsuo's internal struggles and emotional pains. Unlike typical autobiographical manga about mental illness, which includes clinicians' notes, *The Story of My Monster* focuses on the author's intimate experience with mental illness rather than medical details. To add further depth to the analysis of this comic, we decided to examine Motsuo's narrative not only semiotically but also psychotherapeutically.

Our analysis of *The Story of My Monster* incorporates excerpts from our interview with the author, Motsuo, conducted in Japan during the summer of 2022. Centered on her artistic process of portraying AN and OCD, the questions explored how this award-winning manga came to be published, why she chose to publicly disclose such a personal experience, and how she approached the task of visually and creatively depicting these invisible mental health symptoms. The interview provided invaluable insights into Motsuo's motivations and artistic decisions, offering rich context for her creative choices. Revelations from the interview enhanced the accuracy of our interpretation, allowing for an in-depth analysis of her visual storytelling techniques, and in

¹ Similarly, depression, one of the most common mental disorders globally, is also strongly associated with our experience of the new coronavirus disease.

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The DSM-5 stands for the fifth edition of *The Diagnostic and Statistical Manual of Mental Disorders*, a handbook to diagnose mental disorders published by the American Psychology Association. Japanese healthcare professionals utilize the DSM-5 along with other manuals including the World Health Organization's ICD (International Statistical Classification of Diseases and Related Health Problems). For this paper, we will follow that convention and draw on the DSM-5 nosology due to its relative ubiquity internationally. However, we acknowledge that different diagnostic criteria, such as the ICD or NICE classifications, are more widely used in certain countries and recognize that utilization of the various classification manuals varies with the differing foci of treatment and research.

³ Essay comics (or essay manga) are a genre of manga that merges the visual storytelling of comics with the depth of literary nonfiction, serving as the equivalent of graphic memoirs in Japanese comics (Okuyama 77-109).

particular her development of the character “Kamisama” as an oppressive, supernatural entity. Furthermore, using insights gained from the interview, our analysis explores how Motsuo harnesses comic-specific elements such as color, panel layout, and onomatopoeia to immerse readers in the subjective experience of her adolescent AN and OCD.

Motsuo’s use of imaginative visual metaphors such as her nemesis, Kamisama, serves as a testament to the unique capacity of the graphic memoir to convey individuals’ mental health experiences. To underscore this comic genre’s ability to compellingly render the patient’s point of view, it is crucial to accurately interpret the intended meanings of these visual metaphors from the author’s point of view. Moreover, to provide a comprehensive understanding of her portrayals of mental illness from a clinician’s viewpoint, we also integrated established clinical assumptions and practices into the analysis of Motsuo’s manga in this paper. This approach contributes to a diverse and enriched comprehension of mental illness for both medical professionals and the general public, while situating her artwork within the broader landscape of manga’s role in conveying patient narratives.

1.2 Manga Artist, Motsuo, and Motivations Behind the Publication

The author of *The Story of My Monster* is known by her pen name, Motsuo, and her real identity remains undisclosed to the public. Adopting a pen name is a common practice among Japanese comic artists, affording them a degree of anonymity. In 2018, during her third year of college, Motsuo’s debut manga garnered recognition as a budding artist by winning the New Comic Essay Petit Grand Prize in a biannual contest hosted by KADOKAWA’s Comic Essay Editorial Department. By the time she entered the competition, Motsuo’s symptoms had significantly improved, and she was on her path to recovery. She attributed this progress to her newfound ability to notice the return of feelings associated with AN or OCD and to slow down until the flare-up subsided. It was at this point in the interview that, with a reassuring nod, she affirmed her triumph over her illnesses.

While Motsuo had always harbored a fondness for drawing since childhood, she never considered herself exceptionally gifted in manga artistry. A pivotal moment came when she enrolled in college to pursue art and began studying manga and illustration, which significantly refined her artistic skills. Despite the advanced drawing skills acquired through her studies, creating *The Story of My Monster* posed formidable challenges, requiring an additional three years to expand the original work into a comic book, which was ultimately published in 2021.

One of the challenges Motsuo faced involved transforming her contest submission—a concise narrative summarizing the onset of her illnesses and other pivotal moments—into a book-length manga. For the full version, she incorporated new material about her family and school life. Recalling and detailing those painful memories was emotionally taxing, even though her symptoms had stabilized. Yet, dedicating her time to completing the book yielded two positive outcomes: it facilitated her healing process, and she acquired the practical skills necessary to complete this memoir, feeling she honed her expressive abilities.

Having collaborated closely with Yamasaki Shun, who heads the Comic Essay Editorial Department, Motsuo credits her editor's steadfast support for the success of *The Story of My Monster*. Following this manga, she published two more graphic memoirs about her tumultuous high school years, addressing bullying and the effects of her mental illness on her family dynamics. Her debut manga, hailed as a *tour de force* in the genre, has earned her recognition as a promising young artist in the manga industry.

The primary motivation behind Motsuo's creation of this memoir was for her own healing and catharsis. She believed that by articulating her experiences of mental illness, which she had never before discussed with anyone, she could achieve a profound sense of recovery and closure. This conviction inspired her to submit this deeply personal narrative to KADOKAWA's comic contest, marking a significant milestone in her development of artistic skills to convey arduous episodes of mental health crisis through visual storytelling.

Another compelling motivation for Motsuo to publicize this private story was her desire to connect with individuals and families grappling with similar psychiatric challenges, providing solace through her manga. Motsuo emphasized the value of making stories of mental illness more accessible and relatable through firsthand accounts from young women like herself. Utilizing her artistic talent, she sought to raise public awareness of common adolescent mental health issues such as EDs and OCD. Therefore, she bravely published this comic, hoping it would serve as an invaluable educational resource for eating disorder treatment and benefit the medical world. She expressed, "My ultimate fulfillment would come from this manga serving as a conduit, linking those battling mental health issues with necessary medical care."

2. Semiotic Analysis of the Comic

2.1 General Characteristics of This Manga

The Story of My Monster exemplifies the empowering potential of sharing one's lived experience of mental illness through artistic storytelling. This manga has the following characteristics. Initially suggested by Yamasaki and his editorial team, Motsuo embraced a full-color approach. Although color is not rare in essay comics, she chose a full-color palette with specific intentions. First, her simple art style benefits from color, which enhances visual clarity and evokes a broader spectrum of emotions related to the characters, ranging from the terror induced by *Kamisama* to the powerlessness felt by the protagonist. Second, considering the story's dark nature, Motsuo reasoned that vibrant colors would make the manga more inviting and accessible ("*te ni totte moraiyasui*" in her words) to potential readers. Beyond color, Motsuo applied diverse techniques in shaping the comic's visual and textual elements, including character design, straightforward layout, and strategic onomatopoeia deployment, all contributing to her distinctive artistic characteristics. This section outlines these aspects from a semiotic viewpoint, offering insights into their significance and impact.

The protagonist, also named "Motsuo," serves as the author's avatar within the story and is depicted as a cute, chibi-style girl. The author purposefully employed a distinctive *santōshin*

design for all characters, rendering them as short, chubby figures.⁴ This stylistic decision posed a unique challenge in illustrating Motosuo's own experience of drastic weight loss from severe food restriction, which resulted in her stark and emaciated appearance. The contrast between the real-life author and her manga avatar led some readers to ponder if this discrepancy reflected a cognitive distortion (*ninchi no yugami*), speculating that Motosuo might have been oblivious to her actual thinness. However, making the illustration more palatable was judicious, particularly for one of the authors of this paper who has personally battled AN.

Motivated by her desire to sensitively tackle the subject of AN without provoking adverse reactions from her audience, Motosuo maintained the characters' plump appearances throughout the story. She reasoned that portraying them as adorably as possible would enhance their acceptability and minimize discomfort, particularly among individuals and their families still reeling from their encounters with an ED. For this purpose, she also deliberately refrained from depicting extreme body shapes or overly realistic details. Nevertheless, to signify the tangible effects of AN, Motosuo added subtle alterations to the protagonist's complexion and other aspects of her appearance. Moreover, she incorporated specific details, such as weight fluctuations (e.g., reducing to 34 kilograms, approximately 75 lbs) in the text, enabling readers to grasp the severity of Motosuo's health situation.

Furthermore, Motosuo's panel layout follows a simple structure, with each page divided into eight uniformly sized and shaped panels. This eight-panel (*hachi-koma*) format ensures a straightforward narrative flow, contrasting with the complex layouts commonly used in the story manga genre. Despite the book version's luxury of more than 170 pages to fill, she initially felt constrained by the sheer volume of content she needed to add. Fortunately, the eight-panel layout allowed her to incorporate a wealth of information on a single page while keeping a steady, seamless pacing. Editor Yamasaki noted that the eight-panel format is becoming more prevalent in the essay manga genre. He explained that this simple layout facilitates a smoother reading experience, an advantage for essay manga over story manga, emphasizing that the genre intentionally prioritizes readability by employing easy-to-follow layouts, making it particularly suitable for works that aim for narrative clarity.

Contrary to the saying "A picture is worth a thousand words," words can sometimes serve as effective signifiers. *The Story of My Monster* makes extensive use of sound metaphors written in the background, such as *doku, doku, doku* ("thump, thump") for an audible heartbeat, *baku, baku, dan, dan* ("thump thump boom boom") for a more severe heartbeat, or *moya, moya* to signify a sense of unease. Reflecting on her AN and OCD experiences, the author attempted to capture the intensity of incredibly difficult moments and ended up frequently resorting to sound metaphors to represent sensations that are hard to visualize such as her racing heart or feelings of frustration and anxiety. Consequently, the abundant use of onomatopoeia makes these scenes more vivid and immersive for readers, as well. Therefore, while not premeditated as the choices of color and

⁴ The term *santōshin*, which translates to "one-third is head," describes a manga drawing style typically seen in the hyper-comedic genre known as *gag manga* to emphasize the comical nature of characters by disproportionately enlarging their heads (Okuyama 159).

layout, Motsuo acknowledges that these sound metaphors effectively and impactfully convey the realism of the characters' emotions and situations.

In other instances, Motsuo purposefully utilized sound metaphors, such as “*peta peta*” implying Motsuo’s constant object touching, to present her obsessive behaviors in a less disturbing way to the audience. That is because she aimed to provide an engaging reading experience without causing distress and unnecessary discomfort among readers and to help sustain genuine interest in understanding mental illness. While it is crucial to authentically portray one’s lived experience of potentially unsettling mental illness symptoms, Motsuo made a deliberate choice to strike a harmonious equilibrium by illustrating her nightmarish experiences without causing undue discomfort to her readers. For instance, when depicting her struggles with anorexic symptoms, she limited the portrayal of scenes that might agitate the audience, including her intense urge to vomit after eating. She commented, “I think it’s essential for this type of manga to maintain a balanced representation, neither overemphasizing the protagonist’s emotions nor the symptoms of the illness. Hahaha (soft laughter with a hint of self-assurance).”

Furthermore, Motsuo balanced her relatively heavy use of texts, including onomatopoeia and narration, with the inclusion of visual metaphors to simplify the panel presentation. The next subsection will explore her ingenious application of visual metaphors to depict mental health symptoms, particularly her deliberate decisions in crafting a character “Kamisama” that serves as her primary antagonist, detailing her approach to the challenges involved.

2.2 Character “Kamisama”



The Story of My Monster uses visual metaphors in scenes that might not be immediately clear to readers, especially those unfamiliar with AN and OCD. Motsuo’s main strategies to enhance reader comprehension and facilitate an accessible literary experience can be summarized as her invention of an andromorphic character, Kamisama (book cover image). Introduced early in the story, Kamisama serves as an apt metaphor for her AD and OCD-related obsessions, artistically encapsulating her experiences. Employing an andromorphic character to visually depict the external manifestations of mental illness is a common strategy employed by other, more established manga artists in their graphic memoirs (Okuyama 193-199; 267-268). In this comic, Kamisama serves to illustrate the tangible form of her obsessions.

The term “Kamisama,” featured in both the title and narrative of the manga, is a Japanese word meaning “god” or “deity.” In Japanese anime, comics, and literature, the term is often used metaphorically to denote a divine force or a supernatural power. However, translating the name to suggest a spiritual entity might be misleading, as this character is not associated with any particular religion in Motsuo’s memoir. (Hence, “Kamisama” is translated as “obsession monster” in this paper.) By introducing Kamisama, the author personifies the overpowering force of obsessions that took control of her body and diminished her autonomy. For instance, Motsuo is shown as a



Figure : Motsuo 15, last panel

puppet under his control (Motsuo 15, last panel) or portrayed as a hostage, with her limbs restrained and her mouth sealed with duct tape (Motsuo 167, 3rd left panel). When the protagonist tries to express her honest thoughts to her mother, Kamisama suddenly appears behind her, preventing Motsuo from speaking (Motsuo 36, sixth and seventh panels). Similarly, Motsuo finds herself speechless in the intimidating presence of Kamisama. These

portrayals aim to visualize the mindset of individuals overwhelmed by AN or OCD symptoms beyond their control.



Figure 4: Motsuo 36 6th-7th

The expression “being fixated on obsessions”



Figure 3: Motsuo 167, 3rd left

(*kyohaku kannen ni torawareru*) is a commonly used phrase in Japanese to describe the nature of OCD. Motsuo voiced her frustration, stressing, “People don’t understand what it’s like to be preoccupied with obsessions when they hear that phrase.”

Throughout her illness, she felt as if her obsessions completely dominated her entire body, from the top

of her head to the tips of her toes. By attributing personhood to her illness, she was able to show how her body was entwined with the force of obsessions, communicating to her readers that it is not that she does not want to talk about her feelings; rather, she is incapable of doing so, as if an entity has taken her tongue hostage. The character Kamisama served as a means for Motsuo to convey the sense of helplessness she experienced, making the concept of obsession more accessible, particularly to those unfamiliar with it.

There are numerous scenes in which Motsuo is shown alone with Kamisama. The story opens with a moment where, on her way home from her cram school one evening, Motsuo hears a voice warning, “If you don’t touch this bench, something bad will happen.” This voice comes from a ghost-like figure that suddenly appears behind a nondescript bench under a street lamp (Motsuo 9, first panel). In the subsequent panel (Motsuo 9, second panel), Kamisama is depicted as towering and menacing with glaring eyes from behind the bench. Kamisama is drawn with a purple body and striking yellow eyes. However, this figure



differs from the Western depiction of the devil. With a resemblance to a chubby baby, Kamisama looks somewhat like Oba-Q,⁵ despite its inherently negative nature.

Motsuo was not inspired to create the character Kamisama by experiencing the physical manifestation of a spirit or demon. Instead, she clarified, “I drew that character to make the impact of the illness more comprehensible to the readers.” Interestingly, even though Kamisama was not a visible entity, Motsuo persistently sensed its presence hovering above her. She described it as always being “somewhere ‘up there’ (lifting her right arm and pointing upwards), maybe in the sky or near the ceiling.” However, she chose to depict it as a tangible character in the manga, allowing the reader to visually perceive its presence, rather than merely conveying its existence through its voice. Although Kamisama was a character personified by the author to aid reader comprehension, it is intriguing that she experienced her obsessive thoughts as if they were emanating from the ceiling or the sky. As previously discussed, Kamisama embodies Motsuo’s perception of her symptoms as an external force, incessantly controlling her thoughts and behaviors—a recurring motif in narratives of mental illness.

Figure 5: Motsuo 9 1st-2nd panels

At the story’s onset, Kamisama is depicted as a towering statue with a stern, unyielding gaze, designed to instill a sense of fear or the intense reality of the illness. When asked about this portrayal, Motsuo explained, “Certainly. Intending to communicate to the readers the frightening aspect of Kamisama, I often chose to give this character a menacing appearance.” Kamisama’s body is drawn in purple with yellow eyes. The author’s rationale for these color choices was unexpected: “When I became ill (with AN and OCD), Kamisama felt like an auspicious entity in a way, akin to a deity offering guidance. Initially, I treated it as a positive force.” Nevertheless, she wanted to underscore that this entity was merely a manifestation of the illness that tortured her, far from being beneficial. With this goal, she selected purple—a color she finds disconcerting—coupled with monstrous attributes, such as sharp, piercing yellow eyes, to convey this message to her readers.

Kamisama possesses a distinct personality with human-like actions and emotions. For example, it shows relief with an onomatopoeic note, “*Hott*” (“Phew”), when Motsuo stops eating her lunch at his command (Motsuo 37, last panel). In another scene, Kamisama guides Motsuo’s hand like a cult leader (Motsuo 104, last panel). As the story unfolds, Kamisama becomes increasingly humanized, a fact that reflects the author’s insight: “I realized I was essentially creating another version of myself.” Initially a mysterious, frightening figure, Kamisama evolves to express more

⁵ Obake no Q-Tarō (“Ghost Named Q-Taro”), often shortened to Oba-Q or Q-Tarō, is a fictional character created by the renowned manga artist Fujiko Fujio. The manga series featuring Oba-Q became widely popular in Japan during the 1960s. Oba-Q is depicted as a mischievous ghost character with a chubby white body and distinctive feet, who forms a close friendship with a human boy, leading to their humorous adventures. The name Oba-Q became familiar to the young author of this manga thanks to the anime series aired in Japan during the 1970s and 1980s.

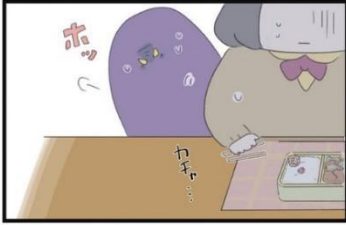


Figure 6: *Motsuo 37 last*

relatable emotions such as relief and hesitation to captivate readers' curiosity about this character. To achieve this effect, she incrementally enriched the character with additional personality traits.

Toward the story's end, Motsuo questions the benefits of her relationship with Kamisama and ultimately decides to terminate it. The author explained, "Back then, the thought of being hospitalized terrified me. I believed in obeying Kamisama's commands like 'Touch this!' would prevent that. Yet, this belief was misguided, leading to the harsh realization that my features had become reality!" This revelation helped her to understand the destructive nature of her obsessions, marking a crucial turning point towards her recovery.

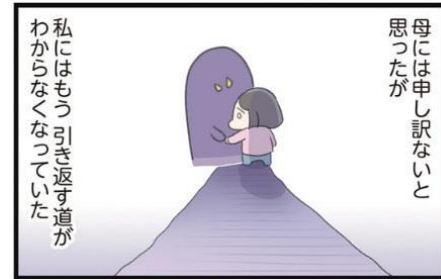


Figure 7: *Motsuo 104 last panel*



Figure 8: *Motsuo 171, 7th & last panels*

In the final scene, Kamisama diminishes before Motsuo, who then decisively picks it up, bids it farewell, and crushes it (Motsuo 171, seventh and last panels), symbolizing the protagonist's reclaimed agency and self-control. Choosing to crush her nemesis, rather than having it vanish, underscores her triumph over the illness while offering closure to the readers. By personally terminating Kamisama, a climax that the author had envisioned from the beginning, Motsuo conveys her victory over and liberation from her illness, closing her narrative on a note of victory and self-determination.

Ending the narrative by visually crushing her nemesis was crucial for the author's transition to the next life phase, symbolizing control over her struggles and embodying patient empowerment—a theme extensively explored in the academic literature of mad studies in the West (Okuyama 30-33). This potent imagery not only inspires readers but also acts as catharsis for the author, allowing her to process her ordeal, derive meaning from her struggles, and advance toward emotional healing. Furthermore, completing this manga provided Motsuo with a sense of accomplishment and closure and marked a positive step forward in her artistic journey. She explained, "Creating this work was daunting as it reopened painful memories. But, through the manga's textual and visual storytelling, I managed to transcend my hardship significantly."

From century-old autobiographies to modern graphic memoirs, the depiction of mental illness often transcends individual willpower, akin to divine intervention, possession, or the sway of a monstrous force. This semiotic analysis of *The Story of My Monster* offered multiple insights into the unique way the comic artist approached her craft. In this work, the representation of her OCD and AN-driven compulsions as external forces beyond her control underscores a crucial aspect of patient insight (Nishizono 40-43). In the subsequent section, other issues of EDs and OCD will be explored.

3. Psychotherapeutic Frameworks for EDs and OCD

As noted above, this paper provides both semiotic and psychotherapeutic insights into the experiences Motsuo is recounting in her prize-winning manga. These analyses of her text are intended to augment her story's rich phenomenological account and enable it to be brought into dialogue with established clinical assumptions and practices.

The theoretical justification for taking this approach to Motsuo's manga is grounded in the assumption that to explore etiologies, prevention measures, and treatments for mental health conditions in an effective way, it is important to permit a dialogical interchange of biological, cultural, psychological, phenomenological, psychotherapeutic, psychosocial, and other modes of interpretation. With this multimodal framework for thinking about mental health, we are advancing what is known as a biocultural approach to mental health.⁶ Within that approach and in this paper we focus specifically on facilitating a dialogue between clinical approaches to OCD and AN on the one hand, and Motsuo's personal experiences of that medicalized environment on the other.

3.1 Diagnosing Motsuo's Condition

As a precursor to our discussions of Motsuo's text below, it is useful at the outset to examine briefly how the medical field would diagnose her condition, and note some of the challenges involved.

While Motsuo's original diagnosis took place in Japan when she was in high school, in the United States today it is common practice for licensed mental health professionals to diagnose through relating symptoms to the current DSM-5 categorizations. Motsuo's story in fact reveals a number of symptoms, beginning with a compulsion to touch certain objects. Her reasoning for doing so, i.e., her fear that something bad will happen if she does not, accords with the DSM-5 stated criteria for OCD: "The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation" (237). Motsuo then begins to restrict her food intake, and then later on exhibits binge-eating and purging. This symptomology would fit the DSM-5 diagnosis of obsessive-compulsive disorder (OCD) and then anorexia nervosa (AN), with symptoms aligning with both the restricting and binge-eating/purging subtypes of AN (339). The diagnosis of *both* OCD and AN is justified since, "when individuals with anorexia nervosa exhibit obsessions and compulsions that are not related to food, body shape or weight, an additional diagnosis of obsessive-compulsive disorder is required" (341).

The co-morbidity of AN and OCD in patients has often been observed and has also been thematized in research. For example, Mandelli et al. note that when eating disorders are primary,

⁶ As Peter and Venkatesan put it, "the biocultural approach is pushing the medical boundaries of eating disorders by trying to grasp the fundamental cultural and semi-clinical causes for the development of eating disorders" (29).

“globally, respectively 18% and 15% of all patients with an ED had a lifetime and current comorbidity with OCD” (927). For the purposes of this paper, we turn in the next section to consider key clinical aspects of the AN and OCD relationship, and their affinities with Motsuo’s account.

3.2 The Challenges in Differentiating OCD and AN in Motsuo’s narrative

The symptomological overlap between AN and OCD can make a differential diagnosis challenging. It might be the case, for instance, that an individual is engaging in typical OCD behaviors that are similar in nature and consequence to those resulting from AN, and vice-versa. To give an example from the professional experience of one of this paper’s authors, a client exhibited compulsive behavior in insisting on counting to exactly 36 chews per mouthful of food. This in turn led to lengthy chewing, and which in the patient’s mind justified eating smaller portions to not slow everyone else down. The same client also declared an inability to consume food unless it was arranged in certain proportions so food was given away or returned to align with that. Both of the obsessive compulsions around number and proportion resulted in AN-type symptoms such as less food consumption, loss of weight, and other associated sequelae.

Both AN and OCD are often characterized by obsessive thoughts that intrude and can inform certain kinds of behavior. Similarly, we see in Motsuo’s account that she had obsessive thoughts and behaviors across the two diagnoses: the obsessive need to touch objects in order to stave off the fear that something bad was going to happen, and, later on, she exhibited obsessive thoughts and compulsive behaviors around food purchases and consumption. When we review her behaviors around searching out zero-calorie foods in the supermarket, they could be said to align with the OCD criteria noted earlier where behaviors manage anxiety for a short time, and are believed to prevent dire consequences (in this case, those that comes with ignoring the obsession monster’s injunctions around food). Individuals with OCD and AN can both exhibit cognitive distortions that diverge significantly from commonly accepted perceptions of reality. For instance, they may believe that failure to touch a specific object in a certain manner will result in catastrophic outcomes, or they may believe that consumption of a certain food will lead to excessive weight gain. The latter can occur despite being a patient being life-threateningly underweight and literally incapable of recognizing their true physical state (as was the case with Motsuo).

Motsuo’s narrative, in its own unique way, reflects how challenging it can be to pinpoint diagnostically which disorder is behind her various and particular symptoms. Yet at the same time, from her own perspective, she sees a common etiology behind both her OCD and AN: that she was not allowed to be herself in the sense that she felt pressure to conform to what others wanted her to be. Her recovery trajectory is in many ways the slow reversal of that dynamic. For example, when her parents finally accepted her desire to go to art school she became energized, and at college, by following her passion and seizing the chance to be herself, she began to deprioritize the AN behaviors that got in the way, and they consequently began to diminish (Motsuo 153-168).

This idea of a causal link to the tension between being herself and being for others illuminates, in her interpretation, the real nature of her obsession monster. The latter (Motsuo speculates) was her own repressed voice manifesting as an external existence telling her she was OK after she had lost belief in herself (Motsuo 168). In this way, the obsession monster was a coping mechanism intended to somehow manage the painful experience of living between the two opposing forces of external demands and her inner desires; the monster affirmed her existence in this space, albeit in a monstrous and eviscerating fashion.

3.3 Motsuo's Narrative and Its Intersection with Recent Research

Motsuo's account of the cause of her illness can serve as an important first-person resource to inform and reflect on research, education, and treatment on AN and OCD. For example, some recent research suggests patients' understanding of the causes of their own OCD can in fact positively impact treatment outcomes. Relatedly, Motsuo's recovery narrative gives a number of instances where she gained insight into why she exhibited certain behaviors. To the authors' best knowledge, there are currently only two published studies that examine the role of patients' understanding of the causes of their own OCD in a treatment outcome sense (Murphy and Perera-Delcourt; Haaland et al.). Interestingly, both offer observations that are relevant to the discussion in hand. The first observation, and which is highly reminiscent of Motsuo's own story, is that the majority of participants traced back their OCD to childhood experiences including stress around having to fit in with their peer group, and interpreted their OCD as a coping strategy. Second, both studies suggested that being able to identify the psychosocial cause(s) helped a number of patients to make sense and meaning out of their disorders, and reduced the severity of symptoms.⁷ And certainly in Motsuo's account, her understanding of the psychosocial causes of her struggles is part of what she wants to convey to readers in the hope that they can gain some control over and relief from their own "obsession monsters."

Motsuo's story also sheds light on another possible overlap between the pathogenesis of OCD and AN, namely, around the issue of confidence. While there is no clinical consensus on the causes of OCD, since at least Janet's pioneering research on OCD in 1903, the disorder has long been associated with self-doubt and with underconfidence (Janet 1903). Modern research has typically identified a lack of confidence in one's own memory, perception and cognition as leading to such observed OCD behaviors as the patient not trusting that the lights had been turned off and so rechecking multiple times (Dar, Sarna, Yardeni, and Lazarov). Confidence issues are, however, broader than those relating to the structure of experience (such as memory, perception, and cognition) and extend to a lack of confidence in self-efficacy and a lack of self esteem (Toledano et al.; Ehntholt et al.) In Motsuo's case she had expressed many instances related to what we might

⁷ For a discussion on how a lack of concern with the patient's own accounts of why they have AN may be linked with poor treatment outcomes, see Rankin et al..

call a lack of confidence in herself: for example, she writes that stress in school was linked to what she saw as a lack of academic ability; a heightened sense of anxiety around being talked about negatively; and her account of the genesis of her own obsession monster that was described above (Motsuo 6,10-11,18).

Defining and assessing confidence and self-esteem in AN and how those terms may relate to not being able to be oneself in teenage life are highly nuanced, and a full consideration is beyond the scope of this paper. However, Motsuo's rich story could help to legitimize and guide both formal and informal research agendas around how a lack of confidence to assert one's difference in the group or family features as a psychosocial cause of OCD and/or AN. Correlatively, we could also investigate how that "confidence" is to be fostered in youth, for example, in a way that produces positive health outcomes (rather than say greater alienation from peers). And how might graphic memoirs such as Motsuo's be best used for that purpose? Research might also look at differing cultural norms around group identity and individualism to better target any preventative programs.

3.4 Mental Healthcare Perspectives

In their 2023 systematic review of female experiences while being an inpatient with AN, Rankin et al. highlight their interviewees common experiences around a lack of person-centered care: "Participants across seven studies expressed disappointment and, at times, exasperation with what they felt was an almost exclusive focus on physiological rehabilitation at the perceived expense of their psychological wellbeing, individual identity, personal values and treatment goals" (Rankin et al. 9). Certainly, Motsuo's story shows affinities with this description. Physiological rehabilitation, or more precisely the immediate need to stabilize her life-threatening condition, became a priority as soon as she became an inpatient. Yet throughout her inpatient treatment, as well as after being discharged, there is an apparent absence of therapeutic engagement around (for example) her particular reasons for restricting food intake, what her goals around food might be and why, as well as a lack of any longer-term therapeutic interventions to prevent readmission. In addition, and conspicuous by its omission, is any account of a professional therapeutic relationship with Motsuo despite the fact that this has in general (and with AN) been shown to be a positive and significant factor in recovery (Stockford et al. 364).

This apparent lack of psychotherapeutic engagements begs the question as to what measures and treatments might have been helpful before her condition became life threatening. Clues to a possible answer can be found in the fact that the various stages in her recovery trajectory were marked by a focus on her drawing, on deciding to study art in college, and being with people with whom she had an affinity (Motsuo 150-3, 166). What is critical to note here is that Motsuo was *valuing* that activity and life experience for what it gave her *over* what she obtained from the

emotional survival strategies that were embodied in her specific AN and/or OCD behaviors.⁸ In other words, under a certain set of conditions where her values had more scope to manifest, she appeared better able to act on those values and resist other behaviors.

What Motsuo's narrative suggests is that there might have been a benefit to supporting her around her values and goals in order to displace AN values and behaviors. At different times in Motsuo's life, her drawing is a value and a "good" for her because of how it makes her feel, because she finds it meaningful, because it is something she wants to do for a career, and ultimately because it could be transformed into a manga to help others. Indicating the possible benefit of a values focus as a treatment modality, Mulkerrin et al. note that, "consideration of the fit between individuals' beliefs and behaviors may help individuals to work toward developing a more sustainable balance in relation to their values, such that AN has less of a compromising effect on their overarching values. A further clinical implication relates to the potential benefit of spending time supporting individuals to clarify their true values, such that they can access tangible and meaningful goals in relation to their recovery and movement beyond AN" (9). Alongside this implication for AN recovery, there would appear to be value in investigating how the discussions around values and actual behaviors—possibly facilitated by manga such as Motsuo's—might serve as a preventative measure among at-risk youth populations.

4. Conclusion

Motsuo's award-winning autobiographical comic, *The Story of My Monster*, recounts her battles with AN, OCD, and other challenges during her high school years. This paper highlights her artistic portrayal of mental health symptoms and associated family and school conflicts as a notable contribution to the field of mental health education. The author's interview revealed her healing journey through art and her willingness to share her experiences, making this manga an invaluable resource for adolescents and their families facing similar issues. Schools, homes, and other forums for discussion can utilize it to gain an intimate glimpse into a patient's perspective, particularly the intensity of their mental and physical obsessions.

Notably, essay comics like Motsuo's have been incorporated into caregiver and nurse training, showcasing their value in medical education (Okuyama 77-107). Termed "*tōjisha gatari*" (first-hand accounts), these narratives provide key insights into healthcare programs. With increasing invitations to share their perspectives at medical conferences and university classrooms, manga artists like Motsuo are helping to bridge the gap between clinical practice and patient realities, enhancing the understanding of mental illness in medical professionals.

⁸ For example, she was better able to resist the idea of vomiting once she realized she needed the energy to draw (Motsuo, 153.)

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