

Unravelling Graphic Medicine: Intersection of the Medium of Comics and Healthcare

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Graphic medicine as an offshoot of health humanities focuses on the 'intersection of the medium of comics and healthcare' to capture the psychological, emotional and socio-cultural dimensions of illness through a blend of visual and verbal elements. It challenges the existing biomedical discourse by giving voice to the hitherto excluded community which includes patients, caregivers, doctors and other healthcare workers. Thus, graphic medicine as an emerging discourse in health humanities not only emphasizes the immense possibility of the comic medium and its intersection with healthcare but also the subjective experiences of deliberately marginalized communities as well. This paper aims to examine the role of graphic medicine as a discourse that challenges and enriches the dominant biomedical discourse to communicate the complex and ambiguous experience of illness through verbo-visual elements.

Keywords: health humanities, graphic medicine, comics, narrative medicine.

Introduction

In recent years, the wave of health humanities has had a significant impact on the landscape of healthcare by yoking together arts and humanities as important tools to understand the deeply personal experience of illness. The domain of healthcare heavily relies on the standardization of biomedical discourse which presents clinical and objective perspectives of illness and its experience. Graphic medicine, a burgeoning field within health humanities, focuses on the intersection

of comics and healthcare to capture lived realities of illness experience and its multifaceted dimensions. By blending visual artistry with storytelling, graphic medicine provides a medium to express the incommunicable aspects of illness such as the emotional turmoil and social stigma associated with various health conditions. This approach not only makes the experience of illness more accessible but also fosters empathy and a deeper understanding among healthcare professionals as well as the general public. By analyzing some key works in graphic medicine, this paper seeks to highlight the ability of the medium to bridge the gap between clinical objectivity and personal experience of illness which in turn contributes to the development of a more compassionate and effective healthcare system. Also, it aims to unravel the transformative potential of graphic medicine which employs the principles of narrative medicine to enable a vicarious experience of illness.

Humanities and Medicine

One major transformation in the humanities in the late twentieth century was the emergence of an interdisciplinary wave which resulted in its integration with diverse fields. This mingling of humanities with medical science and healthcare paved the way for an interdisciplinary discourse known as medical humanities. In 1910, Flexner Report underlined the lack of adequate “scientific and clinical education” (Bleakley, 2015, p. 12). Although scholars like Wujun Ke criticizes the report for promoting “curative rather than caring medicine”, Bleakley emphasizes its call for “ethical and humane practice” as well (p. 12). The seeds of medical humanities were sown through a series of papers in the 1970s (which focused on the inhumane aspects of medical practice), E.E Reinke’s step towards a more ‘liberal education’ in the medical curriculum which aided a curricular shift (at Pennsylvania State University’s College of Medicine in 1967) and the launch of several organizations including that of The Society for Health and Human Values in 1969. It was ‘ethics’ which dominated the curricula of medical universities before the advent of medical humanities. However, the development of the Institute of Medical Humanities in 1973 marked curricular transformations, which not only replaced ethics with medical humanities but also emphasized the

integration of literature and medicine. The introduction of literature had immense impact on the significance of narrative techniques, which had been overlooked by the dominant biomedical field for a long period of time. The new wave of medical humanities created a fertile ground for narrative medicine to flourish.

The engagement of humanities, especially literature with medical practice, paved the way for narrative medicine which is an interdisciplinary field and has similar aims and interests. Rita Charon spearheaded the narrative medicine movement through the publication of her groundbreaking work *Narrative Medicine: Honoring the Stories of Illness* in 2006, in which she emphasized the role of literature and narrative in healthcare. By drawing cues from diverse disciplines, she not only employed different techniques in diagnosing patients but also shed sufficient light on doctor-patient relationship, where the doctor had to look into physical, emotional, psychological, cultural and other dimensions of illness and suffering. Charon criticizes the evidence-based medical practice for viewing the illness and its experience through an objective lens which “may fulfill its technical goals, but it is an empty medicine, or, at best, half a medicine” (2006, p. 4). Narrative medicine posited an alternative subjective lens to listen to the patients’ experience of illness with “these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness” (p. 4). It had a diverse effect on patients, as doctors possessing narrative competence entered their subjective world to understand the very personal experience and journey of their suffering which in turn increased a sense of trust and healing. Thus, by paying attention to the patients’ narratives, narrative medicine proposed a patient-centered approach for empathetic and effective treatment. This patient centered approach constitutes one of the fine threads that distinguishes health humanities from medical humanities.

Health humanities can be considered as a second phase of medical humanities which focused on the intersection of healthcare, humanities and arts which “implied exclusion of wider healthcare when using the descriptor ‘medical’” (Bleakley, 2015, p. 43). Medical humanities heavily emphasized a doctor-centered approach with its main aim to cultivate empathy in doctors by incorporating humane

aspects in treating patients. On the other hand, health humanities centers not only on doctor-patient relationship but also attempts to give voice to the experiences of patients through a patient-centered approach. Also, since medical humanities centers on the doctor, it becomes a unidirectional communication whereas health humanities emphasizes dialogical communication by valuing the perspectives of patients, caregivers and others. Another important distinction is that while the former focuses on the “critical study of medical culture”, the latter focuses on the “academic study of wider health-and social-care” (Bleakley, 2024, p. 4). Similarly, art which was overlooked by medical humanities found relevance in health humanities by exploring its possibilities in pedagogical approaches, therapeutic interventions and narrating illness through the perspectives of patients, caregivers, doctors and others. Crawford argues that “it is through arts and humanities then that we can fully grasp the meaning of events and experiences in healthcare” (2015, p. 8). Thus, the inclusion of health humanities explores “more richly textured ways of understanding healthcare as a practice and understanding health, illness and care in relation to subjective experience” (p. 18).

Crawford explores the role of visual art in teaching, communicating and healing illness, consequently rejecting the exclusivity of dominant medical atlas which is illegible to the public. For a long period of time, people suffering from psychological illness involved in crafting and painting which in turn provided cathartic experiences to them through which they experienced a sense of community. Patients expressed their lived realities of suffering through different mediums. For instance, William Utermohlen, an American artist captured his Alzheimer’s journey through a series of self portraits while Alyona Kochetkova, a photographer chronicled her breast cancer journey through photographs. Similarly, John Keats used textual medium to communicate his experience of tuberculosis in the nineteenth century while a new narrative landscape emerged in the mid twentieth century blending together visual and textual elements, as seen in comics. Medical Universities not only incorporated the theoretical aspects of narrative medicine and health humanities but also included personal accounts of patients and caregivers to understand the nuanced and complicated sufferings of illness from a subjective perspective.

Illness and Comics

According to William Eisner, comics is a ‘sequential art’, a definition that Scott McCloud finds very neutral pertaining to its style, quality or subject matter. Instead, he defines comics as “juxtaposed pictorial and other images in deliberate sequence, intended to convey information and/or produce an aesthetic response in viewer” (McCloud, 1994, p. 9). Though comics as a well developed medium marked its beginning with comic strips in the 1890s, many scholars including McCloud opine that the beginning of comics can be traced back to the 1500s through Cortes’ pre-Columbian picture manuscript, the Bayeux Tapestry and even Egyptian hieroglyphics. Hillary Chute traces the origin of comics back to comic strips as the initial step into the genre. Popular comic strips like Richard Felton Outcault’s *The Yellow Kid* (1895), Winsor McCay’s *Dream of the Rarebit Fiend* (1904) and *Little Nemo in Slumberland* (1905) and more were widely accepted by both adults and children. The following year witnessed the advent of comic book which collected and reprinted comic strips. According to Chute, “*Superman* (1938) inaugurated the so-called Golden Age of comic books, making comic books wildly commercially successful” (2019, p. 20). The Golden Age soon ended after the publication of *Seduction of Interest* in 1954 “which aimed to establish a link between comic-book readership and juvenile delinquency” (p. 21). But this did not hinder the path for the “Silver Age of comic book” that began in the 1960s through marvel comics, which again popularized the superhero comic genre. Comics in both these ages focused on either humor or action-packed superheroes targeting the young generation.

Bearing testimony to the underground revolutions of the 1960s, comics embarked on a new journey diverging significantly from the previous dominant trends by focusing on unexplored, complex themes and subject matters. This shift led to the development of what came to be known as underground comics or comix with an “x” targeting serious adult readership. Justin Green’s confessional *Binky Brown Meets the Holy Virgin Mary* (1972) can be seen as one of the earliest works that kick-started this movement by incorporating autobiographical elements into comics. The work also explored the theme of illness in comics for the first time as Green gave expression

to his experiences of compulsive neurosis. In the subsequent years, drawing inspiration from the underground comics emerged a new genre of comics which focused on the experiences of patients and caregivers. Through a convergence of images and texts, comic as a medium gives voice to the sufferings of people from a very subjective position and can also visibilize “both external features of a condition, and internal, cognitive and emotional features that are otherwise hard to communicate accurately” (p. 304). This development paved the way for an entirely new interdisciplinary discourse centered on the intersection of comics and illness which in turn captured the raw veracity of lived experiences of patients, caregivers, healthcare workers and more. Often authored by comic experts, these works delved into the functional and content elements of comics by exploring with speech balloons, gutters, panels, colours, etc., “to create a mood, give the emotional context of a scene or story, increase or decrease the drama of a moment, and so on” (Pratt, 2023, p. 95). This “intersection of comics and healthcare” influenced a group of physicians and healthcare workers interested in comics, leading to the emergence of graphic medicine.

Graphic Medicine

The intersection of the medium of comics and healthcare opened the platform for a wide variety of personal experiences from the perspectives of patients, caregivers, healthcare workers and more. The objective biomedical world heavily relies on evidence-based and clinical perspectives which distance themselves from the personal experiences and struggles of patients. The detachment of healthcare workers from the subjective world of patients often leads to lack of proper care and treatment. Their subjective experiences find voice through creative expressions, as in the case of comics which is a blend of textual and visual elements. Chute emphasizes the diagrammatic potential of comics in depicting illness as the “capacity of comics to be diagrammatic- representing objects in space and in time, showing and telling- serves the authors of many different kinds of stories, from those that shed light on institutional spaces like hospitals to those that present details like the measurements of a core biopsy needle (2019, p. 303).

As an offshoot of health humanities, graphic medicine highlights the “intersection of the medium of comics and the discourse of healthcare” (Czerwiec et al., 2015, p.1). This interdisciplinary discourse commenced in 2007 with the emergence of *graphicmedicine.org* by Ian Williams, who is an expert in comics and a healthcare worker as well. *Graphic Medicine Manifesto* (2015) co-authored by M.K Czerwiec, Susan Merrill Squier, Michael J Green, Kimberly R Myers, Scott T Smith and Ian Williams published by Penn State University Press can be considered as the foundational text of graphic medicine which establishes the major aims and principles of it. Graphic medicine uses the medium of comics, which is a combination of images and texts and the principles of narrative medicine to portray the true experiences of illness which in turn produce empathy in the readers. When “narrative medicine focuses on the textual and the verbal, graphic medicine can access those aspects of illness and medicine that we experience visually and spatially, as enduring, if intractable, aspects of the patient experience” (p. 46). Unlike the biomedical discourse, which employs cold and objective language to describe illness, graphic medicine captures the authentic experience of illness through a subjective and creative articulation with a blend of images and texts.

Graphic medicine represents the enablement of a community which was hitherto excluded by the dominant socio-cultural and biomedical discourse. The socio-cultural discourse plays an important role in disseminating and reinforcing stigmas which leads to the dehumanization of individuals suffering from certain illnesses. Susan Sontag explains how specific illnesses are often “treated as an evil, invincible predator” and “not just a disease” (1978, p.7). Similarly, Arthur Kleinman emphasizes the cultural significance associated with illness which “shapes suffering as a distinctive moral or spiritual form of distress” (2020, p. 23). In contrast, graphic medicine sheds light on the physical, psychological and emotional aspects of illness from the viewpoint of patients or caregivers. Graphic medicine rejects the stigmatizing representations and objective portrayals of illness and instead offers a profoundly subjective understanding of their experiences. Graphic medicine utilizes the visual narrative power to

delve into taboo topics, challenge stereotypes, and bring silenced events to light. Through compelling illustrations and storytelling, it opens avenues for discussing sensitive issues, fostering empathy and promoting a more inclusive understanding of diverse healthcare experiences. Marisa Acocella Marchetto in her *Cancer Vixen: A True Story* (2006) attacks the taboo associated with breast cancer through panels portraying the graphical representation of breast lump. Similarly, Ian Williams in his *The Bad Doctor* (2014) offers a nuanced perspective on mental health in the medical field.

Graphic medicine is also a significant tool for educating the healthcare workers including doctors, nurses and more to enable them to “think creatively without inhibitions” (Czerwies et al., 2015, p. 72). Thus, graphic medicine unveils a patient’s or caregiver’s world through words and images, which in turn enable a vicarious experience of their illness. Instead of relying on medical jargons and medical atlases which constitute the “official iconography” of illness, graphic medicine opens the door to an “unofficial iconography” of illness. This at the same time, engages students in entering the very personal world of patients or caregivers and encourage them to practice reflexivity which “improves critical thinking skills and empathy, which are two of several important components for producing innovative ideas to improve student growth and performance as well as playing a crucial role in assisting teachers in their teaching abilities” (L. Lazuras et al., 2023, p. 86). By portraying the human side of healthcare, graphic medicine not only educates but also promotes awareness and a holistic perspective among the public. It bridges the gap between medical professionals and the general public, fostering a deeper understanding of illness experiences.

Creative artistic engagement enables psychological and therapeutic benefits. Additionally, it paves the way for building a community which provides a platform to share and support people experiencing similar challenges. Individuals grappling with various illnesses, especially those carrying stigmas are often excluded, causing them double pain in the form of psychological distress from this exclusion. Graphic medicine becomes a crucial platform for such individuals, as it frames one of its main aims as “community building”.

This sense of community not only facilitates mutual understanding but also empowers individuals to navigate their health journeys with shared support and resilience. In *Graphic Medicine Manifesto*, Kimberly R. Myers shares her experience of reading *Cancer Vixen* while coping with breast cancer. For her, reading *Cancer Vixen* “provided a powerful sense of community for someone who didn’t want to join a support group for fear of collective fearmongering” (Czerwiec et al., 2015, p. 103).

In his website graphicmedicine.org, Ian Williams lists 100s of graphic medicine novels or graphic pathographies which portray different types of illnesses. For example, Brian Fies’ *Mom’s Cancer* (2006) illustrates the experience of Fies’ mother’s cancer through an unusual verbo-visual blend with a touch of humor and visual metaphors. Williams emphasizes the possibilities of using humour in these contexts as it “serves not to trivialize the subject but to engage the reader’s attention in an area that might otherwise be avoided” (2012, p. 3). On the other hand, metaphors “that might prove lame in textual form [are] rendered both illuminating and amusing in comic form” (p. 3). Through the work, Fies highlights the difficulties faced by an average middle class family undergoing the treatments for cancer and their incapability in comprehending the doctors. The antiseptic hospital environment, medical documents including the biopsy report and changing appearance of a cancer patient are brought to the center which encapsulate the lived realities of patients and people around them.

Similarly, *Wrinkles* (2007) by Paco Roca also captures the lived realities of an AD sufferer through the medium of graphic medicine. *Wrinkles* revolves around Ernest, a retired bank manager who is admitted to a senior care house by his children. The upper floor inhabited by the people who were sick and couldn’t manage themselves frightens Ernest and it symbolizes the division between “normal” and “abnormal”. He initially forgets the names of common objects in his daily life, progressing to a point where he forgets even his own identity. The work sheds light on the disturbing and painful experiences of an AD sufferer which captures the challenges faced by individuals dealing with the progressive effects of dementia. It also

serves as a narrative vehicle to convey the emotional and cognitive struggle of those grappling with AD, highlighting the profound impact it has both on individuals and their relationships within the context of a senior care setting. Thus, *Wrinkles* “challenges the dominant methods of scholarship in healthcare, offering a more inclusive perspective of medicine, illness, disability, caregiving and being cared for” (Czerwiec et al., 2015, p. 2).

There are also a wide range of other graphic pathographies which explore the lived experiences of people suffering from many illnesses, including Sarah Leavitt’s *Tangles* (2012) which deals with her mother’s dementia, in *Monsters* (2009), Ken Dahl shares his traumatic experience of herpes, *Stitches* (2009) by David Small explores his early childhood difficulties and his thyroid cancer, David B’s *Epileptic* (2006) portray his epilepsy through a distressing narrative and more. These graphic memoirs, through a fusion of visual elements and strong touching narrative, create a more holistic understanding of their experiences and induce empathy. Through images and texts to narrate illness, graphic medicine adopts an “unofficial iconography” to “express oneself and possibly, to challenge the “medical” authority from which the author feels excluded” (p. 129). Thereby, graphic medicine not only rejects the stigmatization and dehumanization of sufferers but also becomes a “growing community where many people have found their voices” (p. 3). It transcends the limitations of traditional illness narratives in textual form and reaches more diverse audience.

Conclusion

The emergence of health humanities as an interdisciplinary discourse has profoundly influenced the realm of illness narratives, our understanding of illness and its experiences. Recent trends in health humanities explore illness and its expression through various mediums, including verbal, visual and verbo-visual language as well. The underground comic revolution aided by the health humanities resulted in a ‘cultural turn’ which paved the way for an entirely distinct discipline known as graphic medicine. Graphic medicine, stemming from health humanities, diverges from the biomedical lens characterized by an evidence- based and objective approach which is detached from the

true experiences of patients and caregivers. Instead, graphic medicine delves into the subjective world of individuals, employing a fusion of comic medium and the principles of narrative medicine to vividly portray the multifaceted dimensions of illness and its personal experience. Furthermore, it demonstrates significant potential by serving as a tool to educate healthcare professionals exploring the subjective realm, raising awareness among the broader public and fostering a community platform for individuals undergoing similar experiences. Thus, graphic medicine as a medium not only challenges but also enriches the dominant narratives of illness with new ways of representing illness to “cultivate empathy, good communication skills and creativity” (Czerwiec et al., 2015, p. 88).

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