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Graphic Medicine in the University

BY SUSAN M. SQUIER

The spring I first offered a graphic medicine graduate seminar, I wasn't sure what to expect of students so schooled in approaching their subjects from an academic perspective. Every class meeting included one hour in which the students, from fields that stress rigorous verbal and written achievement, were required to embrace the position of the amateur by learning to create comics. They experimented with putting images and words together in sequential drawn panels in order to tell a story of their own devising. Of course, they did more than draw; the other two hours of the seminar introduced them both to the medium of comics and to graphic medicine in particular.¹ They read and discussed comics like Harvey Pekar and Joyce Brabner's *Our Cancer Year*, John Porcellino's *Diary of a Mosquito Abatement Man* and *The Hospital Suite*, Lynda Barry's *One Hundred Demons*, and Kaisa Leka's *I Am Not These Feet*. They also read secondary articles in comics studies and in literature and medicine. In addition to writing a conventional seminar paper, at the end of the semester they turned in the comic they had created about an experience of illness, disability, or medical treatment, whether their own or that of an ac-

quaintance or family member. Although I had been teaching graphic narratives of other kinds to humanities graduate students for several years, what happened in this course on graphic medicine surprised me. Not only did the students, none of whom were medical students, explore illness, disability, and medical treatment in their comics, but they often articulated bioethics issues as well. Here is a partial list of the subjects their comics addressed: being treated for dengue fever in an upper New York State hospital where the patient had to teach his caregivers to pronounce the name of his disease; discovering after a year of depression that the birth control method prescribed by the university health center had been flagged by the Food and Drug Administration for its depression-related side effects, something the prescribing physician had never mentioned; improvising a method of teaching studio art to a student with a prosthetic arm; and finding a way to tolerate the pain of a younger sister's chronic illness.

Influenced by the experience of creating these comics, some of the students in this multidisciplinary group even changed the topic of their final seminar paper from a conventional critical reading of texts to a topic that brought their skills of literary and rhetorical analysis to bear on the bioethical issues the comics had illuminated for them. Thus, the

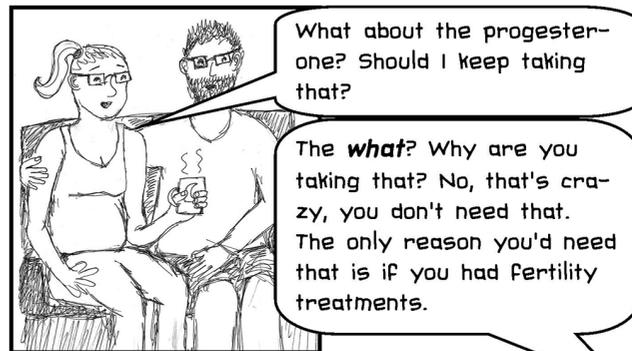
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students prepared themselves to be more active and knowledgeable medical “consumers” (as Erin Gentry Lamb puts it) as well as more savvy participants in the medical system.² A brief look at three comics and the papers they catalyzed can suggest how the class encouraged students not only to broaden their approach to scholarly work but also to reorient, and complicate, their understanding of issues in health care.³

Emily Fogel, a graduate student in medieval literature, had originally planned to write a seminar paper on medieval illuminated manuscripts and their relation to contemporary comics, a good topic for a medievalist. However when Pennsylvania State University’s insurance provider raised its rates drastically for graduate students, Emily, as her department’s representative to the graduate student assembly, was faced with an educational and rhetorical challenge. What were the basics of health insurance coverage and the Affordable Care Act? How should she represent the effect of this rate raise on graduate students when speaking to a university administration whose promises to offset the increase in insurance costs seemed increasingly hollow? The comic she created, “Who Cares? Changing Graduate Health Insurance at Penn State,” not only documented the graduate student resistance to the health insurance increase but also represented the different ways the increase would affect a population whose members differed in age, nationality, and marital and parental status.

While Emily had no formal or informal education in health care, bioethics, or literature and medicine, her comic reveals her new ability to understand and communicate about a complex bioethical issue. Emily uses her comic avatar as a foil, to draw her readers in and then educate us about the differential impact of rising insurance costs. She introduces herself, a twenty-five-year-old woman with “excellent health insurance” (she is on her mother’s plan) and no worries about that changing. As she explains, with even a touch of smugness, “Penn State has traditionally given its graduate students health insurance that’s almost as good as my last plan (my mother is a retired teacher and a union woman).” Yet as the comic plot unfolds, we watch the health care education of Emily, which she labels the move from her “Newborn Insurance Brain” to her “Grad Student Insurance Brain.” Her growth from naïveté to adult complexity is revealed in a series of side-by-side images of herself: as a wide-eyed baby, toddler, grade-school girl, secure college student, and finally the wary, cynical woman who now has a more complex understanding of the way that increases in health insurance premiums can cause real suffering for foreign students and students without parental economic support.

Emily’s comic enabled her to integrate her extracurricular involvement with the graduate student health care insurance increase. It also prompted her to step outside her disciplinary focus in her seminar paper, “Risk Expression: Graphic Narratives of the Underinsured,” which explored the bioethical implications of health insurance coverage disparities while also providing critical readings of several graphic narratives about health insurance shortfalls. Energized by her forced immersion in the complexities of health insurance rates, she offered



ON THAT FIRST VISIT, BEFORE SHE WAS EVEN “OFFICIALLY” MY MIDWIFE, SHE STILL CHECKED ME OUT, LET ME LISTEN TO THE BABY’S HEARTBEAT, AND ASKED BOTH JEFF AND I HOW WE WERE DOING.



Figure 1.

From “Pushing Back,” by Bethany Doane.

readings of works ranging from Stan Mack’s *Janet & Me: An Illustrated Story of Love and Loss*, a memoir of the illness and death from cancer of the cartoonist’s partner, and Ken Dahl’s web comic *Sick* to Janet Sorenson’s short-form online comics “An Open Letter to the Supreme Court about Health Insurance” and “My Experience with Obamacare.” Emily used her paper to argue what she had discovered when creating “Who Cares?”—that comics can catalyze a transformation of abstract biomedical data into personal, embodied meaning:

Where the artist assigns experiences to an acting body . . . , statistic and emotion can be more powerfully united. By demonstrating the effects of risk on a body, even a body contradictory to the reader’s own experience, the reader’s participation requires him/her to possess the knowledge, temporarily assimilating it into their own body and their own experiences. The reader, later returning to the statistical risk absent the narrative power of embodiment, may

A comic by a student who served in the Marines details the war injuries he sustained, to spine and psyche. His final paper argues that, along with physical therapy and cognitive behavior therapy, comics can be helpful.

reassume the formerly held position, but by subverting the inherent power of the statistic, the graphic artist can temporarily shift deeply held or felt perceptions or provoke interest in the apathetic reader.”⁴

Bethany Doane, an English graduate student, chose to focus her comic, like the seminar paper that grew out of it, on her experience of pregnancy and birth, a zone in which the patient’s capacity to make decisions can be positioned against state law and hospital policy. Bethany already had a scholarly interest in “the politics of reproduction, particularly surrounding women’s bodies and their choices in birth,” as she put it in her presentation at the fifth annual Comics and Medicine Conference, “From Private Lives to Public Health” (for which I served as part of the organizing committee, as I had for several previous Graphic Medicine conferences). Her midwife-attended home childbirth led to conflict with medical practitioners due to the restrictions on the practice of midwifery in the state of Maryland. “If you know anything about the politics of home birth,” she said, “you might know that, legally, things are complicated for both midwives and mothers who choose to have their babies at home. The medical system was pretty hostile toward my choice, and toward my midwife.”⁵

A close look at one page from Bethany’s comic, “Pushing Back,” reveals how she uses word and image to contrast the modes of care provided by physician and midwife and their bioethical implications. In the top panel, the couple are shown seated together on the midwife’s couch, Bethany holding a cup of steaming tea, and her husband’s arm draped comfortably around her shoulders. When they ask the midwife about continuing the prescription progesterone, she responds with a colloquial directness far from the measured words one might expect in a clinical setting (see figure 1). The bottom panel continues the mood of relaxed empathy: as the midwife palpates Bethany’s belly, the poster of a smiling sun on the wall echoes Bethany’s own smiling face, and the caption drives the point home: “She never asked about my ‘numbers.’” Rather than the overprescription, overtesting, and inadequate communication that are Bethany’s experience of her physician, the midwife offers her a holistic, empathetic, and noninterventionist approach to pregnancy. Focused on family well-being, the midwife thinks to ask how both of the expectant parents are faring during the pregnancy and lets them both listen to the fetus’s heartbeat. These contrasts continue once the baby is born, and the resulting comic offers

a crash course in patient activism as well as an enlightening reflection on the institutional context shaping and constraining contemporary American childbirth choices.

Joshua Leone joined the seminar as an older student studying for a master’s in English literature who had seen tours of duty with the U.S. Marines in Iraq and Afghanistan. While Emily began her comic firmly situated in the world of the graduate student, and Bethany situated hers in the transition to motherhood, Josh set his in the years before he came to graduate school. His comic narrated a war experience, moving from enlistment, to service, and finally to injury and hospitalization. The charged nature of the story posed challenges for Josh during the work-shopping period that always concluded the middle hour of our three-hour seminar, a period in which the students presented their comics in progress to each other. At first, Josh used the third person to describe the experiences of the protagonist. Only midway through the semester, when he switched to the first person to relate how a HumVee in which he was riding hit an improvised explosive device, did it become clear to the class that Josh’s comic was autobiographical.

In a combination of rough sketches and photographs, Josh’s comic details the injuries he sustained in war, to his spine and to his psyche, and his journey to recovery. Although the “spinal doc” and the “ortho doc” are explicit in their suggestions that he consider being “medically retired” from the service, he gets his medical clearance to continue serving by swimming laps in rehab. But the final hurdle is his psychological condition, an injury far harder to shake. One of the comics we read in the seminar was Ellen Forney’s *Marbles*, a brilliant exploration of an artist’s experience of bipolar disorder. We were using all of the comics we read not only as texts but also as models for ways of expressing experiences visually. Josh drew visual inspiration from Forney’s repeated motif of heavy weather as expression of internal experience for his drawing depicting the impact of psychological wounding as heavy storm clouds looming over the protagonist’s head. The comic packs raw emotional power into its narrative, as we watch its stick figure protagonist regain consciousness after the IED explosion and negotiate the insomnia, self-doubts, and challenges of physical and psychological recovery. Josh has explained the thinking behind how he depicts the effects of his traumatic wounding for himself and others: “I chose to combine the actual symptoms of a psychological injury with comics thought bubbles to show how the stress, anxiety, and

intrusive thoughts . . . inhabit and persist in the thoughts of my character.”⁶

What were the downstream bioethical implications of this experience of comics creation by a Marine who will go on to teach other soldiers at West Point? One way of thinking about this might be to contrast it to “intensive exposure,” a frequently used strategy for addressing post-traumatic stress syndrome that has been vigorously debated in bioethics circles.⁷ Developed by psychologist Edna Foa of the University of Pennsylvania in the 1980s, this therapy consists of repeated, deliberate re-experiencing and retelling of the traumatic event in the clinical interview, which is believed to “detoxify” the memory and strip it of its traumatizing power.⁸ This treatment raises questions about informed consent and autonomy, because it can push patients into a state of hyperarousal, re-traumatizing them.⁹

Josh is an English graduate student, not a bioethicist. Yet, like the other two students in the graphic medicine seminar, he went on to write his final paper on the topic to which his comic had beckoned him. And in this paper, he offered a sophisticated alternative to the intensive exposure that has proven toxic in some cases. Along with medical treatment, physical therapy, cognitive behavior therapy, and family support, his paper argues, comics can be helpful. Reading works such as Garry Trudeau’s *The War Within: One More Step at a Time* (a comic following the recovery of BD, *Doonesbury*’s iconic character, after he suffers a disabling injury during his posting in Iraq) and *The Docs*, a comic on traumatic wounding produced by the Naval Health Research Center in San Diego in 2010,¹⁰ requires a mode of working with memory that resembles the process needed to integrate traumatic events. Josh spoke about this at the Comics and Medicine Conference in Baltimore last June:

Comics capture and order time through the seriality of panels and gutters, and because of their unique construction . . . each panel requires that the narrative be disassembled through the process of breakdown and put back together again and reconnect[ed] with the other panels through the process of closure. . . . The practice of closure (the act of reading through images and inferring connections between them) while reading comics rehearses the same mode of cognition essential for reassembling what trauma has disjoined. . . .¹¹

All of these students have continued in their regular area of specialization; none of them has decided to take up medicine or nursing. Yet Josh’s assessment of the comics course, presented at the conference, seems relevant to them, and to us all: “The medical education that graphic medicine provides can be useful for healing and for prevention of psychological injuries by fostering resilience.” These graduate students did not only learn more about a fascinating area of literary and artistic production; the course may also have left them better prepared, emotionally and strategically, to address health care needs in the future, whether their own or those of a family member. And that’s a course outcome we can all applaud.

1. To learn more about graphic medicine, visit <http://www.graphic-medicine.org>, a website in which I am involved.

2. E. G. Lamb, “Health Humanities: Building the Future of Research and Teaching,” presentation, Obermann Center for Advanced Studies, The University of Iowa, April 4, 2014.

3. I thank Emily Fogel, Bethany Doane, and Joshua Leone for giving me permission to present some of their work at the annual Comics and Medicine Conference: “From Private Lives to Public Health” (informally called the Graphic Medicine conference), Baltimore, MD, June 27-29, 2014, and to draw on their inspiring comics and seminar papers in this essay.

4. E. Fogel, “Risk Expression: Graphic Narratives of the Under-Insured” (unpublished seminar paper, Pennsylvania State University, April 2014).

5. B. Doane, participant in the presentation by Susan Squier, “Teaching Graphic Medicine in the Academy: A Case Study,” Comics and Medicine Conference: “From Private Lives to Public Health,” Baltimore, MD, June 27, 2014.

6. J. Leone, “Combating Combat’s Wounds: Graphic Medicine from the U.S. Wars in Iraq and Afghanistan,” Comics and Medicine Conference: “From Private Lives to Public Health,” Baltimore, MD, June 28, 2014.

7. J. Shay, “Casualties,” *Daedalus: The Journal of the American Academy of Arts and Sciences* 140, no. 3 (2011): 180. My thanks to Joshua Leone for educating me on this issue, both in class discussions and in the seminar paper he wrote for our course, “Combating Combat’s Wounds: Promoting Healing through Graphic Medicine.”

8. D. J. Morris, “After PTSD, More Trauma,” *New York Times*, January 17, 2015.

9. S. Jain, D. Nazarian, J. C. Weitlauf, and S. E. Lindley, “Overview of Bioethical Issues in Contemporary PTSD Treatment and Research,” *AJOB Primary Research* 2, no. 4 (2011) 26-32.

10. Naval Health Research Center and RTI International, *The Docs: A Graphic Novel* (Naval Health Research Center, 2010), at www.rti.org/thedocs.

11. J. Leone, “Combating Combat’s Wounds: Promoting Healing through Graphic Medicine” (unpublished seminar paper, Pennsylvania State University, April 2014).

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