

## **CONFERENCE ABSTRACTS**

Comics & Medicine: The Sequential Art of Illness, June 9-11, 2011  
Northwestern University Feinberg School of Medicine, Chicago, IL USA

### **Panel 1: Comics in Medical Education**

Moderated by Katie Watson

#### **The Use of Comics in Medical Education**

Kavita Vakharia, Mary Anne Carrillo and  
Michael Green, Penn State Hershey College of Medicine

Comics are an ideal medium for expressing a patient's struggle with illness, a physician's account of their occupation, or a tool for patient education. Comics can also be incorporated into medical education as a class taught to medical students within a Humanities curriculum. The Penn State Hershey College of Medicine offers such a course to their fourth year medical students as a way to augment their traditional education and provide a venue for their innovation and creativity.

Students studied how graphics and text can be combined to effectively communicate complex medical narratives. Through targeted readings, the students gained a better appreciation of how patients deal with illness (e.g. Cancer Vixen by Marisa Acocella Marchetto and Cancer Made me a Shallower Person by Miriam Engelberg). The students also read and interpreted graphic novels such as Stitches by David Small, which raised issues concerning patient autonomy and a child's right to know about their illness; and Years of the Elephant by Willy Linthout, which encouraged discussion of the physician's role in helping patients deal with grief. The final project for the course consisted of having students develop their own story into a comic suitable for presentation. The students' stories ranged from humorous to serious and chronicled some of the most poignant memories from their medical school career.

We will present the process the students took to create and share their stories in comic form and provide examples of the final product. We will also discuss two views of the course: the students' perspective and the course instructor's. Other topics include the course's impact on views of the doctor-patient relationship and the use of comics to improve one's storytelling abilities.

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### **Resisting Closure: Graphic Texts and the Search for a Good Ending**

Linda Raphael, George Washington University School of Medicine

The historian Saul Friedlander's writing about holocaust trauma, memory, and transference is suggestive for writing and discussing medical narratives. He warns against a redemptive recovery of the past, one that would put closure to the matter of the suffering of individuals, groups, and societies and preclude the addition of new memories as testimony. A main aspect of working through, he claims, is to keep some measure of balance between the emotion recurrently breaking through the protective shield and a numbness that protects this very shield. "Working through" entails being aware of both tendencies and allowing for a measure of balance between the two whenever possible. But neither the protective numbing nor the disruptive emotion is entirely accessible to consciousness. Even more significant, however, is rendering as truthful an account as documents and testimonials will allow, without giving into the temptation of closure. Closure would represent an obvious avoidance of what remains indeterminate, elusive and opaque. "Working through" may ultimately signify, in Maurice Blanchot's words, "to keep watch over absent meaning."<sup>1</sup>

For many medical students, the absence of existential meaning in illness poses a threat against which they attempt to defend themselves, even in their reading of graphic texts. Some students write that David B does not resolve the issues that he raises in *Epileptic*. Other texts elicit responses that similarly express a desire for closure; for example, Miriam Engelberg's *Cancer Made Me a Shallower Person* leaves some students disillusioned about the sort of closure that they believe may come from "dealing with" cancer; Paul Hornschemeier's *Mother, Come Home* confuses some readers who look for the sort of organization that gives explanatory power to all the events represented. In all these cases, students have used the (currently common) term "closure" to express what they desire but find lacking in the text. While they do not always demand a "happy" ending, they at least want to feel that the text is "complete." The graphic text, I will argue, has several advantages over traditional prose texts in resisting closure and demanding that the reader "work through" the events. One edge results from the need for the reader to fill in the spaces of the "gutter" (a sort of working through how the characters have moved from one frame to the next); another is that narrative text and illustrations may convey different or contradictory meanings; finally, a graphic text may end with an illustrated frame that asks the reader to work through the meaning of the representation in the absence of narrative. These sorts of engagement with a text can be particularly salient for medical students as they work toward accepting the inevitable ambiguities and lack of closure in patient care.

In my presentation, I will use examples from the aforementioned texts to argue that the texts are indeterminate, and that the "working through" they demand can be a rich experience.

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<sup>1</sup> Saul Friedlander, *Probing the Limits of Representation: Nazism and the "final solution"*, Cambridge, Mass.: Harvard University Press, 1992.

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### **Loosening the Grip: Use of Cartoons in a Medical Textbook**

Stuart Copans, Dartmouth Medical School

Loosening The Grip, first published in 1983, and currently in press in its tenth edition, has been the best selling text for alcohol counselors for the past 30 years. It is illustrated with over 200 cartoons drawn by Stuart Copans, a child psychiatrist and cartoonist. This presentation will focus on the ways in which the cartoons contribute to the educational effectiveness of the text, including helping keep students alert and interested despite the length of the book, highlighting material of particular importance, presenting affective materials in clear ways, creating visual mnemonics to help students remember key points. In addition to helping make clear some of the medical issues addressed in the text, the cartoons are particularly helpful in addressing important issues often ignored, including boundaries, transference, countertransference, and self-care by helping professionals. Often cartoons can present affect-laden materials in more powerful ways than abstract discussions and in more economical ways than narratives and case histories. While some of the cartoons and illustrations presenting technical information benefit from the writings of Edward Tufte, Otto Neurath, Bob Gill and others, the cartoons focused on affect are more influenced by the early works of Steig and his awareness of and ability to powerfully portray character defenses. This presentation will be heavily illustrated. The above points will be illustrated using cartoons from *Loosening the Grip*.

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### **Panel 2: Young Adult Health in Comics**

Moderated by Ian Williams

#### **Not Your Mother's Meatloaf: Sex Ed Comics in the Medical Humanities**

Susan Squier, Penn State University

I propose a scholarly paper/ presentation (with power point images) on sex education comics in the health humanities. I will focus particularly on the multi-issue comic, "Not Your Mother's Meatloaf," by Liza Bley and Saiya Miller, though I will probably also discuss Martina Fugazzotto's sex ed comics, "I Heart Condoms", "I Heart Dudes", "I Heart Fantasies" and "I Heart Orgasms." Among the issues I will cover are 1) how and why the genre of 'graphic memoir' lends itself to sex ed comics, 2) How these sex ed comics lead us to rethink the relation between comics and trauma, and 3) why it is important to consider the sequential art of HEALTH as part of graphic medicine, and 4) a brief discussion of the relation between these comics and the works of Phoebe Gloeckner (A CHILD'S LIFE), Lauren Weinstein (GIRL STORIES), Ariel Schrag (POTENTIAL), and Alison Bechdel (DYKES TO WATCH OUT FOR).

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### **Using Spiritual Resources to Deal with Psychic & Physical Suffering**

Peter Stringham, retired physician, cartoonist

In the graphic novel "Crocodile" a young adult faces survivor's guilt after the death of his sister. He happens upon the spiritual world, learns to navigate in it, and although he does not understand it he gets strength from it. When his is diagnosed with lymphoma he has the strength to face it realistically and hopefully.

In the second novel "Frantic" a college freshman reacts to a crime his family commits and he did not prevent. He uses constant activity to try to ward off his shame and guilt. On a house-building trip to Central America he has a dream which tells him he has to learn how to become a mystic and stop being frantic. Slowly he learns how to do that, and he becomes whole.

The presenter believes that feeling a deep spiritual connection to the whole universe and humanity allows one to live and be active in a world of suffering and cruelty with a measure of happiness and calm.

In his practice with adolescents, the presenter taught some of these skills to his patients. Now he is trying to teach them through graphic novels.

### **The Confrontation of Mortality Through Image and Text**

Andrew Rostan, independent graphic novelist

*No abstract available*

### **Workshop 1: Neil Phillips**

#### **Mental Health: Cartoons, Comics, and Communication**

[audio available here](#)

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### **Panel 3: Graphic Memoirs & Psychic Pain**

Moderated by Susan Squier

#### **Challenging the Idea of Optimism:**

**Miriam Engelberg's *Cancer Made Me a Shallower Person***

Sharon O'Brien, Dickinson College (via Susan Squier)

*no abstract available*

#### **The Space in and of Comics: Obsessive-Compulsive Disorder and Graphic Narrative Autobiography**

Hillary Chute, University of Chicago

*no abstract available*

#### ***The Next Day: Drawing from Interviews with Suicide Survivors***

John Porcellino, independent comic artist

*no abstract available*

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### **Panel 4: Bearing Witness to Illness**

Moderated by Michael Green

#### **Compassion vs. Rage: The Comics of Dr. Thom Ferrier**

Ian Williams, editor, [graphicmedicine.org](http://graphicmedicine.org), independent cartoonist  
North Wales, UK

[audio available here](#)

I write about comics and medicine on my website [GraphicMedicine.org](http://GraphicMedicine.org) and I was lead organiser for the first Comics and Medicine conference in London last year. For the past three years I have also been writing comic strips under the nom de plume of Dr Thom Ferrier. The strips are usually of a medical theme and draw on my 15 years experience as a family doctor. I am also working on the second installment of a comic series, *Fear of Failure*, which follows the exploits of Dr Lois Pritchard, a 40-something female General Practitioner in a small town practice in South Wales, UK. I subscribe to Sol Stein's dictum that 'a writer writes what other people only think' (1995) and feel that this applies to writing in graphic form too, thus my strips are sometime rather dark and show healthcare professionals in a less than flattering light. My presentation will focus on my own work, and why I feel that comics is a powerful medium for the conveyance of healthcare narratives.

Ref: Stein, S (1995) *Stein on Writing*, New York: St Martin's Griffin

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### **What it's Like: Articulating Parkinson's Disease Through Visual Narrative**

Shelley Wall, University of Toronto

[audio available here](#)

My husband is a writer; I am a medical illustrator. He has Parkinson's disease. Since his diagnosis eleven years ago, at the age of 38, our lives have been increasingly inflected by the demands of his condition. Recently, I have been creating comics in an attempt to articulate what that has been like. "What It's Like" is, in fact, the working title of the project. This title reflects both the idea of bearing witness to the experience of one Parkinson's patient and his caregiver, and—almost more importantly—the impossibility of *really knowing* how Parkinson's feels, when one is healthy. It can only be approached by analogy (or so I'm told).

The comic form is uniquely suited to this double narrative, this story of trying to negotiate shared meanings. Two people: two simultaneous realities that appear identical from the outside (the apartment, the clock, the cat), but could not be more different from the perspective of subjective experience (the apartment, for instance, is for me a cozy collection of useful furniture, for him, a frustrating obstacle course of needless objects). Comics allow both versions to exist side-by-side. They allow me to literalize and try to understand the metaphors my mate uses to describe his world. Comics' juxtaposition of text and image echoes our marriage of writer and visual artist; it can result in harmonious coherence, or meaningful discord. It also reflects what happens when two different but complementary modes of constructing and representing meaning—those of patient and caregiver—are brought to bear on the same story.

I propose to present this work-in-progress, and to use it as a lens for exploring the unique properties of graphic narrative to represent shifting, multivalent meanings in the experience of illness and caregiving.



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### **From Sketchbook to Graphic Memoir:**

#### **Documenting a Family's Struggle with Alzheimer's Disease**

Sarah Leavitt, cartoonist, editor, Vancouver

[audio available here](#)

A presentation, with slides, about the creation of my graphic memoir *Tangles*, about my mother dying of Alzheimer's Disease. Topics would include: why I chose the graphic form; the process of gathering notes and drawings for the book; response to the book from healthcare/medical professionals, caregivers and the general public; response from my family. This presentation would also include a reading from *Tangles*.

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### Workshop 2: Brian Fies:

#### Making Comics: See One, Do One, Teach One

[discussion and video available here](#)

This will be a 1.5-hour hands-on workshop with the goal of teaching participants some fundamentals of making comics, giving them the information they need to both create comics themselves and teach others to make them as well.

My idea is to champion cartooning as an inexpensive, unique form of communication that anyone can do. Depending on the interest and experience of the audience, I might briefly discuss some fundamentals—panels, dialog, art—with examples from my work and others showing how comics iconography works. Then we'll put it into practice.

I don't have the details worked out, but envision providing participants with paper and pens to create their own characters, situations, plots and short comic stories, guided by prompts, exercises and examples I provide. If participants are willing, I'd be very interested in sharing selected results with the group (via AV such as a camera-computer-projector set-up—I can provide a camera and computer) for very positive feedback. My target tone would be light and fun.

My goals for the workshop include:

- Introducing the idea that comics are a worthwhile medium for patients, caregivers, healthcare workers, etc. to express themselves.
- Conveying the idea that cartooning can be done with very simple tools.
- Overcoming the Fear: hit the "I can't draw a straight line" issue head on. You don't have to be a good artist to be a great cartoonist (with plenty of examples to prove it).
- Teaching some principles of character and story construction.
- Creating an actual short (one-page 3- to 6-panel) comic that tells a little story with a beginning, middle and end.
- Sending participants out into the world with the confidence to make comics themselves and introduce the craft to others.

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### **Panel 5: Picturing Disability**

Moderator: Brian Fies

#### **Depictions of Medical Spaces and Disabilities**

Miriam Zander, Rutgers, The State University of New Jersey

This paper is about the complexity and richness that comes from the interaction of words and pictures in graphic novels. While many different stories can be and are told in this medium, I will focus on narratives about sickness and disability. Specifically, I will be looking at depictions of medical spaces and disabilities in David Small's Stitches, Harvey Pekar's Our Cancer Year, Ryan Pequin's The Walk, and Al Davidson's The Spiral Cage to explore the personal and political ramifications of such stories. First, I will explore how these texts function as comics, personal histories, and narratives. Secondly, I will seek to understand how these narratives work to counteract sanitized disability narratives by presenting a first-person document of subjective experience. To understand how sickness and disability function within each comic, I will examine the individual and combined roles of language, speechlessness, reality, memory, and fantasy. With an understanding of these elements in the selected works, I will then examine how marginalized and silenced individuals can create narratives about their experiences as "ill" to create a rich and complex understanding of marginalized experience, marginalized modes of expression, and marginalized modes of thought.

#### **Graphic Witness: Doonesbury and Traumatic Brain Injury**

MK Czerwiec, Northwestern University

Debjani Mukherjee, Northwestern University

*no abstract available*

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### Panel 6: Imagining the Body

Moderated by Ian Williams

#### **The Aesthetics of Dissection: Diagrams in Medicine and Comics**

Chris Lanier, Sierra Nevada College

The medium of comics is commonly understood in relation to time, utilizing sequential still images toward narrative ends. There has been a growing body of comics work exploring a neglected area of representation, in which the comics pages function not as sequences that unfold in time, but rather as images that unfold in a “diagrammatic” space. In these instances, comics resemble less a movie storyboard than a kind of map. This paper first looks at examples of medical diagrams that attempt to “overcome” the aesthetics of graphic representation, striving towards an objectivity where the visual is put at the service of science, rather than art. Particular attention is given to William Hunter’s *The Anatomy of the Human Gravid Uterus* (1774), whose extravagant precision quixotically endows the diagrams with a powerful aesthetic force. In counterpoint, the paper examines several examples of comics diagrams which employ the visual rhetoric of scientific illustration, but towards self-consciously “artistic” ends. Examples are drawn from the work of Kevin Huizenga, Chris Ware, Anders Nilsen (who, in his graphic memoir *Don’t Go Where I Can’t Follow*, recorded the final months of his fiancé, Cheryl Weaver, as she died of cancer), and Phoebe Gloeckner (who, in addition to being a cartoonist, is a professional medical illustrator). In the work of these artists, we see diagrams that deliberately evoke emotional, narrative and metaphorical responses. The concluding section of the paper examines David B’s graphic novel *Epileptic*, which chronicles his brother’s lifelong struggle with epilepsy. In B’s tour de force, he repeatedly mimics the informational matrix of diagrams, but deliberately eschews their authority as “objective” representations, instead using them as a method to visualize the purely subjective dimensions of illness.

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### **Bodies in the Gutter: Reviewing Medical Ethics, and Aesthetics in *A Child's Life*, *Spiral Cage*, and *Cuckoo***

Theresa Tensuan, Haverford College

Phoebe Gloeckner's reformulations of the visual idioms of medical illustration in *A Child's Life*, Al Davison's kaleidoscopic memoir of moving through the world in a body reconfigured by spina bifida in *The Spiral Cage*, and Madison Clell's account of the experience of Dissociative Identity Disorder in *Cuckoo* challenge fundamental ideas about the establishment of medical authority, the definitions of pathologies, and the constitution of a "normal" body. Working from the theoretical frameworks of feminist theory and Disability Studies, "Bodies in the Gutter" shows how these comics reformulate the narrative conventions and visual codes that both assemble a recognizable world and challenge assumptions about the world beyond the comic frame. As manifest in the gutters that run between frames in a comic strip, these comics show the fissures in medical models ranging from the institution of Intensive Care Units to definitions of disability. Drawing from Tobin Sieber's characterization of aesthetics as a conceptual formulation that "tracks the sensations that some bodies feel in the presence of other bodies," my presentation focuses on how comics create a space in which to examine those systems of belief that we take on through our disciplinary training, and enable readers to see the ideologies – the foundational values, the organizing assumptions, and the habits of being and seeing – that inform our vision of the world, but which are themselves usually invisible.

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### **Gross, Gruesome, and Graphic: Comics and Biomedical Horror**

Catherine Belling, Northwestern University, Feinberg College of  
Medicine

My children are both fascinated by a picture book called *Germs*. Its characters, drawn in vivid detail, include “Snot,” “Rash,” “Pus,” and “Pox,” as well as a couple of impressive—but far less interesting—armies of immune cells. The bad guys in this book are comical, but this does not diminish the fact that they signify something deeply and personally threatening to the reader, provoking a mixture of revulsion and anxiety that seems to exceed the book’s reassuring storyline.

An advantage of drawn accounts of illness is that they can show us our enemies. Verbal accounts of disease rely on descriptions of symptoms, or outwardly-visible lesions, or of signs mediated through medical imaging technology. The metaphorical sense of struggle against an inward attacker—a cancer, a virus, a distorted gene—tends to remain figurative as narrators cast about for ways to convey the sense of self-antagonism and monstrosity so often produced by disease.

Graphic medicine has the capacity to represent disease more, well, graphically. The “comic” aspect of such representations—whether as storybook illustrations, or animated cartoon characters, or as the cancer cells in a graphic narrative about the author’s own disease—may appear to make them less threatening (they’re just drawings, they’re caricatures, we all know anthrax spores don’t really have sharp teeth). But such drawn images are also not constrained by the realist requirements that usually keep the visible and the invisible separate, and so can permit a more direct apprehension of the experience of being diseased as one of horror and monstrosity and of literal, physical adversity.

This 15-minute talk begins with an analysis of Thrax, the repulsive animated villain who invades Bill Murray’s body in the film *Osmosis Jones*. Closely reading a small selection of images, both from autobiographical illness memoirs and from health-education comics, I will suggest the value of developing an aesthetics of horror—at once comic and serious—in the graphic representation of biomedical pathology.

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### Panel 7: David B.'s *Epileptic*

Moderated by Paul Gravett

#### A Sibling's Experience of Loss in *Epileptic*

Esther Saltzman, University of Memphis

*Epileptic*, by David B., is recognized as a vivid and expressionistic telling of a family's experience with a devastating illness. David, the middle child, tells the story from his perspective when his elder brother is diagnosed with epilepsy at the age of nine. Current medical practice recognizes the importance of treating the family as well as the patient, and recognizes that opportunities for social and psychological support are vital to those dealing with catastrophic illness. In 1960's France, however, the concepts of family therapy and family treatment had yet to take hold.

*Epileptic* is the voice of a child trying to process a catastrophic event and crying out for help; both text and art allow the reader to hear this voice. Siblings, especially, may experience unique types of stress. American Academy of Pediatrics' resources explain that siblings of chronically ill children may experience feelings of guilt, neglect, embarrassment, or anger. In essence, David eventually provides his own therapy, through both narrative and visual expression, by writing his graphic novel. The work communicates verbally and visually to express David's feelings, even before he can process them.

By analyzing image and text, I argue that *Epileptic* is, in fact, David B.'s way of working through a family trauma, and that his own grief, unrecognized by medical practitioners or family, prevented him from accepting his brother's illness for many years. I also argue that *Epileptic* can be used as a case study for the medical, nursing, and adjunct professions. It dramatically demonstrates the importance of sibling support in family illness, as well as the effectiveness of narrative and creative therapies in reaching the acceptance phase of loss.

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### Graphic Heterotopias: Treating Epilepsy in *L'Ascension du Haut-Mal*

Lisa Diedrich, Stony Brook University

Madness figures prominently in much of the thought that emerged out of the social movements of the 1960s, but its importance has been mostly forgotten in accounts of that period. Michel Foucault's preoccupation with the history of madness, and its changing figures, was enduring and integral to all of his work. Gilles Deleuze and Félix Guattari were similarly preoccupied by the figures and practices of madness in their collaborations in the 1970s; many of their key concepts emerged out of their critical and clinical work on the experience of madness. In this paper, I juxtapose Foucault's and Deleuze and Guattari's work on the figures and practices of madness with David B.'s graphic memoir of his brother's epilepsy, *L'Ascension du Haut-Mal*, in order to explore the interplay between clinical, critical, and graphic treatments of madness in the 1960s and 1970s.<sup>2</sup> David B. draws the experience and event of his brother's epilepsy as it emerges and evolves during the same period in which Foucault and Deleuze and Guattari are also preoccupied with madness. In particular, I am interested in the way the graphic memoir becomes a kind of heterotopia, or in Foucault's formulation from 1967, a space for the juxtaposition of multiple and contradictory sites. In *L'Ascension du Haut-Mal* David B. literally draws together many milieus—hospitals, clinics, communes, dreamscapes, brain contours, frontiers between two worlds, gardens, battlefields, rugged mountain terrains, etc. My slide between the categories of madness and epilepsy is intentional, suggesting the historical slipperiness of diagnostic categories in general, and between the categories of madness and epilepsy in particular. I also deliberately move between the clinical, critical, and graphic in an attempt to suggest a method for approaching the complexity of the experiences and events of illness.

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<sup>2</sup> David B., *Epileptic*, trans. Kim Thompson (New York: Pantheon, 2005). Although I will work with the English translation of the French text, I want to retain the text's original French title in order to problematize the move from the metaphorically and historically suggestive *L'Ascension du Haut-Mal* (which we might translate as "the climb of the high sickness") to *Epileptic*, which reduces a complex experience to an identity category.



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### Panel 8: Health Care Reform as Comics:

#### What it is, Why it's Necessary, How it Works

Moderated by Martha Cornog, Library Journal

Thomas LeBien, publisher, Farrar, Straus & Giroux

James Bucky Carter, University of Texas at El Paso

Vineet Arora, University of Chicago Pritzker School of Medicine

Ethan Persoff, Comics With Problems

R. Toby Greenwalt, Skokie Public Library

In September, Hill & Wang will publish a comic designed to explain the complexities of the new Health Care Reform law in a more understandable format than the original thousands-of pages-long legislative document. The title will be *Health Care Reform: What It Is, Why It's Necessary, How It Works*, based on a concise manuscript explaining the law drafted by Jonathan Gruber, Professor of Economics at MIT and former advisor to President Obama. To complete the work, Hill & Wang (imprint of Farrar, Straus and Giroux) assigned writer/artist Dean Motter to adapt Gruber's text into a comic format. Their collective efforts have potential for enormous public impact at both lay and professional levels. This panel will discuss the making of this landmark comic and its potential for change. Key questions to be addressed include:

- Why comics? What are the advantages of using this medium for educating about complex law/policy issues?
- Looking at comics for social change, how are they used, and are they helpful for getting people to change behaviors and/or attitudes?

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### **Panel 9: Two Takes on a Text**

Moderated by Brian Fies

#### **Cancer, Culture, and Community: Telling Stories, Building Community**

Craig Martin, Purdue University Galleries

The annual colloquium of the Cancer, Culture and Community group (CCC) at Purdue University explored the human side of cancer through the graphic novel in 2010. An autobiographical comic on cancer, *Our Cancer Year* (written by Harvey Pekar and Joyce Brabner, illustrated by Frank Stack), was at the center of the event. Brabner and Stack presented on *Our Cancer Year* and held workshops with students from the Departments of English and Art and Design, and Stack exhibited the original drawings at Purdue Galleries. The book was incorporated into several classes and students created comic-style work on the subject of cancer. Their results were exhibited at Purdue's Patti and Rusty Rueff Galleries. CCC engaged the community in a project to create its own compendium of mini-graphic novels. People submitted stories of their experience with cancer to the Oncological Science Center's (OSC) website. A network of local artists and writers was developed to script and illustrate them in the spirit of Pekar's unembellished storytelling mode. The 35 stories were exhibited at Purdue in November 2010, at a local gallery in March 2011 and are upcoming as an online book and printed compendium. The stories also served as source material for the Purdue students' work. This created a loop back to the academic side, forming a partnership between the OSC, story-givers, students, writers, and artists. The Cancer, Culture and Community program is a partnership between OSC and Liberal Arts at Purdue University with a mission to provide insight into how cancer affects the human condition. The 2010 colloquium demonstrated that storytelling is an important way to share information, experiences, and knowledge, and fosters building community.

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### **His Cancer Year: Harvey Pekar's Alienating Identification**

Mita Mahato, University of Puget Sound

In the autobiographical series *American Splendour*, Harvey Pekar collaborated with several artists who each offered a unique aesthetic spin in representing the life of the curmudgeonly comics writer and file clerk.<sup>3</sup> Over the three-decade run of the series and within individual issues, Pekar appears impish, doddering, sharp, and alien; he also appears handsome, heroic, soft, and approachable.<sup>4</sup> Pekar's identity becomes palimpsestic, trading between these perspectives on self. The shifting shape of Pekar's face gives pause to Scott McCloud's assertion that the iconic status of comics imagery invites reader identification.<sup>5</sup> Pekar's appearance resists iconicity, initiating a form of reader *alienation*.

When considering illness comics, such alienation might seem counterintuitive. If comics imagery is universalizing, it might offer points of entry for "sick" subjects who have been marginalized culturally and narratively. It is tempting, then, to classify *Our Cancer Year*, Pekar's graphic memoir written in response to his prostate cancer diagnosis, apart from his other graphic memoir work. Illustrated by a single artist (Frank Stack, founder of the underground comics movement), *Our Cancer Year* promises to relate Pekar's narrative of diagnosis, treatment, and remission in ways that run counter to the crude and uncommon slices of life that characterize the stories of *American Splendour*. However, Stack's images are, too, crude and uncommon—composed of ugly, inconsistent, and slapdash scribbles that dismantle rather than construct shared, common meanings. In closely exploring how readers understand and identify Stack's images, I will forward an argument about a *productive* form of alienation that resists simplified, comfortable, and "easily" relatable images of the illness experience. By highlighting the ambivalent and estranging effects of comics language, I will suggest that the value of illness comics is not only to promote sympathy with those who are ill, but also to interrogate the alienation and ugliness that illness embodies.

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<sup>3</sup> Artists included R. Crumb, Alison Bechdel, Alan Moore, Joe Sacco, Jim Woodring, Gary Dumm, and Ty Templeton.

<sup>4</sup> Each issue is composed of several stories, usually inked by different artists.

<sup>5</sup> *Understanding Comics*, 27-36.

## **CONFERENCE ABSTRACTS**

Comics & Medicine: The Sequential Art of Illness, June 9-11, 2011  
Northwestern University Feinberg School of Medicine, Chicago, IL USA

### **Panel 12: Comics as Education**

Moderated by Susan Squier

#### **An Illustrated Brochure in the Style of a Comic Book to Educate People Living with AIDS About Prevention of Foodborne Disease**

Mark Dworkin, University of Illinois at Chicago School of Public Health

The goal of this project is to provide food safety education to adult persons living with AIDS because they are at increased risk for foodborne illnesses. Nearly a half a million persons are living with AIDS in the United States and they are highly vulnerable to foodborne enteric infections (such as from eating dairy, meat and poultry, and vegetables) with the potential for substantial morbidity and mortality. Many of these persons have limited educational backgrounds and live in urban low socioeconomic neighborhoods. This project interviews persons with AIDS in Chicago, New Orleans, and Puerto Rico to determine their baseline food safety knowledge and behavior, develops and disseminates educational entertaining material (a comic book brochure) that targets their knowledge gaps, and then interviews this population again to determine if the educational intervention is effective at raising knowledge. The educational materials are produced in English and Spanish. As of February 15, baseline survey data collection is nearly complete and the draft comic book is undergoing final revisions before dissemination to the AIDS patients (expected beginning in March 2011).

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### A Call for Help: Diabetes and Comics

Adam Perry, Penn State University

Logan Perry, Academy of Art, San Francisco

Graphic narratives about illness are a rich resource for patients and healthcare providers. In particular, scholars have pointed to works like *Mom's Cancer*, *Stitches*, and *Our Cancer Year* as exemplars of the comic medium documenting living with an illness. Although graphic narratives have proven to be useful, comics dealing with diabetes are severely underdeveloped. Sadly, the time has arrived in the United States when new techniques and strategies are needed to help people live with diabetes. Data from the American Diabetes Association's 2011 National Diabetes Fact Sheet reported that over 25 million children and adults in America – over 8% of the total population – are diagnosed with diabetes. In addition, the Center for Disease and Control suggests that over 7 million Americans have diabetes without knowing it and an additional 60 million Americans are at serious risk of developing the disease. In this essay, I will contribute to our understanding of diabetes medical literature by analyzing comics that deal with diabetes, specifically focusing on two Eli Lilly Corporation comics, a series of *Baldo* comic-strips, *Omega Man*, created by two kids who have diabetes, and the new Vertigo series *Joe the Barbarian*. After discussing the merits and flaws with these examples, I will then discuss some of the new directions comics can take when featuring diabetes in their narratives. As someone diagnosed with Type II diabetes in 2009, I was frustrated by the lack of reliable and accessible literature on living with this illness. It is my hope this essay assesses the state of diabetes and comics while prompting reflection on how to best implement this unique medium to help people living with this illness.

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### **Aggression Management Manga**

Rinko Endo, Chicago Lakeshore Hospital

In psychiatric care settings, aggression management is crucial for promoting safety, understanding patients' behavior, improving communications, and thereby providing quality patient care.

In various media, however (unfortunately, sometimes in comic books and manga, too), aggression management in psychiatric care is often stigmatized, miscommunicated, and portrayed as something negative. In fact, quite a few nursing students expressed their fear of witnessing patients' aggression and encountering escalated situations during their rotations at our facility. Some of their concerns may be associated with “padded rooms” and Dr. Lecter in a straight jacket and a face mask. If fear and anxiety toward aggression is not managed, it may hinder us, as caretakers, from providing the quality care and safe environment.

As a trainer, I co-facilitated aggression management workshops for graduate art therapy students at the School of the Art Institute of Chicago. I also created a 2-page comic about physical intervention that has been utilized as a teaching tool in the Nursing Program at Truman College, Chicago. It has received positive feedback from students and instructors.

This Aggression Management Manga is intended to serve as a visual summary of basic information that I have provided in workshops and employee training. By creating this manga, I will strive to explore the effectiveness of visual story-telling to increase better understanding of aggression and to promote safety in healthcare. The focus of my manga is the importance of self-awareness of caregivers' own attitude and demeanor.

Through visual story-telling, sharing my personal experience, and using humor, I hope this manga will be an effective educational tool to address issues of aggression and safety in healthcare.

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### **Panel 10: Neurology, Autism, and Comics**

Moderated by Susan Squier

#### **Comics on the Brain**

Neil Phillips, Aboriginal Medical Service, Shrink-Rap Press

One of the things that differentiate the human mind from other animal minds is our compulsion to make visual art. It is regarded as a marker for the development of abstract thinking and the very first beads and tiny sculptures are regarded as both the beginning of crafted decoration and behaviour involving ceremonies.

Recent advances in neurobiology and brain scanning techniques have triggered a revolution in our understanding of the brain and mind and some of these findings are of great interest to cartoonists and comic artists. They bring us to the centre of what humans do rather than push us to the periphery as mere court jesters. Facial recognition and the recognition of facial expressions and body language are the keys to social interactions and humans are the most social mammal. The visual cortex of the brain provides the bits and pieces, the lines angles and curves needed to construct an image, which is then constructed in what, in a non-technical sense, we know as the "mind's eye". The final specialised processing of facial expression and drawing is done in part of the cerebral cortex known as the "fusiform gyrus".

Cartoons and caricatures have a privileged position in that facial memory and recognition are managed by what are known as "super-portraits". Features are exaggerated in memory just as features are exaggerated in a cartoon. Experimental subjects actually regard a photograph that has been slightly caricatured as more realistic than an accurate photograph. Line drawings and other simplified are not recognised as representational by the minds of other animals, that capacity is purely human. Reading cartoons and comics is one of the things that defines the human mind.

My paper makes use of visual material and will allow the audience to try super-portrait recognition.

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### **Drawing Different: Creating Comics About Asperger Syndrome and Autism Spectrum Disorders**

John Swogger, freelance illustrator, Wales, UK

Asperger Syndrome and Autism Spectrum Disorders are now an important focus for social and medical policy makers and practitioners. While increased understanding of the condition is leading to a more inclusive approach to those diagnosed, it is also highlighting where both professional and lay ignorance is creating real difficulties for those who have received a diagnosis, as well as their families, friends and work colleagues.

In 2010 I was asked to illustrate an educational book aimed at children whose parent or guardian may have received a diagnosis of Asperger Syndrome. I am an illustrator with a principal background in historical and archaeological illustration. I do not have Asperger Syndrome, nor did I know a great deal about the condition before I began the book.

Medical professionals, educators and service providers continue to look for ways to communicate the sometimes subtle but often profound differences which characterise Autism Spectrum Disorders and Asperger Syndrome. As I worked on the book, I came to realise that only a graphic narrative would be able to do this effectively.

Drawing on my subsequent experience of illustrating - and co-authoring - the resulting graphic novel, I would like to demonstrate that the use of sequential art offers a unique communication toolset to those working with Autism Spectrum Disorders and Asperger Syndrome. As both children and adults diagnosed with ASD and Asperger Syndrome continue to define their place in the family, at school, in further education and in the working environment, comics and other graphic formats can have an important role to play in the future of communicating the experience and impact of living with ASD and Asperger Syndrome.



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### **Picturing Disability: Drawing Autism and the Savage of Averyon**

Courtney Angermeier, University of New Mexico

Jeff Benham, freelance artist

Over the past three years, Jeff Benham and Courtney Angermeier have been researching and writing a graphic novel about a historical feral child and a contemporary child with autism. While the novel's obvious subject is the discovery/diagnosis and subsequent treatments of these children by the social and medical structures of their times, the work is intended to help readers deepen their knowledge about autism and special education, develop empathy, and encourage them to question traditionally-held, Western ideas about the nature of disability (that disability signifies only a *lack*, that disability alone...as opposed to socio-historical context...effects prognosis, that treatment be focused solely on the "disabled" individual etc.). The elements of the piece that encourage readers to reassess their ideas about disease/disability go beyond the text and facial expressions of the characters. Line quality, paneling, and coloring choices are all intended to work together in this piece to lead readers to deeper understandings about ability and disability. We would like to either give an oral presentation or participate in a panel (as we assume many if not most of the conference participants are wrestling with similar issues in their work). In the talk, we would explain how we have gone about our research (historical sources, observations, interviews etc.) and collaboration (both with one another and with other researchers, writers, and community members), and, most especially, how and why we choosing to draw and lay out the book as we are with regard to our concerns about picturing disability. We would focus particularly on paneling, coloring, and page layout. Even if we give an oral presentation, as opposed to participating in a panel discussion, we would like to allow time for questions and group discussion about how, specifically, other people are using or have seen graphic elements used to represent theories of disease/disability.

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### **Panel 11: Comics as Process & Method**

Moderated by Michael Green

#### **Applying Comics to Patient Care: Proposal for a Development Process**

Rose Anderson, Mayo Clinic Center for Innovation

We are confident that comics hold potential as a powerful tool for communication in health care, but how can this idea be translated into clinical practice? How will the art maintain its core value of accessibility and vernacular, yet gain the ability to traverse into the formal, scientific field of medicine?

These were questions our team began to discuss after we were approached by a Mayo Clinic Biobank research group interested in creating a patient consent form in the style of comics (inspired by sources that include this conference). Their aim was to study the effectiveness of this approach as compared to a video or traditional text-based form. Our design team within the Mayo Clinic Center for Innovation represents a range of backgrounds, but we are all steeped in applying a user-centered design process. Drawing on our cumulative experiences developing icons, interfaces, services, and products, we wondered whether the process of developing a comic-style patient consent form might be much different.

As an oral presentation, or as part of a panel discussion, I would like to offer how we've applied a user-centered design process to the development of visual clinical tools - such as a decision aid for Type 2 diabetes - and how we propose this process could be applied to develop a comic-style consent form (a project we hope will be actively progressing in June 2011). The basic fence-posts in a user-centered design process include defining the problem through user understanding, surveying the landscape of possibilities, brainstorming divergent concepts based on these insights, and iterating with user feedback to converge on a final design. In my discussion, I hope to engage the audience in conversation around the artist to designer spectrum and the different roles that may emerge within the convergence of comics and medicine. Our group is interested in how creating comics for the venue of patient care may require a change in the nature of the work - shifting it toward the design end of the spectrum. How would this affect the art?

Is this shift necessary for comics to be adopted within the clinical setting? As innovative ideas traverse into new spaces, they come up against institutional and cultural barriers. New adaptations are needed for the idea to persist and navigate forward. Comics are accessible because they are a vernacular expression of the human experience. This style is not necessarily welcomed or respected in the formal, scientific realm of medicine. However, these very attributes are often what alienate patients from text-heavy education materials and make comics such a compelling approach for engaging patients in meaningful conversations about their care. A user-centered development process is our offering to the conversation as our team follows the progression of comics in medicine - an art of human expression applied to the science of health care delivery.

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### Losing Patience: A Geriatrician's Attempt at Ethnographic Research Through Comics

Muna Al-Jawad, Brighton and Sussex University Hospital

Geriatric medicine is a relatively young medical specialty, born after most of its current patients. It is well-established in the UK, but there is still debate about its continued existence (Flicker, 2008). In the USA geriatric medicine is the remit of family doctors and academics, a low status specialty with small financial rewards (Hazzard, 2004).

Specialty training in geriatric medicine in the UK takes five years and follows a 119-page curriculum (Joint Royal Colleges of Physicians Training Board, 2010). Despite its breadth and detail this curriculum, in my opinion, does not explain what a geriatrician is. It feels like there's something missing.

As part of a masters in medical education I attempted to understand the specialty more deeply. I aimed to illuminate the hidden areas of practice, not normally discussed or explicitly taught. I used ethnography as my research methodology, this deals with the meaning and process of actions within the social context of the everyday world (Atkinson and Pugsley, 2005). I used direct observation of life on the geriatrics ward to enable reflection on aspects of practice currently taken-for-granted.

While writing up and reflecting on my field notes, I often felt angry and frustrated at the reality of life on the wards. I find such emotions difficult to put into words and so created visual narrative versions of my experiences- I drew comics. An example is shown below.



The special qualities of images are that they can be immediately accessible; incorporate multiple layers at once; and evoke strong emotions and empathy. Sequential images amplify these merits by adding a narrative element. In the context of this ethnographic project, comics have been a valuable aid to reflection, expression and communication. This suggests possible wider uses for comics in qualitative research into medical practice.

ATKINSON, P. & PUGSLEY, L. 2005. Making sense of ethnography and medical education. *Medical Education*, 39, 228-234.  
FLICKER, L. 2008. Should geriatric medicine remain a specialty? Yes. *British Medical Journal*, 337, 78.  
HAZZARD, W. 2004. I am a geriatrician. *Journal of the American Geriatrics Society*, 52, 161.  
JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD. 2010. Specialty Training Curriculum for Geriatric Medicine Curriculum. Available: [http://www.gmc-uk.org/geriatric\\_curriculum\\_2010.pdf](http://www.gmc-uk.org/geriatric_curriculum_2010.pdf) 32486221.pdf

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### **Workshop 3: Sarah Leavitt:**

#### **From Diary to Graphic Narrative:**

#### **Finding the Story in Your Personal Experience**

So you want to write/illustrate a graphic narrative about illness. You know it's not enough simply to transcribe your diary, or report exactly what happened to you and your loved ones. You have to take the piles of materials and memories you've gathered and shape it into something graceful and efficient, a compelling story that draws the reader in and keeps them there. But how? This quick and intense workshop will lead participants through a process to help them examine their experience and a) identify the central story that they want to tell, b) find the story arc and plot points within their personal experience, and c) explore possible structures/forms they could use to tell their story.