COMMENTARY

Comics and Medicine: Using Graphic Narratives in Pharmacy Education

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Submitted June 30, 2021; accepted September 3, 2021; ePublished September 2021

Keywords: graphic medicine, pharmacy education, medical humanities

INTRODUCTION

Over the last decade, interest in comics as an educational tool has increased. Far from the roots of their superhero origins, the artform of comics (also known as graphic novels) now includes a vast array of fictional and nonfictional storytelling. The pervasiveness of comics in popular culture is at an all-time high; in addition to blockbuster movies, comics have been adapted to television and stage, have been nominated for prestigious literary awards, and have been adopted as teaching tools across the spectrum of education. Of interest to the medical professions, a growing section of comics publishing is focused on autobiographical and medical narratives. In 2007 Williams coined the term “graphic medicine” to describe comics that embed the medical narratives of patients or caregivers to tell personal stories of illness and health. Graphic medicine, therefore, is a unique form of narrative medicine, an area of teaching and study that has been recognized as a way to promote healing in medical practice. Comics are a unique form of literature in that they use a multilayered language of image and text to create a meaning that neither component can separately convey. Graphic medical narratives have captured the attention of the medical community, leading to the development of a graphic medicine conference, and graphic medicine narratives being published in major medical journals. This change has opened a door to potential benefits for patient care as well as new arenas of knowing and self-expression for both learners and educators in health professions education. The purpose of this commentary is to familiarize readers in pharmacy education to the concepts of graphic medicine and to introduce areas where graphic medicine may be useful as a teaching tool in pharmacy curricula.

Reading and Analyzing Graphic Medicine Narratives

Including the reading and analysis of graphic medicine narratives in pharmacy education offers several specific benefits to learners. In a study by Gowda et al., using visual art helped learners in the complex interpretation of data by forcing them to use disparate points of evaluation to develop an understanding of the “whole picture.” In graphic medicine, both image and text are involved in meaning-making, so readers must juxtapose those separate components, look for context clues, background details, and other information in order to determine what is happening on each page. Readers develop an initial impression of the page and move from that intuitive reading to a more careful examination, unveiling additional detail that helps generate a more comprehensive understanding. Using Figure 1 as an example, an initial reading shows a woman breastfeeding her child; on further inspection, detail complicates and expands the reader’s understanding. An evaluation of the poetic language of the main character can be used as a measure of her mental state; combining this information with the lines under her eyes as part of an assessment of her face gives the reader an impression of mental exhaustion. The curling of the baby’s cries around the mother in a speech bubble give the reader a sense of overwhelming sound, while an overflowing laundry hamper in the background leads the reader to process their living situation. The mother's body, drawn with a curving line, emphasizes the protective nature of the relationship between the mother and her infant. The author’s use of dark greys in the black and white image, juxtaposed with the glowing numbers on the clock give the reader temporal context. These details give the reader information about what is happening in the narrative, but this image is further complicated by the metaphorical, as ferns and plant matter creep into the bottom panel, showing the encroachment of a dream-like state and emphasizing the mother's sleep deprivation. In addition to these individual iconographic details, readers must also consider the jump between each panel, which gives the illusion of passing time. Deep reading of a comics page is similar to deep observation of fine art, which has been shown to...
Creating Graphic Medicine Narratives

If reading graphic narratives offers learners in pharmacy education distinct potential benefits, the creation of those narratives offers similar but distinct benefits. The development of a graphic narrative requires two symbiotic components—the “graphics” i.e., the image on the page, and the “narrative” i.e., the story being told. Drawing, a skill that many pharmacy learners abandon after primary school, can in itself be a form of embodied learning where learners address issues of uncertainty through reflective practice and intuitive knowing. Likewise, the development of narrative leans into the human considerations of health care. Storytelling is a significant component of the care experience, as patients express their concerns in the form of story while caregivers both attempt to analyze that story, situate it in the patient’s sociopolitical context, and develop their own “clinical story” of the patient’s health and illness (or wellness). The combination of image and text requires learners to harness these humanistic and embodied forms of learning, expanding the pedagogical tableau.

A second potential benefit of creating graphic medicine narratives is the nurturing of creative thinking and expression. The creation, development, and refining of a story requires learners to think creatively, and the creation of images to convey that story requires the use of skills that pharmacy learners may not have mastered. Comics use a simplified style of linguistic communication, and creators must be able to crystalize major themes and concerns in distinct panels and pages. This requires a significant amount of creative problem solving, a skill that is essential for future pharmacists. This problem solving is enhanced by the focus on unfamiliar skills in an area where learners are likely novices. Although learners may be hesitant to create graphic medicine narratives due to a perceived lack of artistic skill, the experience of creating a graphic narrative, and the creative thinking and problem-solving used to complete this task, is far more important than the final artistic output.
A third potential benefit of creating graphic medicine narratives is the potential development of team-orientation and team-building skills. In a fourth-year elective for medical students, Green notes that learners in his course “build camaraderie [while the process of making a graphic medicine narrative] helps them recognize that they will often need assistance to achieve important goals.” When learners are engaged in the difficult process of developing a graphic narrative, course structures and methods that encourage group participation, peer-to-peer feedback, and co-creation will facilitate this skill development. As pharmacists further integrate into the interprofessional model of patient care in all practice settings, these skills are a critical component for professional success.

CONCLUSION

Using comics in health professions education is a new endeavor and a growing area of scholarly work. Theoretical benefits of graphic medicine have been proposed surrounding the evaluation and creation of graphic narratives. Initial research is encouraging; the use of graphic medicine narratives in clinical education settings have been shown to increase clinician empathy and critical reflection on communication with patients. Studies on learner perceptions have shown that comics are considered helpful as educational tools and their use in a medical school curriculum has facilitated better understanding of key topics in ethics and end of life care. Comics have also been used to teach legal concepts in pharmacy curricula. As the field of graphic medicine grows, situating the field’s use in pharmacy education may offer learners opportunities to reflect on whole-person medical care, meaning-making, and the creative and empathetic aspects of personal and professional development that will be valuable for their future practice.

ACKNOWLEDGMENTS

The author would like to acknowledge Marnie Galloway and Grant Jonathon who graciously allowed the author to reprint their work for this commentary.
REFERENCES:

Figure 1.

In this image, the character Little (top middle panel, and throughout), acts as a stand-in for Jonathon in discussing structural discrimination against persons with disabilities.