

RESEARCH

'Graphic Medicine' as a Mental Health Information Resource: Insights from Comics Producers

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Recent literature suggests that a growing number of comics are being published on health-related topics, including aspects of mental health and social care (Williams 2012; Czerwicz et al 2015) and that comics are increasingly being used in higher education settings as information resources.

This article offers insights from comics creators and disseminators and explores the wider context of comics production and distribution (with a focus on 'Graphic Medicine' or health-related comics) as part of a larger study examination of the interface between these documents and potential academic audiences. Original data was gathered through semi-structured interviews with 15 participants actively involved in comics creation and production. Elements of domain analysis (Hjørland 2002) were used to obtain insights into attitudes to the creation, dissemination and use of mental health-related comics.

Though potentially useful comics material is being produced in the mental health domain, significant challenges remain for producers in enabling their work to be accessed within higher education settings. This paper suggests that comics producers need to make a concerted effort to reach academia, and academia – including information professionals – need to embrace new types of material to enhance teaching.

Keywords: graphic medicine; higher education; interviews; mental health; social care

The Concept of Graphic Medicine

Williams is credited with coining the term 'graphic medicine' as 'a handy term to denote the role that comics can play in the study and delivery of healthcare' ('Why Graphic Medicine?', Green and Myers 2010: 577; Williams (no date)). The number of

health-related memoirs in comics form has grown in the past five years (as documented by the last six occurrences of the Graphic Medicine conference). While much of this material has a biomedical context, publications relating to mental health conditions are also evident. Instances include autobiographical and fictional material where the experience of living with a particular mental health condition is either at the core of the story or an underlying theme. Some have proposed that this material might be useful for professional practice but Williams contended in 2012 that, despite the medical humanities movement, 'the medium of comics [. . .] has received little attention from healthcare scholars.' Notwithstanding six continuous and increasingly successful years of Graphic Medicine conferences so far,¹ (London 2010, Chicago 2011, Toronto 2012, Brighton 2013, Baltimore 2014 and Riverside 2015), and four years having passed since Williams made this statement, there continues to be a lack of empirical studies investigating how or why comics are being used in the domain of health care, social care and their subdomains (On 'domains', see Hjørland 2002).

The history of comics and the so-called 'definitional project' (Groensteen 2007: 379) are beyond the scope of this paper. However in seeking material to explore for this study, we are guided by Williams use of the term 'comics' 'in the plural to refer to both the physical objects and the attendant philosophy and practice surrounding them' from his 2012 *Medical Humanities* article (2012: 21); and McCloud's definition of comics as: 'juxtaposed pictorial and other images in deliberate sequence, intended to convey information and/or to produce an aesthetic response in the viewer' (McCloud 1993: 9). Employing McCloud's definition proves useful as it expresses both the form and function of comics as information objects. It also draws the distinction between comics and illustrated books, which generally use images in isolation and often for affective purposes, rather than for narrative progression.

Graphic narratives have been linked to the concept of narrative medicine and/or the medical humanities (Green and Myers 2010; Williams 2011) because they can provide 'new insights into the personal experience of illness' (Green and Myers 2010: 574). From the perspective of a comics writer, Mould refers to Foucault's

Madness and Civilization (1971), talking of 'a circularity of discourse' around mental health while recalling her own psychiatric treatment for borderline personality disorder, and stresses the importance of 'patients' voices being heard' (Godfrey and Mould 2014). A potential educational use of graphic pathographies could therefore be to 'help healthcare workers understand the nature of personal narrative, and hence may lead to a more considerate and enlightened attitude when dealing with the patient's history' (Williams 2012: 26). This use would also seem to support Charon's assertion that a person's narrative of illness is not just told through 'linear prose but in gesture, movement, happenings in time' (Charon 2005: 262). According to Squier, 'graphic narrative has the capacity to articulate aspects of social experience that escape both the normal realms of medicine and the comforts of canonical literature' (Squier 2008: 130).

Cultural Stigma

If graphic narratives have demonstrated therapeutic utility, why then have they not been more widely promoted within health and social care education? Despite claims of the utility of comics, the wider cultural stigma attached to them as being devoid of academic or intellectual value cannot be ignored (Aleixo and Norris, 2010: 2). Botzakis provides a case study where an adult comics reader approaches them as a 'thoughtful activity' but 'does so undercover, afraid of censure' (Botzakis 2011: 122). This problem might be greater in the context of psychology and social care education because, in mainstream superhero comics at least, when 'contemporary psychiatric terms or disorders have been used in stories, they have been misapplied to explain villainy' (Bender et al. 2011).

Williams proposes the influence of underground comics and claims 'graphic memoirs trace their genealogy to the products of the counterculture of the 1960s and 1970s (2012: 21). Freedman also sees practices around comics production and distribution as stemming from the underground comics scene and creating 'a culture of connoisseurship and fandom' (Freedman 2011: 37). He also describes how this cultural space 'not only challenges the border between high art and popular culture

and between word and image; it also confounds the distinction between academic and amateur scholarship' (2011: 29). It is within this context that the credibility of graphic narratives within higher education can be said to be under continuous scrutiny and transformation.

Recent comics scholarship has emphasised the complex and dynamic socio-cultural processes that compose comic book culture. Moreton states the importance for mental health-related comics of 'the social context of their production and their reception. . . ' and how

'communities are the space where you get lots of contested, competing, different ideas about multiple ways of viewing the world. . . . We need to kind of hold on to that vitality and the multiplicity otherwise we can end up replacing one meta-narrative about mental health with another' (Moreton 2013).

According to Brienza, all manifestations of culture are 'the products of a complex, and often formally organized, network of social interactions' (Brienza 2010: 107). Dittmer notes that those in the retail sale and distribution of comics are often enthusiasts and 'are directly embedded in webs of social interaction with other readers and have particular understandings of readers' interests and responses' (Dittmer 2010: 225). Murray also sees this sense of community manifest in online comics and sometimes serving a surrogate editorial role for self-publishing creators as digital publishing disrupts traditional structures. (Murray 2013: 341).

It is in this cultural context, informed by the background of comics production and comics scholarship as discussed above, that our interviews with Graphic Medicine producers proceeds.

Methods and Limitations

This paper considers only works published in English and/or English-speaking, mostly UK-based authors. To establish how aspects of the comics industry work in relation to the concepts of creation and dissemination in the context of the 'information chain' (Robinson 2009), 15 semi-structured interviews were conducted with participants

involved in various aspects of the process of health-related comics production. These interviews were conducted during November and December 2014. Collection of the data complies with the requirements of City University London's Research Ethics Committee. Consent to identify interviewees publicly by full name/author name and occupation was obtained from each participant and their names and roles are as follows:

1. Catherine Gray, publisher of *Couch Fiction*
2. L.B. Lee, comics creator
3. Ian Williams, comics creator and founder of Graphicmedicine.org
4. Steven Walsh, bookseller, Gosh! Comics comics shop
5. Jessica Leach, illustrator of *Episodes of Schizophrenia*
6. Alex Bowler, editorial director at Jonathan Cape
7. Nina Burrowes, psychologist, writer and illustrator
8. Barbara Bloomfield, therapist and writer
9. Jonathan Rigby, co-owner, Page 45 comics shop
10. Chloe Pursey, editorial director at *Panel Nine*
11. Stephen Lowther, cataloguing librarian at Wellcome Library
12. Sam Arthur, managing director at Nobrow
13. Corinne Pearlman, creative director at Myriad Editions
14. Biserka Stringer-Horne, writer for comics-explorer.tumblr.com/ and organiser for the Thought Bubble comics festival
15. Meg-John Barker, psychologist, lecturer and author

The creators and disseminators interviewed have two main functions in the communication chain: as 'sources' and/or 'providers' of information products (Robson and Robinson 2013: 185). By discussing some of the motivations and processes behind these information products, we hope to gain insight into the types of documents they produce and analyse any potential uses they may have in the context of mental health training.

In relation to the use of semi-structured interviews, Oates states that one of the disadvantages of the method is that 'the effect of the researcher and the context means that consistency and objectivity are hard to achieve' (Oates 2006: 198). Oates

also points out that due to 'the time and effort involved, [semi-structured interviews] are not usually suitable for circumstances where you want to make generalizations about a whole population' (Oates 2006: 199). In this case however, the advantages of using semi-structured interviews outweighed the disadvantages, given that the creators and disseminators involved in 'Graphic Medicine' and related circles in the English-speaking world is still a network easy to circumscribe.

We conducted the interviews through different interfaces – in person, by phone or Skype, or by email depending on the interviewee's circumstances and availability – and the type and length of responses to questions varied. We transcribed the interviews with the 15 participants in their entirety (approximately 44,100 words²), and what follows is a summary and content analysis of the responses, including some direct quotations, in the context of two main categories: 1. Creation and 2. Dissemination. Other identified distinct subthemes which emerged from the research were: Motives for Creation, Processes of Creation, The Influence of Peer Networks, Modes of Distribution and Interactions with Academic and Health Institutions.

1. Creation

1.1 *Motives for Creation*

The motivations for producing graphic narrative works expressed by interviewees varied, including the need to share a story, to help patients, and providing informational value. For Williams, the OCD (Obsessive Compulsive Disorder) aspect of his graphic novel *The Bad Doctor* (Williams 2014) was included because he 'thought that would make a good story' although that element is 'semi-autobiographical'. Williams had self-published work before he created *The Bad Doctor* for Myriad Editions and his independent work 'all ended up with some kind of autobiographical element, even though you change and disguise patients and change experiences. But, inevitably, a lot of the action is based on some sort of kernel of truth.'

In the production of *Episodes of Schizophrenia* (Robinson and Leach 2012), artist Leach did not set out to produce a text to educate professionals, but rather a book to help 'friends and family of sufferers, and someone who's been diagnosed with a

psychotic episode'. Leach describes her motives for choosing to illustrate some of the writing of schizoaffective disorder sufferer and advocacy campaigner Jennifer Robinson (www.suicidalnomore.com) as emerging from personal contact with people who suffered in a similar way.

Educating people on what it is like to live as part of a multiple-personality system – described as 'dissociative identity disorder' in *DSM-5* (American Psychiatric Association 2013) – was central to L.B. Lee producing comics works such *MPD For You and Me* (L.B. Lee 2007). Although the comics avoid the idiomatic terminology of professional discourse, L.B. Lee saw them as having informational value to mental health practitioners.

Burrowes described her illustrated work as *The Cartooning Psychologist* as removing the barriers between professionals and patients. Burrowes prefers the term 'cartoon' to 'comics', and pointed out she is 'not trying necessarily to communicate with the established graphic-novel sector'. However, her book *The Courage to be Me* (Burrowes 2014) is a graphic narrative that fits the definition of comics as defined for this paper. Its primary audience is not mental health professionals, but Burrowes described it as being potentially useful to them. Burrowes suggested that while the concept of the talking cure is the predominant therapeutic paradigm and helpful for many, alternatives should be explored. Bloomfield also said that alternative modalities should be part of practice, and saw her writing in the fictionalised graphic narrative *Couple Therapy* (Bloomfield and Radley 2013) as having practical value to trainee therapists by depicting some of her techniques for working in sessions with clients.

Barker described comics as an opportunity 'to cut through the standard narratives that people tell' with implications for the therapeutic process. She hasn't used comics during therapeutic sessions with clients, but does incorporate them as a complement to her written work, including a comic strip in every chapter of her monograph *Mindful Counselling and Psychotherapy* (Barker 2013). An example of this can be seen in **Figure 1**: while advocating the use of mindfulness, Barker wanted to depict how unwelcome thoughts and memories can intrude and she believed comics provided the best way of conveying the point.

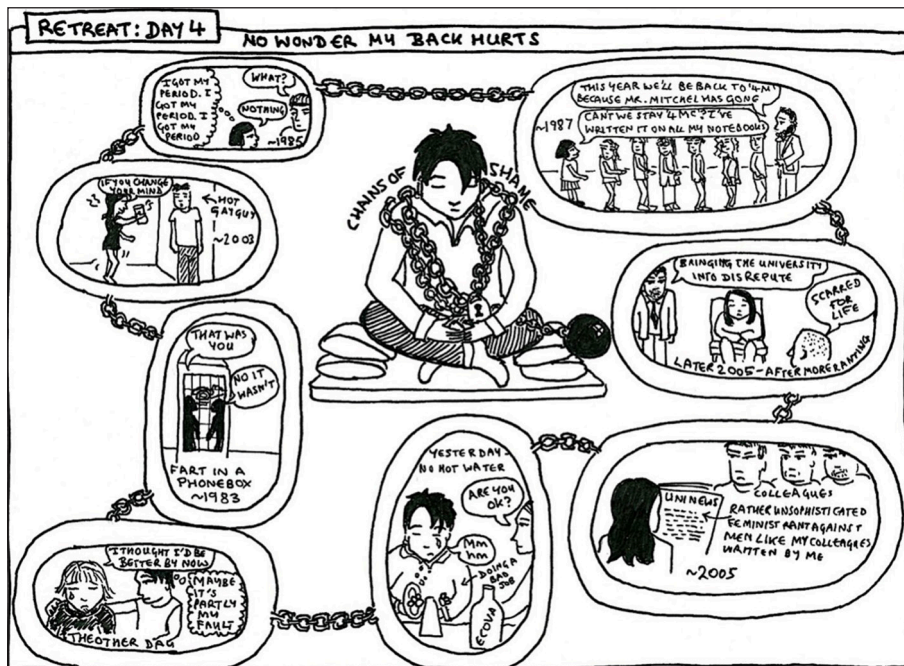


Figure 1: 'No wonder my back hurts' (Barker, M. 2013: 34). © Meg-John Barker 2013.

1.2 Processes of Creation

Williams saw the role of the publishing team at Myriad Editions as essential in helping him shape his graphic novel *The Bad Doctor*, especially editor Pearlman. Pearlman outlines the process as follows, further emphasising the complex collaborative nature of the enterprise:

'The Bad Doctor... went through many, many drafts before we found the form of interspersing the patients' stories with those of the doctor's past, and with episodes from the cycling trips he takes with his friend to let off steam! . . . And it was only when we were very near the deadline of the book that the ending was sorted – thanks in no small part to the copy editor who of course is the crucial next stage in a book's production, once the author and editor have done their business.'

According to Williams, health-related comics produced within a self-publishing model are capable of producing work that has its own unique value as 'raw material'

and 'sources of knowledge', distinguishing them from longer form, commercially ambitious projects where 'you want to get it published or sell it, then I think that you probably do need an editor's input.'

Bowler on the other hand described the editorial team's role at Jonathan Cape as one concerned with initiating and establishing negotiations with the author and with 'structural editing', contributing to the 'story' element of the books, not their 'aesthetics'. This demarcation of competencies outlined by Bowler had similarities with the processes at Nobrow as described by Arthur for the neurobiology comic book *Neurocomic* (Farinella and Roš 2014).

Leach saw the historical legacy of self-publishing as giving voice to groups that might be excluded from commercial processes, and Burrowes likened the restricted amount of text that can be used in comics and cartoons to the concision required by a social media platform such as Twitter, suggesting a distinct discipline to the comics writing process.

While Burrowes is able to write and illustrate much of her work, Bloomfield worked with an illustrator on *Couple Therapy* and said this had implications for the process: 'If you can't draw yourself, like me, you have to give up your own images. In any collaboration, you have to give something; you have to compromise.' Bloomfield also suggested there is another area of compromise that needed to be negotiated while attempting to represent the therapeutic process in the book:

I suppose there was a tension between the dramatic, what I saw as the dramatic needs of the stories, and the actual process of counselling, which is very slow. . . So really, counselling is like layers and layers of meaning being peeled back. . . But drama is not like that really. Drama is an external state, often, and visual drama is externally driven by events.

Gray stated that compromises that may be demanded by the comics form don't necessarily preclude it from pedagogical use: 'A comic inevitably sacrifices some academic detail for visual impact – that is the trade-off. So they need to be used as one of a variety of tools, but that's the case with most teaching resources anyway.'

1.3 The Influence of Peer Networks

Czerweic, co-manager of the GraphicMedicine.org website, also sees the concept of finding like-minded people at the core of the group's activities, stating 'in some ways, the community building, and the kind of community that was formed around the website Ian Williams created and the first conference he held in 2010 in London, that's been the biggest prize' (Fitch, 2013). This position is echoed in a letter to the journal *Medical Humanities*, as Al-Jawad summarises the 2013 International Conference on Comics and Medicine using a full-page drawing with cartoon representations of those who took part (Al-Jawad 2013: 146). Al-Jawad also describes the 'open and friendly atmosphere' with a 'marketplace where many artists were able to show and sell comic books of all shapes and sizes' (Al-Jawad 2013: 145).

The perception of community was apparent in most of the interviews, although the concept and its components varied. Activities around comics fairs such as Thought Bubble (<http://thoughtbubblefestival.com>) in Leeds and creator-focussed meetings such as Laydeez do Comics (<http://laydeezdocomics.wordpress.com>) are seen as integral to this sense of community. Williams identified social interactions around comics as providing an environment that facilitated self-expression. While Williams' recollection of his early trips to comics fairs and conferences seem to exemplify an informal atmosphere with little consideration of commerce, he also pointed out that connections made during this time later led to professional work.

Pearlman stated that comics conventions and fairs are 'absolutely vital', for creators and publishers alike, and Bowler agreed with the importance of conventions and fairs to publishers, and suggested that Jonathan Cape could learn from Pearlman and Myriad's approach. L.B. Lee described conferences and festivals as a way of getting 'more direct feedback about our work' and providing the opportunity to 'meet up with other creators who can give valid input'.

As a festival coordinator of the Thought Bubble comics festival, Stringer-Horne stated that 'the biggest thing that it gives is that it's a really great networking opportunity for creators and for publishers', including the opportunity for creators to have 'portfolio reviews', 'find new fans' and participate in 'sharing all their techniques'.

As well as the in-person interactions at conferences and fairs, online social networks are seen as vital by many involved in comics creation and distribution. Williams described Twitter as 'probably instrumental in forming connections within the comics community' although he did not find online interactions a useful source of constructive criticism. Stringer-Horne agreed that social networks were less likely to have an effect on a creator's content than a positive effect on their productivity: 'social media – especially Twitter, where most of the comic creators talk to each other – that's a really great lifeline back into the community.'

Beyond Twitter, Stringer-Horne gave examples of how she believed other social media networks, such as Instagram and Tumblr are also proving useful for expanding an artists' audiences and improving their reputation. However, she also articulated how heightened levels of expertise and a close-knit community can be intimidating.

Bowler believed that the influence and function of social media is more apparent in comics publishing than in any other form of book publishing. Rigby also argued that comics fostered a unique level of interaction between creators and audience, online and offline. This culture has led to an expectation on the part of publishers that all creators will be engaged with their audience on social media.

As well as the connections with an audience, the connections between creators could influence the shape of the small-press comics sector with Walsh anticipating '... a lot of micropublishers and collectives forming that will allow creators to collaborate in terms of publishing and distribution as much as creating the comics themselves.'

Links beyond the established comics community are also being fostered, as noted by Stringer-Horne as she recalled outreach work done by the Thought Bubble comics festival that involved aspects of social care and graphic narratives:

We work with refugees and the Leeds Autism Services and do things throughout the year with them, and we always do a big project every year that's funded. . . We've worked with the Bradford Refugee Centre and I think it was last year, we did a project with them. . . We use an art therapist on all of our projects, and she helps craft comics that help them explore their stories, their emotions and stuff that came out of their status in the UK and their journey.

Although Barker does not see herself as 'an insider in this world', her professional activities have still intersected with the worlds of comics and fandom at the Nine Worlds GeekFest (<https://nineworlds.co.uk>) where she did a successful workshop on comics getting people to talk about their experiences.

2. Dissemination

2.1 Modes of Distribution

Bowler saw some aspects of the cultural and retail environment as now potentially favouring graphic narratives, both in terms of mainstream publicity and the promotional potential within the existing fandom. However, Gray was more cautious and saw graphic novels as 'a specialist line of publishing – in a bookshop there will be a single section with everything in it from superhero comics to serious fiction. So they carry significant sales risks.'

According to Bowler, one disadvantage distinct to the form is that 'these are expensive books to make, but they're actually relatively quick reading experiences'. Although working to a different model and price point, Burrowes saw it as an advantage that 'you can read most of my books within 15 minutes' adding that 'it's kind of beautiful but it's also really damn clever'. Burrowes has self-published the books on the Amazon CreateSpace platform (<https://www.createspace.com>), producing print-on-demand copies of *The Courage to be Me*. This meets readers' requests for physical copies even though the book is free to read on her website.

L.B. Lee said that as well as selling comics online, direct sales are also made at conventions and provide some market data. Bloomfield reported that while she often sells books at workshops she conducts, her *Couple Therapy* graphic novel doesn't sell well and attributed this to prejudices towards the comics form.

Purseley argued that the curated environment is a way to reach new audiences and this is an important part of the Sequential app (<http://www.sequential.cc/>) as, for some people, 'comics shops and other mainstream comics platforms can seem like a closed world and they don't know how to break into it'. Walsh stated that London-based comics books shop Gosh! is unlikely to offer a category as specialised as Graphic Medicine: 'While we stock books on those subjects we

would never bother to subdivide sections that thoroughly. It just creates more work than it creates sales.'

Rigby suggested that similar works are grouped together at Nottingham-based shop Page 45, but it's not always a clear distinction where an individual book belongs: 'Take something like *Persepolis* [Satrapi 2003] – would you put it in an autobiographical section, or would you put it in politics?'

2.2 Interactions with Academic and Health Institutions

At the time the interview took place, Williams was working in cooperation with Penn State University Press to produce a series of Graphic Medicine publications, including the first volume in the series, titled *The Graphic Medicine Manifesto* (Czerwiec et al 2015). Williams stated that editor-in-chief Boileau 'is really keen to get it into the mainstream as well – not just into academic shops, to get it into normal bookshops and comic shops'. Publishing house Jonathan Cape does not directly market to academia to any great extent, although Bowler believed academics are still being reached: 'what's most effective is, you get the biggest noise you can on a launch through mainstream broadcast and print media, and that percolates.'

According to Pearlman, Myriad does undertake some academia-focused marketing and the publisher does 'try and promote specifically to relevant academics' but awareness of the academic landscape is a problem: 'Academic marketing is something that definitely needs to be worked on within our own organisation, and authors who aren't part of the academic circuit need to be introduced to the academic departments that would be interested in their work.'

Arthur stated that coverage of Nobrow's *Neurocomic* had been limited in the UK academic press: 'I think we had a mention in *Nature* [Kiser 2013] and also *The Lancet* [Cantor 2014]. We have had quite a bit of interest from scientific and academic publishers around the world and *Neurocomic* is now available in around 10 languages. . .'

L.B. Lee stated that academic and professional interest in their work had been limited: 'The only educational institution who's had much interest in our work are zine libraries, who take an interest in radical mental health.' They could see a potential method of their comics reaching more mental health professionals and academics

but costs remained a barrier: 'cons [conventions] and institutions are intended for doctors and people with money, not us. Some require academic certification, which we don't have. The sheer cost of going has precluded us from going.'

Both retailer participants in this project offer services to libraries although neither had any interaction with higher-education institutions. Walsh, from Gosh!, stated that all the shop's 'library orders come from local authorities for high street libraries'. He had 'presented to librarians recently on comics suitable for teens but, again, that was for a local authority rather than an educational institution'.

Rigby told how of how public library orders had dried up in recent years and speculated that budget cuts might be the cause, although Page 45 does have customers for its library service. Rigby recalled attempts to engage with higher-education institutions but with little response. Wider misconceptions surrounding comics were described by Rigby as a possible explanation for the lack of interest from academia:

. . . just immediately after World War Two, where superheroes became so popular – they subsumed the comics' medium, from the public perception. . . . So it's not necessarily a barrier that's set within higher education. I think it's just that it's equally as prevalent there as it is among the public at large. . . . So I think it almost needs to come the other way really, from those within higher education, who have an interest in the medium, promoting it to their colleagues.

Bloomfield reported her comics work had been received negatively by some fellow professionals in mental health and Burrowes argued that any scepticism towards her illustrated work is misplaced and could be resolved with exposure. Burrowes saw her work as part of wider professional imperative for making treatment as accessible as possible and believed this should be more widely adopted by researchers and professionals.

Walsh believed there is evidence of a shift in academic perception already happening:

The traditional view of comics as not being of academic worth is the biggest barrier but this seems to be improving all the time. The more comics are accepted, the more publishers are willing to invest in comics that are of value to academics, which in turn leads to comics becoming more accepted. It's a virtuous circle!

Lowther from the Wellcome Library recounted an example of his institution interacting with a comics retailer via a presentation he made at Gosh!, helping create awareness of the Wellcome Trust within attendants belonging to the comics community.

Barker has not yet used comics much in her teaching work at the Open University, but said 'we do use cartoons quite a lot, more in a breaking up the text and illustrating things humorously kind of way'. She suggested that part of the reason for the lack of use of comics in teaching psychology could be that their pedagogical function may not immediately be obvious: '... maybe part of the problem was because I was classifying quite a small, narrow band of comics as mental health comics, because if you think about it, a comic like *Maus* [Spiegelman 1986] is actually about mental health in its broader sense – it is about the effect of trauma through generations'. Barker did state that she could now see the possible application of comics in teaching, particularly memoirs.

Several participants stated that books they'd been involved with had been used in academic or training contexts. Bowler did not believe any Jonathan Cape titles had been used 'as teaching guides' but were more likely to be 'a text to study'. He added that texts becoming adopted on reading lists 'can be extremely lucrative'.

Bowler also speculated about whether the cost of graphic narratives might have an effect on their adoption as set texts, and why this might be an opportunity for digital distribution. Rigby took a similar view: 'I can actually see a way, especially for the classroom, where actually digital distribution of those might be ideal.' Although it is not currently used for distribution of material to educational institutions, Pursey described how the Sequential app does have such capability. However, Pursey did also mention that copyright restrictions would have to be considered before the platform would be practical for library or educational uses.

Discussion

The analysis of motivations for comics production revealed that mental health professionals such as Bloomfield, Burrowes and Barker share a desire to move away from medicalised framing of people's treatment or suffering – in line with questions raised on whether medical models can 'explain and cure ills and relieve suffering' (Hydén 1997: 49). Perspectives from those living with mental health conditions, such as L.B. Lee, or produced by lay-person sympathisers such as Leach, are also seeking to provide insights that might be missed by the functionality of diagnostic approaches and the resulting public perception that can be influenced by them.

Whether these accounts might be autobiographical or fictionalised, all seem to be seeking to provide information that can help 'understand illness. . . as a social, political, and narrative construct' (Green 2013: 472). Although exactly what type of information this represents and its value to professionals is open to debate, especially when compromises are made on 'accuracy and precision for personal meaning' (Shapiro 2011: 71), by producing graphic narratives authors are potentially contributing 'different kinds of evidence from that offered by scientific experiments' (Charon 2006: 194). It is possible, then, that their work can have a pedagogical function and value in the context of mental health training.

Links between the process of comics creation and a 'network of social interactions' (Brienza 2010: 107) also appeared during the interviews. These procedures varied between the information providers according to the inherent infrastructure of the organisation or working practices of the individual, but authors and publishers identified interactions outside of the process of publishing as important. These interactions varied between motivations to productivity as exemplified by Stringer-Horne's description of Twitter enabling solitary creators to keep in touch with colleagues, to shaping the actual type of material produced when L.B. Lee interacts with those interested in their work. It is questionable whether input from fans or fellow patients can really amount to the same type of advice as that of a professional editor (Murray 2013: 341), or if peer support can offer the same perceived reassurances of peer review. However, if the intention is to provide patient perceptions as 'true

experiences, not contestable knowledge' (Pols 2014: 77) then perhaps the function of these network interactions can be seen as valuable in the construction of the resulting information objects.

Freedman's conception of comics culture obscuring the distinctions between formal and informal specialisation (Freedman 2011: 29) seems to be tangible in the above processes and is also visible in the dissemination stage of the information chain. Among other retail activities, on admittedly contrasting scales, self-publishers such as L.B. Lee and established publishing houses such as Jonathan Cape use comics-specific events like conventions and fairs to make sales, and these gatherings also influence the creative process, either with feedback from fans, customers and fellow artists, or from publishers looking for new talent.

Freedman's description of how the nature of comics 'confounds the distinction between academic and amateur scholarship' (Freedman 2011: 29) also could go beyond the domain of comics studies and into any discipline where comics become central to the discourse. There seems to be an almost comic-con culture informing at least some aspects of academic conferences such as the International Conference on Comics and Medicine series – illustrated, literally, by the organiser Al-Jawad's full-page cartoon depicting a scene of numerous social interactions (Al-Jawad 2013: 146), and also suggested in comments like Czerweic's on the event's community building being the 'biggest prize' (Fitch 2013). This is not meant to infer these gatherings are anything less than serious academic enterprises, but to emphasise that to fully understand the value of comics to mental health training, it is necessary to understand its community's contribution to the information chain. This claim is justified by the evidence provided by the interviewees, who agreed in the key role that the community plays in comic book culture in general and mental health-related comics culture in particular. This suggests that, for comics producers and disseminators, the published book (the 'text') is only one element in a complex information chain. This has implications for the full understanding of the relevance of contemporary Graphic Medicine, particularly when approached from vantage points not familiar with comic book culture and its particularities.

Final Reflections

Creators and publishers reported some academic use of graphic narratives, although no evidence was produced to confirm that they are indeed currently used as informative texts or aids to study. The type of material being produced is varied, and so are the circumstances of production. It is likely there would be a perceived reassurance about comics produced by established publishers as far as libraries and higher education institutions are concerned. However, this perception not only excludes the work of established self-publishing psychologists such as Burrowes, but it also excludes work by authors such as L.B. Lee, whose work embodies the experiences of living with multiple personalities in a way that only comics can (see **Figure 2**). There is the potential to miss valuable and informative material if comics work by dedicated practitioners or passionate advocates are to be ignored because their chosen mode of expression comes from beyond those traditionally accepted.

Analysis of the data generated by these interviews also suggests that, to fully explore or realise the potential of comics in the context of the mental health domain of academia, firmer links need to be established between comics producers and their potential users. Producers must make a concerted effort to reach academia, and academia must embrace new types of material to enhance teaching. Importantly, it is vital that librarians and information professionals demonstrate an interest in forging

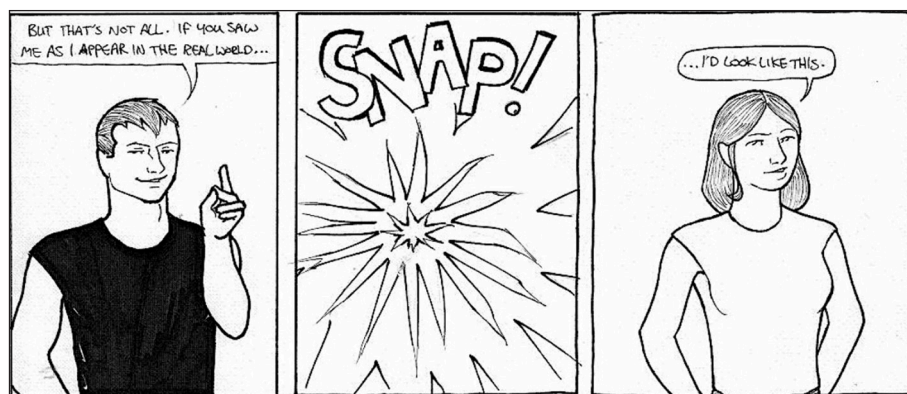


Figure 2: Excerpt from *MPD For You and Me* (L.B. Lee, 2007: 2). © L.B. Lee, 2007.

these links. Further research is needed to establish the processes, literacies and affordances required to forge these links, in order to ensure that these potentially powerful information resources and therapeutic tools are not neglected.

Competing Interests

The authors declare that they have no competing interests.

Author Information

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Notes

¹ See <http://www.graphicmedicine.org/comics-and-medicine-conferences/>.

² The source dataset was submitted along with the original manuscript to this journal for peer review. In the interest of openness the authors would like to make the source data available before any specific requests are made. The authors will share an open version of the source dataset to an institutional data repository pending editorial and review processes. The authors believe qualitative datasets are also valuable as historical evidence of cultural perceptions at a given moment in time in particular settings. Please note that by the time of publication interviewees' individual perceptions on the discussed subject matters may have varied since the time of data collection. There is still much to do in terms of promoting open qualitative data sharing in the arts, humanities and social sciences. We believe open datasets are of value to researchers and we would want to facilitate access to our source dataset so that the scholarly community learns as much from it as possible. The authors subscribe to The PRO Initiative for Open Science available online at <https://opennessinitiative.org/>.

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