

# Graphic Novels as a Narrative Adjunct in Understanding Psychiatric Illness

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Students enter medical school looking forward to finally working with and helping others. However, for many students, the lived experiences of patients continue to remain out of reach. Psychiatry is a medical field that quintessentially emphasizes listening and trying to understand the stories of patients, but typically, students get little exposure to this before entering their clinical years. Instead, lists of *DSM* criteria, drug mechanisms and frequent or serious side effects are memorized. The only real psychiatric clinical exposure may be in the context of learning how to conduct the patient interview and, on occasion, involve a patient interviewed in front of the class. A psychiatrist interviewing a patient who is manic often demonstrates how to identify or elicit symptoms of pressured speech or grandiosity, but less frequently demonstrates for students how one can explore the ways in which the patient's life is impacted by illness. Given the constraints of the preclinical classroom, other mediums may be useful in providing in-depth, personalized examples of illness experience, such as narrative medicine.

Narrative medicine uses the ability to recognize, interpret, and respond to stories to enhance the practice of medicine by applying the humanities to gain a better understanding of the human experience of disease.<sup>1,2</sup> Rita Charon explains that there is a story, not just symptoms, behind every person who sees a clinician. The goal of teaching and learning narrative medicine is to produce a clinician who listens to a patient's story and does not just excise pertinent positive and negative symptoms but also examines how illness is affecting an individual's health, well-being, and psychosocial functioning. Successful use of the principles of narrative medicine is characterized by empathic listening, honest communication, validation, and frequent reflection skills.<sup>3</sup> By understanding illnesses as stories, clinicians gain the tools required to

extract clinical evidence from the patient narrative while also establishing rapport through empathy and respect. A small qualitative study of fourth-year medical students found that students perceived narrative medicine practices as improving their communication and increasing empathy.<sup>4</sup> Another study looked at the effect of a narrative focus on the education of psychiatry residents.<sup>5</sup> In this study, residents were expected to review *DSM* criteria prior to class and spent the class applying the diagnostic framework to narratives of patient experiences with specific mental illnesses. The small case study found that residents felt strongly positive subjective responses towards the exercises and showed statistically significant improvement in pre- and post-intervention test scores when asked to list diagnostic criteria present in narratives.

Literature provides an important avenue to uniquely experience the narratives of patients with psychiatric illness. Books such as *An Unquiet Mind* or *The Center Cannot Hold*, relay the real-life experiences of patients with bipolar disorder and schizophrenia, respectively, and the effects these illnesses have on these patients' personal, interpersonal, and professional lives.<sup>6,7</sup> In Elyn Saks' *The Center Cannot Hold*, Saks narrates an episode in which she initially is studying for a law assignment and ends up venturing out onto the roof of the school library. The flow of thought and emotional transitions that Saks describes provide for the reader an inside view of the thought disorder she experienced as part of schizophrenia.<sup>7</sup> Her descriptions of the delusion she experienced—that she was responsible for many deaths—educate the reader to the certainty and terror with which some people experience delusions. After investigating these literary accounts of mental illness, one wonders which other mediums can express the real-life experience of severe mental illness. A somewhat surprising answer can be found in graphic novels.

Graphic novels, compared to more traditional methods of narration, provide readers unique opportunities to gain insight into the experience of illness. The visual components of graphic novels allow the author to bring his or her experiences to life on the page through both depiction and description, perhaps leading to a more complete representation. The graphic novel *Marbles: Mania, Depression, Michelangelo, and Me: A Graphic Memoir* is an account of the author's first-hand experience with bipolar disorder, including mania, depression, medication side effects, and interactions with family and care providers. The graphic novel includes a two-page spread that perfectly exemplifies the concept of flight of ideas. The difference between logical thought, tangential thought, and flight of ideas can be difficult to grasp, and educators may resort to invented visual aids. In this particular spread in *Marbles*, the reader sees the original single idea experienced by the author, but, tracing the thought bubble across two pages, bears witness to the process by which the idea multiplies and spreads to a variety of different thoughts, some related and some completely unrelated to the initial idea.<sup>8</sup> The reader simultaneously can follow and "understand" the evolution of each individual thought, but, stepping back and observing the spread as a whole, can experience first-hand overwhelming confusion, chaos, and entropy emanating from the page, making it easier to appreciate the author's experience and what was going on in her brain.

The joint presentation of drawings and accompany narrative inherent to the comic format can help the reader better understand and empathize with the patient's experience of illness in a way that written language, alone, may not. In a section in *Marbles*, the author puts together nine frames, each exemplifying her experience of a drug combination she used at one time or another.<sup>8</sup> In contrast to passively reading a long list of possible side effects, the more active visualization of the experience of side effects presented in parallel with the patient's general state of mind helps the reader identify with the person and his or her experience. The ability in a graphic novel to place different images in the same field of vision also allows for direct comparisons of experiences. Another graphic novel, *My Friend Dahmer*, depicts the childhood and teenage years

of the serial killer, Jeffrey Dahmer, from the perspective of his friend and classmate. In this book, Dahmer is shown simultaneously both as the aloof, reserved person seen in interviews he did as an adult and as an awkward, spasmodic teenager mimicking a family friend's cerebral palsy.<sup>9</sup> Often, providers only get to see one perspective—a particular patient, in a particular setting (eg, an outpatient office), at a particular point in time. However, this utilization of the graphic novel medium reminds us of the multiple facets of our patients, including their many characteristics, dimensions, and ways of expressing themselves in different settings. In *Stitches*, a graphic novel recounting the experience of a child suffering from chronic illness and struggling with difficult family dynamics, the reader witnesses a child seeing his psychiatrist not as a doctor, but as the rabbit from *Alice in Wonderland* and the only individual to tell the boy the truth.<sup>10</sup> The images relay emotions such as fear, worry, despair, and elation in a manner that more immediately is accessible to the reader—in a way, bypassing the reader's need for words and inducing experientially an implicit, empathic response.

An advantage derived from the graphic novel's use of images and the framing of these images is the opportunity for the reader to witness the interaction between the individuals portrayed. In *Marbles*, the author continually returns to the depiction of sitting in her psychiatrist's office and discussing her symptoms. Throughout the story, the reader can witness fluctuations in the patient's state, from her initial choice of aggressive clothing, to her depressed tearfulness and apathy, to finally, her gradual acceptance and realization of steps she must take to optimize living with her illness.<sup>8</sup> Throughout these experiences, the reader also sees the psychiatrist tempering grandiose expectations, preparing the author for relapses, and providing education. The use and overlay of speech or thought bubbles, combined with the organization of image framing, allow for a palpable understanding of the interaction occurring in the protagonist's thoughts—in some cases, crowding out the psychiatrist and her advice and, in others, bringing the psychiatrist's statements and their impact to the forefront. This also is seen in *My Friend Dahmer*, where the reader gains a level of compassion for Dahmer that otherwise might

be almost impossible to experience given his violent actions. Throughout the story, the reader sees Dahmer as somebody who is not developing along with his peers. Whereas the other characters can be seen investing in their personal, social, and future lives by developing hobbies, applying to and preparing to leave for college, and beginning romantic relationships, Dahmer's character continues to remain arrested in his development. He repeats those behaviors that had gained him some popularity when he was younger, even when those social behaviors no longer have any currency or capital.<sup>9</sup> As Dahmer loses his social traction, he is included in fewer and fewer frames. In this way, readers can experience the slow change in the relationship between Dahmer and his peers, and his struggles to maintain his social position.

There is a growing interest in the use of narratives in medical education to promote better understanding of the patient experience while building the skills necessary to extract clinically-relevant information from patient histories. This includes insights into how a person's life is affected by fear, disease symptoms, medication side effects, and the complicated medical system that the patient tries to navigate. The unique ability of the graphic novel medium to visually portray complex processes allows a trainee to better understand difficult-to-relay emotions and experiences, and to see multiple co-existing viewpoints. Examining patient narratives through multiple mediums during early training would allow for larger schematic organization as students begin to see their first patients. Students assigned to read graphic novel narratives would reinforce not only basic preclinical concepts, but also their understanding of and empathy for the human experience of illness. Given the specific strengths of the comic format, graphic novels are an overlooked option and a neglected

adjunct when teaching narrative medicine and psychiatric illness to trainees in their pre-clinical years.

### Take Home Summary

Preclinical medical students have limited exposure to psychiatric illness. Growing evidence suggests there are benefits to approaching medicine from a narrative perspective. Graphic novels represent an alternative method of presenting psychiatric illness to students that has unique strengths.

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