

Reading health education comics critically, challenging power relationships

1. Introduction

Although they may not be widely used at present in health information settings, educational comics can be found about a wide range of illnesses. While some topics, such as AIDS and sexual health, are particularly well provided for, there are also educational comics about rarer conditions, including primary immunodeficiency, hepatitis B and tuberculosis among others. Health education comics may have a number of purposes, including raising awareness (for example of disease symptoms); preparing patients (for instance what to expect from a medical procedure); assisting with decision making (such as deciding between treatment options); promoting self-management of chronic conditions; or simply increasing understanding and acceptance of a condition.

In combining elements of information leaflets with sequentially illustrated narrative, health information comics have the potential to do much more than simply convey facts about an illness; they can also support patients in dealing with the social and psychological aspects of a condition. Or, to put it another way, in addition to being read 'efferently' to find information, educational comics can also be read from a more emotionally-engaged, 'aesthetic stance' (Rosenblatt, 1994; see Chapter 1 for a more detailed discussion of efferent and aesthetic stances). Comics have been argued to be 'a very non-threatening medium' as well as a 'personalising medium' (McAllister, 1992, 18) one which 'universalises the illness experience' (Green and Myers, 2010). The fact that comics can effectively portray both actions and feelings means they 'may be a very effective tool in creating empathy and compassion' (Green and Myers 2010).

This chapter sets out to explore whether educational comics can be read not only to provide information and emotional support, but also critically. A critical reading of health education comics may mean, for example, questioning the traditional hierarchical power relationships that can be experienced by patients, or developing a better understanding of the ways in which people with health conditions are viewed in society more widely. A key aspect of critical literacy is questioning who has the power in a text: whose viewpoint is being presented,

and whose is excluded? In the case of health education, reactions to these questions when reading a text have a clear potential to impact on real life situations.

This chapter starts by exploring the implications of clinician-patient power relationships in healthcare, before defining critical health literacy. The remainder of the chapter discusses the ways in which health comics might be read critically, drawing on data from a recent research project that explored, amongst other topics, the potential use of comics in healthcare consultations and how comics might be used as a means of empowering patients in their daily lives. The chapter concludes by reflecting on the implications of the use of health education comics for our understanding of critical health literacy.

1.2 Power relationships in healthcare interactions

Traditionally in healthcare interactions, the doctor, or other healthcare worker, is viewed as being in a more powerful position than the patient as they have control over what advice and medical treatment is made available (Stoeckle 1987). A key component of this convention is the healthcare professional's greater medical knowledge, which mean the patient has little option but to trust the accuracy of their expert diagnosis and recommendation. In recent years of course, medical information has become increasingly easy to access via the internet and this, alongside a growing emphasis on patient choice, has undoubtedly had an impact on traditional power relationships. Many studies have shown that a high proportion of people have used the internet to search for health information, and that they discuss this information with their doctor. Buckland and Gann (1997), for example, suggested that the internet challenges previous hierarchical models of information giving by freeing patients from the passive reception of information and empowering them to seek answers actively. In a practical study of this process, Broom (2005) found that accessing information and/or support online could have a profound effect on men's experiences of prostate cancer, providing a method for them to take back some control over their disease, as well as limiting inhibitions in face-to-face encounters. This is important for healthcare as studies have shown a positive relationship between sense of control and enhanced coping ability (e.g. Kiecolt-Glaser and Glaser, 1995). One way in which patients might regain greater control is through the development of improved health literacy.

1.3 Critical health literacy

There are many definitions of the term 'health literacy'. In the past, definitions have tended to focus on the functional literacy aspects: the literacy and numeracy skills necessary to access health information and health care. However, many (e.g. Greenburg, 2001; Nutbeam, 2008) argue that this approach ignores the broader set of cognitive and social skills that individuals need to use health systems effectively. Taking inspiration from Freebody and Luke's (1990) work, Nutbeam (2000) devised a model incorporating three levels of health literacy: basic/functional; communicative/interactive; and critical. In this context, critical health literacy can be viewed as 'higher level cognitive skills and social skills required to critically analyse information, and to use this information to exert greater control over life events and situations through individual and collective action to address social, economic and environmental determinants of health' (Chinn, 2011, 61). Often in practice, however, critical health literacy is explored solely within a positivist framework (see chapter 2) and is largely equated to what health librarians might describe as information appraisal or evaluation: assessing the validity, credibility, reliability and so forth of information (e.g. Ishikawa et al, 2008; Steckelberg et al 2009). Chinn (2011, 62) describes this as a 'rather rarefied and academic' approach to critical health literacy. As she points out, this assumes 'that the underlying messages of biomedical research are basically neutral and benevolent', an assumption most advocates of critical literacy would question emphatically.

More radical approaches are not unknown however, for example, some of the methods used to assess public understanding of the social determinants of health (income, education, environment etc.) (Nutbeam, 2000; Wang, 2000). However, much of the research in this area has been concerned with abstract concepts, rather than an interrogation of, and response to, texts, within a critical literacy framework. As Chinn (2011) points out, while individuals often struggle to handle connections between health and disadvantage as abstract concepts, they can, and do, express such ideas through contextualised narrative descriptions of life experiences. She further stresses the need for more qualitative research to examine how individuals interact with health information in real life situations. Furthermore, Sykes et al (2013) argue that critical health literacy to date, has been largely concerned with facilitating greater individual

control over life events and much less attention has been given to the wider social and political emphases of critical literacy. This chapter will consider some of these debates within the context of health education comics.

2 Reading comics critically

Comics and graphic novels are frequently said to be, 'more than the sum of their parts'; they are not simply illustrated narratives, but 'operate on a system of co-presence' (Beaty 2011, 108). Reading most comics requires the ability to 'read' both words and images. In comics, the two systems of codes, word and image, sometimes function independently, but at other times interact. So, although images and text need to work together, this does not necessarily mean that the two components always convey the same message. For example, a picture may show a character's outward behaviour, while a thought bubble conveys his true feelings. Furthermore, even if the words and images appear to be telling the same story, they do not necessarily present events at the same time, in the same order, or from the same viewpoint. This creates a form of narrative polyphony where multiple voices, or viewpoints, are presented within a text. This feature means that comics need not have a single, clear message; on the contrary, they are often characterised by the presence of multiple messages.

The process of reading comics can be less straightforward than it might first appear, as it is not just which words and images the creator chooses to include in the panels of a comic that are important. Comics present a series of static images, or 'visual fragments' (Greonsteen 2007), and it is left to the reader to connect these, through the gutters, or blank spaces, between the frames, in order to construct meaning. Iser's (1989) notion of 'gaps', absences of connections that readers must fill in order to make sense of the text, becomes critical in understanding the act of reading a comic. It can be argued that what is omitted (left in the gutter) is just as significant as what is included within the panels and it is the reader's interpretation of these 'gaps' which allows them to make sense of the story. The role of the individual reader and their unique interpretation is key. What the reader imagines in the gutter, hidden from view, emerges to them from their unique interpretation of the narrative.

In fact, the comic book reader has been described by McCloud (1994, 68) as the author's 'silent accomplice' and 'equal partner in crime'. This role as an active

participant demonstrates Rosenblatt's transactional theory of reading, in which a literary work is conceived not as an object, but as an experience shaped by the reader under the guidance of clues in the text (see chapter 1 for further explanation of this theory). Rosenblatt (1994, 25) proposed that a 'literary work exists in a live circuit set up between reader and text'. In reading a comic, however, the situation is more complex as there are three components: reader, written text and visual language. The reader takes both the words and images presented by the author and creates an overall meaning by relating both components to their own experiences. As a result, there is no single 'correct' or absolute meaning, but rather a series of more or less equally valid alternative interpretations. Thus, comics might be argued to be texts which have a particularly powerful potential to subvert the traditional hierarchy between author/creator and reader.

The following section shows how some of these ideas translated into practice in the reading of health education comics in a recent research project.

3 Studying health education comics readers

A small scale research project was undertaken to investigate the ways in which educational comics might provide support to patients and their families in dealing with the feelings and attitudes associated with health conditions, as well as improving understanding of factual information (McNicol, 2015). Potential interviewees were identified from among students in the Health, Education and Information departments at Manchester Metropolitan University in the UK. Eleven volunteers were purposively selected to ensure a mix of gender and age as far as possible and to include those with a condition themselves as well as those who had a family member with a health condition. In total, one man and ten women were interviewed. As would be expected among university students, most interviewees were young adults. Five interviewees had a health condition themselves and six had a relative (parent or grandparent) with a condition. The interviews focused on comics for eight different health conditions, including both

mental and physical illnesses. Participants were asked to read between two and four comics relating to their condition prior to taking part in a semi-structured interview. This allowed them to juxtapose different texts and different methods of representing a particular condition. These comics were used as stimulus material during the interview. The comics were obtained from a variety of sources. While many health education comics are created by commercial publishers (e.g. Medikidz) or healthcare organisations and charities (e.g. The Lupus Initiative, Learning About Diabetes) to raise awareness of conditions or promote positive health messages, others are created by individuals with, or with a relative who has, a particular condition and who wish to share their experiences (e.g. Abram, 2014; Demetris, 2012).

Interviewees discussed the ways in which comics could be used in interactions with healthcare professionals and to empower patients in everyday life, including raising awareness of health issues in wider society. Each of these potential uses relates to the ways in which comics might be read critically.

3.1 Potential use of comics in healthcare consultations

Interviewees felt that health education comics might be used to open up a discussion during a consultation and their use in this setting could be initiated by either a healthcare professional or a patient. One interviewee described how comics might empower a patient by allowing them to share something with a clinician that was difficult to express verbally. By focusing on the patient's experience, not simply the medical facts about a condition, comics can provide patients with alternative ways of voicing their feelings or concerns:

I think it's just a good starting point for a dialogue... I had to go to my GP and [I] had it written down: "I can't talk to you, but this is what I'm feeling". You could quite happily hand those over [and say], "This is what I feel at this moment in time". (Interviewee J)

In the majority of the comics used in this project, the patient was at the centre of the story; healthcare professionals played minor roles. Medical staff were usually portrayed as kind and helpful, but generally one-dimensional characters; their role was that of an unassailable expert who imparts information. This presents

little opportunity to disrupt the traditional patient-clinician power relationships. However, in one case, the doctor was presented as a more human figure, leading the interviewee to comment on the ways in which this might encourage the reader to view doctors in a more rounded way, rather than simply as figures of authority whose word could not be questioned:

She's [the doctor] alright...She does care about the patients quite a bit, which is a side to show of doctors because I think people sometimes have a view that they're a bit straightforward thinking, they're just there to get the job done; they don't really have emotions with other people...
(Interviewee A).

Some interviewees thought that healthcare professionals might be best placed to recommend comics to their patients as sources of information. In this way, healthcare professionals can be seen as acting as mediators, facilitating access, but also suggesting to the patient how they might benefit from reading a comic. However, there is a danger that this can act to simply reinforce their role as powerful experts and knowledge gatekeepers. It was interesting that several interviewees felt that health education comics were a form of health information that needed to be curated and explained to patients, rather than leaving it open to the patient to form their own interpretation:

They can't just give it to you... "I've just been diagnosed with something serious and you've giving me a comic?". But if they explain why they'd given it to you and show you why it's relevant to you then I don't see why it couldn't be used. (Interviewee B)

They have to be selected very carefully; you have to know the patients and how they would react before showing them... (Interviewee G)

However, several interviewees felt that comics could be empowering in helping patients to reconsider, and take greater control over, their relationships with healthcare professionals, for example in the way in which they approach consultations:

... the 'Ask Me 3' [Maury and Morgan, n.d.] with the three questions it tells you at the end; she [interviewee's mother] found that extremely useful. She said, "I'd have never thought of it like that". I think now she knows that, when she goes to see consultants she'll bear that in mind. She found that really useful. (Interviewee C)

Interviewees thought that comics could also prompt patients to raise their own concerns with healthcare staff, drawing attention to issues that might not be

identified as relevant by professionals, but could be highly significant to the life of an individual patient:

...planning for the future and worrying about medication and stuff. These [comics] bring up those issues that nobody really talks to you about in hospital...they don't have time to discuss your concerns, whereas these open up those avenues to discuss. (Interviewee B)

In addition, interviewees pointed out that comics could be used not just in consulting rooms, but also in other settings in which patients find themselves interacting with those in traditional positions of power. For example, in a school, comics might help to facilitate a discussion between a child and learning mentor. As in the case of patient-clinician interactions, this might help to readdress unequal power relationships by giving the child an alternative way to express themselves:

...something like that in a library in a school...I think would be really, really good because I think it could start a conversation with a learning mentor or somebody like that...my son, he hasn't got the words to express how he's feeling, but he could get the picture...and say, "That's how I feel today"... (Interviewee J)

3.2 Empowering patients in their daily lives

The potential impact of health education comics was not limited to patient-clinician interactions though. As people who had experienced living with a condition over a period of time, the interviewees rarely learnt new facts about their condition through reading the comics provided. However, their comments suggest that, by reflecting on the narratives presented, they did gain increased self-awareness of their actions and responses, and of the ways in which they were currently managing their condition. This could, in itself, be an empowering experience:

It just brought it back to my awareness because I live with it all the time I don't even think about it. It helped in that way...it brought things up into my mind that were in my mind but...suppressed. Definitely has helped in that way... It made realise...I try to think that I haven't got it, so I was like, "I have got it and this is what I've got to deal with". It made me realise that I'm doing alright considering...I've got all this going on as well, I just don't realise that I'm doing it. It made me think, "Yeah I've got it and this is what I'm facing". (Interviewee B)
I really wanted to write them down and keep reading them because they're gonna help me in the future...I never realised that when I was crying or feeling lonely that all this...are coming from these feelings. (Interviewee K).

While interviewees were keen to emphasise that comics should avoid reproducing trite clichés commonly associated with various conditions, they did want the overall message presented in the comics they read to be a positive one, thus empathising the fact that patients can have control over the ways in which they react to, and deal with, their condition. In short, it is not necessary to simply accept the inevitability of a disempowered position:

Interviewee: It was a bit gloom and doom; they're a bit dark aren't they; everything seems a bit bad for them...things keep going worse for them.

Interviewer: Would you have preferred it more positive?

Interviewee: Yes, slightly more positive. If people read that and they start thinking, "Oooh, uh-oh..." It's all bad news, but there's obviously good things as well that can happen...Maybe a bit more about what the good things were rather than just the bad. (Interviewee A)

While the main protagonist in the majority of the comics used was the patient, family members did frequently feature and, although they were sometimes not particularly well-developed as characters, they did offer the reader a route to alternative perspectives. So, while most comics did not appear to have been created explicitly to support families, they did have significant potential to help relatives to better understand what the patient was experiencing and feeling and why they might behave in certain ways. Interviewees believed comics might be helpful for this purpose because they are accessible; easy and enjoyable for someone to read; and because the combination of words and images might put across a point differently, and more effectively, than text alone. They felt that comics might be particularly helpful to approach a topic which was less easy to discuss:

I'd quite like to use them to help share with other people what I'm going through more than them helping me and I would think they're be useful as a tool to tell other people, 'cos I find...I can tell someone I'm tired 'til I'm blue in the face, but they, "Well stop being tired then!". They don't understand that it's part of my condition... (Interviewee B)

...my mum doesn't like to tell people how she's feeling, so a lot of people in the family just wouldn't know. So I think this is quite a good thing, say, "I've got this, just have a read of it" and you make a mental note, "Oh, that's why they're like that on certain days"... this gives you an insight into behind the scenes where she might keep that back from family members... (Interviewee C)

It was interesting to note differences in the ways in which patients and family members reacted to comics, drawing attention to the fact that comics are read in

different ways by individuals depending on their own background and experiences. For instance, interviewees with a family member with a condition reflected on how, through reading the comics, they had become more aware of how they had been responding to their relative. On occasions, the act of reading the comic prompted interviewees to question their own reactions to a relative's condition:

The narrative about people nagging her and being a bit overprotective and...almost thinking they knew best made me think, "Maybe I shouldn't...Maybe I should be slightly more..." I don't think I'm not understanding, but just...appreciate how hard it must be a bit more and... (Interviewee E)

Moving beyond the patient and their immediate family, a few interviewees commented on the potential role of health education comics in raising awareness of particular conditions in wider society, especially those which were less widely known about, or which may be subject to stigma (McNicol and Weaver 2013 discusses the relationship between comics and stigma in greater depth). Comics have the potential to challenge conventional stereotypes around illness and disability and can demonstrate how the reactions of others can (unintentionally) be stigmatising.

...possibly things where there's more stigma...like mental health conditions and things like that, maybe there's more of a role for comics...Something where you could start with the preconceptions and then tease them out... (Interviewee E)

She [interviewee's mother] said that when she's read other things about it [lupus], all they say is it's older people, but actually it's not; she was about 25 [when she was diagnosed]. So she said this one's really good because it makes you think, "Oh, it can be a person with a young child that are diagnosed with it". (Interviewee C)

4. Conclusion

Although based on a small-scale study, the comments reported in this chapter illustrate some of the ways in which health education comics can be read critically. In addition to having value as information sources and emotional support mechanisms, they can, potentially, offer a means to explore some of the inequalities underlying healthcare experiences. Considering the history of the comics movement, this is perhaps unsurprising. Being on the margins, rather than in the mainstream of culture, comics have long been viewed as a means to disrupt established cultural and social norms, exemplified in the underground comix movement of the 1960s for example. Danziger-Russell (2012, 92) argues that comics 'create the perfect space for the expression of voices that have been

previously marginalized', offering a means for the expression of interior, or silent, voices, especially of those who cannot speak for themselves or are ignored. As Chinn (2011) suggests, critical health literacy frameworks have often taken quite abstract approaches. In contrast, comics may allow for a more tangible and wide-ranging consideration of the application of critical literacy theory for information professionals and others working with health information.

When reading a narrative about a condition they suffer from, is very easy for patients, or those close to them, to find resonances between the characters in a comic and their own lives. From here, it is almost inevitable that the reading of a text will have practical implications, leading the reader to not only question their own feelings and reactions, but also of the implications of these for the ways in which they act, and react to, others. Within healthcare consultations, comics might be used to initiate a discussion about a topic that is difficult to address verbally; they can allow patients' voices to be heard in alternative, and potentially powerful, ways and they might empower patients to take greater control over their interactions with healthcare professionals. However, the traditional power relationships between patients and clinicians are not easily overcome and the portrayal of healthcare workers in many comics only reinforces such entrenched attitudes. By showing different viewpoints in an accessible narrative, health education comics can encourage the reader to reassess their own attitudes and assumptions; this can be empowering for patients and illuminating for family members and wider society. In this way, comics have the potential to challenge the stigma associated with many types of illness.

As Sykes et al (2013) write, critical health literacy can be seen as 'a process in which citizens become aware of issues, participate in critical dialogue, and become involved in decision making for health'. This study has demonstrated that, through a critical reading of a number of health education comics, readers can become more aware of the complex social issues around health conditions as they reflect on the views presented by the various characters in a narrative and question which of the characters has power and why. A critical dialogue about these issues can then develop as patients, family members, healthcare professionals, information professionals and society at large engage critically with the messages presented in health education comics. This may lead to

enhanced involvement in decision making for health, not only for individual patients, but for families and communities.

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