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Bibliotherapy and graphic medicine

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1. Introduction

While most bibliotherapy activities focus on the use of written text, whether in the form of novels, poetry or self-help books, in recent years there has been a growing interest in the use of graphic novels and comics as a mode of bibliotherapy. The term 'graphic narratives' is used in this chapter to include both graphic novels and shorter comics in both print and digital formats. The chapter explores the ways in which graphic narratives of various types might be used as an effective form of bibliotherapy. It considers how the medium can be particularly effective in supporting important features of bibliotherapy such as providing reassurance; connection with others; alternative perspectives; and models of identity. It then draws on examples of bibliotherapy collections from different library settings to demonstrate some of the ways in which graphic narratives are currently used in bibliotherapy practice, or might have potential to be used in the future. Finally, it considers the possible challenges of using graphic narratives for bibliotherapy, and how these could be overcome.

The representation of medical practices and conditions in graphic narratives is not new. For example, American comic books of the 1940s were used to illustrate the history of medicine for mass audiences. Public health educators have used graphic narratives to communicate information on health issues for many years, including, , mental health (New York State Department of Mental

Hygiene, 1950), the dangers of smoking (American Cancer Society, 1965), skin cancer (Putnam and Yanagisako, 1982) and HIV/AIDS (Gillies et al., 1990). The number of graphic narratives being published on health-related issues appears to be growing however (Czerwiec et al, 2015). The last 15 to 20 years have seen the publication of a number sophisticated graphic narratives exploring health-related issues. Many have experienced high levels of popularity among mainstream audiences, as well as critical acclaim. Examples include, David B's *Epileptic* (2005); Brian Fies' *Mom's Cancer* (2006); and Nicola Streeten's *Billy, Me and You: A Memoir of Grief and Recovery* (2011) to name but a few. These texts are typically autobiographical, or semi-autobiographical, works created by skilled comics artists who have had a personal experience with illness, or with caring for a relative with a health condition. These types of texts are very different from what many people traditionally think of as 'comics'. Far from being lighthearted stories for children, these works are aimed at an adult audience and, whilst they often make use of humour, they explore serious and complex issues. As the potential of graphic narratives to address health-related issues becomes more widely recognized, the term that is increasingly being used to describe this activity is 'graphic medicine' (Williams, 2012). Over the last decade, a graphic medicine community has become established to explore the use of graphic narratives within healthcare; this includes clinicians and other healthcare professionals, artists and writers, publishers, librarians, researchers and others. (For more about this community, see www.graphicmedicine.org).

2. Reading graphic narratives

The majority of graphic medicine texts are, therefore, not simply easy reading materials aimed at children, or people with less developed literacy skills; they are, in fact, highly complex compositions that require well-developed literacy. Graphic narratives can place a great demand on cognitive skills, as readers are required to interpret not only text but also images (Chute, 2008). Comics differ from illustrated books in that the images are an essential element; they are not supplementary as in an illustrated text, but play an integral role in the telling of the story. This use of both text and image

offers a 'combination of linguistic and visual codes' (Groensteen, 2007, 3), which is commonly described as creating 'more than the sum of its parts'.

The reader of a graphic narrative has been described as the author's 'silent accomplice' and 'equal partner in crime' (McCloud, 1994, 68). This links closely with 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 the text (and its author). Rosenblatt (1994, 25) proposes that a 'literary work exists in a live circuit set up between reader and text'. In reading a graphic narrative, however, the situation is more complex as there are three components: reader, written text, and images. Each person not only has their own reaction to a word based on personal experience and background, but also their own individual reaction to each icon in a picture. The reader creates an overall meaning by relating both the words and images to their own experiences. The result is that there is no single 'correct' or absolute meaning, but a series of more or less equally valid alternative interpretations. Furthermore, meaning is not fixed; it can change during the course of reading and can be modified after the work has been read. An important feature of graphic narratives, therefore, is the way in which they 'seem to allow more leeway in terms of meaning' (Williams, 2012, 25). They do not present a single, indisputable message, but instead rely on the reader to produce their own interpretation of the text and images. Of course, the author can guide the reader, or offer 'clues' (Allen, 1998), for example, encouraging the reader to view an image in a certain way according to features of the layout, such as looking up at something to make it appear oppressive or frightening. However, even when such suggestions are offered, the reader still has some latitude in the way in which they construct meaning from the image. This freedom to interpret graphic narratives in a variety of ways, arguably, makes them ideally suited to certain types of bibliotherapy, particularly models that emphasize the importance of group discussion.

When reading a graphic narrative, it is important to remember that text and pictures do not necessarily convey the same message. For example, the picture might show a character's outward behaviour, while a thought bubble conveys their true feelings. Furthermore, even if image and text 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. The process of deciphering the multiple messages that may be conveyed is, therefore, less straightforward than it might first appear. Pictures are often described as a type of 'received information' in contrast to words which have meanings that need to be 'perceived' (McCloud, 1994, 49). Thus, pictures are taken to be open and easily understood, whilst words are more abstract. Yet in graphic narratives, the worlds of words and pictures are brought together. As McCloud (1994, 49) argues, when words become bolder and more direct, they are 'received faster, more like pictures'. Likewise, pictures can appear as abstract and symbolic as words. For example, caricature, which is a common feature of comics, is said to be able to communicate more powerfully than 'the real thing' (Medley, 2010, 54). By removing realistic detail, other aspects of characters can be emphasized or imposed, which in turn, highlight connections or relationships that are less apparent in more literal or realistic images. Icons are another way in which pictures become more abstract or symbolic. These include universal icons, such as a circle with two dots and a line to represent a face, as well as culturally-based conventions, such as dollar signs to represent money (Bamford, 2003). To read graphic narratives, readers have to understand both types of icons as well as comics-specific conventions, for example, streaking effects to indicate motion and balloons to indicate speech. Regular readers of comics naturally become more skilled in interpretation of such icons with practice.

All these features mean that the way in which information is coded in graphic narratives can be highly complex. Readers are required to interpret not only text, but also images and must, therefore, negotiate two systems of codes, or 'dual narrative tracks' (Chute, 2008, 452), which sometimes function independently, and at other times interact. As a hybrid word-image format,

graphic narratives require the reader to develop a number of strategies to make sense of the various possibilities presented. However, this also means that graphic narratives can offer the reader many options to form their own interpretation and make connections between the text and their own experiences. This can have powerful potential within bibliotherapy contexts, as discussed below.

2.1 Reading graphic medical narratives

Considering the reading of graphic medicine narratives specifically, the fact that comics readers are encouraged to construct their own meaning means it is often easy for patients, or those close to them, to find resonances between the characters portrayed and their own lives when reading a narrative about a condition they suffer from. From here, it is almost inevitable that the act of reading 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. Graphic narratives 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 graphic narratives can effectively portray both actions and feelings means they 'may be a very effective tool in creating empathy and compassion' (Green and Myers 2010).

Williams (n.d.) argues that graphic narratives can be used as a resource for health professionals as they play a valuable role in: reflecting or changing cultural perceptions of medicine; relating the subjective patient/carer/provider experience; enabling discussion of difficult subjects; and helping other sufferers or carers. Within healthcare consultations, graphic narratives 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 may empower patients to take greater control over their interactions with healthcare professionals. By showing different viewpoints in an accessible way, graphic narratives 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, these types of texts have the potential to challenge the stigma associated with many types of illness.

In a recent study of readers of health information comics, interviewees were able to empathise with characters in the stories and some felt that this personal link helped them to relate to, and respond to, the information better than might have been the case had it been presented in a more impersonal way. Related to this idea of empathy was the notion that graphic narratives could provide a sense of companionship, reassurance and recognition through the realisation that others were dealing with the same issues. Interviewees also thought that the visual metaphors and analogies presented could be helpful in explaining complex ideas in an easily understandable and memorable way. The graphic narratives studied could also lead to increased self-awareness; help to raise awareness of a condition; or be used to open up a discussion with healthcare professionals or family members. Interviewees reported that key features, such as the use of images, characterization and narrative, not only make complex issues easier to understand, but they also enable the reader to relate more closely to the conditions being discussed, allowing them to either gain greater self-awareness of their own situation or be able to better empathize with family members (McNicol, 2017). As demonstrated in Chapter 2, typical reader reactions to graphic narratives display each of the three stages of bibliotherapy: identification, cathartics and insight. In fact, it might be argued that the abstract, or caricatured, nature of graphic narratives means it is easier for the reader to put themselves in the position of the character and relate their experiences to their own life than might be possible with more realistic representations. As McCloud (1994, 36) explains, '...when you look at a photo or realistic drawing of a face—you see it as the face of another. But when you enter the world of the cartoon—you see yourself'.

Having explored the experience of reading graphic narratives, and graphic medicine texts in particular, the following section looks at the current availability of such texts in libraries.

3. Graphic narratives in libraries

In recent years, graphic narratives have become a common part of library collections and can have a high impact on circulation figures. In fact, Schneider (2014, 68) describes graphic novels as ‘a near-ubiquitous part of public libraries today’. In surveys in the US, around 98% of public libraries reported having graphic narratives in their collection (Schneider, 2015). Even in university libraries, there is considerable interest in graphic novels; Gavigan (2014, 99) reports a librarian from Columbia University who claims graphic novels are the most frequently requested material in the library’s Ivy League request system. This has not always been the case however; in the past there has been notable opposition to the provision of graphic narratives in libraries. Throughout their history, graphic narratives have been viewed as ‘the lowest rung of the cultural ladder’ (Weiner, 2003, 3). Being on the margins, rather than in the mainstream of culture, they have long been viewed as objectionable or dangerous. Graphic narratives are still the subject of controversy today. For example, the graphic novel, *This One Summer* (Tamaki and Tamaki, 2014) and *Drama* (Telgemeier, 2012) were the two most challenged books of 2016 according to the American Library Association’s Office of Intellectual Freedom (ALA, 2017). It is worth noting that a number of the controversies surrounding graphic narratives have resulted from particular books being promoted among age groups for which they were not originally intended, for example by shelving adult graphic narratives in the children’s section of libraries or bookshops. This points to a more pervasive problem, namely, a limited understanding and knowledge of graphic narratives among some librarians who are not regular readers of the medium. In the case of graphic medicine in particular, it is important to stress that, while there are titles aimed at children (for example the Medikidz¹ series), many of the texts are clearly targeted towards an adult audience.

¹ <https://www.jumohealth.com/products>

3.1 Graphic medicine in libraries

Whilst general collections of graphic narratives are now common in libraries, specialized graphic medicine collections are much less frequently found. In a study to identify graphic medicine resources across the Greater Midwest Region in the United States, Noe (2015) only discovered a single graphic medicine collection: Ypsilanti District Library's collection includes around 90 titles covering a wide range of conditions and seven book club kits. Searching for three of the core titles in the field in university libraries (*Epileptic* (David B, 2005), *Mom's Cancer* (Fies, 2006) and *Graphic Medicine Manifesto* (Czerwiec, et al., 2015)), Noe (2015) found that only two of the eleven libraries searched had all three titles and two had none of them in their collections.

Examples of graphic medicine collections can be found however. The 'Bibliothèque de la Santé' (Health Library) at the University of Montréal in Canada started to develop a graphic medicine/graphic science collection in 2011 and by 2017 had a collection of over 100 titles. This collection has been integrated into a number of courses within the university, for example, titles have been added to course outlines; introduced with preparatory activities for courses; and included within e-learning modules. In 2017, the library started an outreach collection in the Faculty of Medicine student's lounge. Each month, the librarian selects ten comics from the Health Library collection that are then made available in the student lounge for the current month. The hope is that this will allow more students to read the books and discover the potential of comics for developing a better understandings of patients and their families, as well as providing educational material for patients.

The Newcomb Library in the UK is a small NHS library serving staff and students at Homerton University Hospital in London. It has growing collection of over 30 graphic novels, many of which were donated by a former consultant. This 'Get Graphic' collection is described as, 'a unique

resource within NHS libraries' (Newcomb Library, 2016). It forms part of the library's efforts to provide a broader range of materials than might be expected in a hospital library, for example, novels with a medical theme and health-related board games. Many of the graphic medicine titles focus on mental health issues, but other topics such as cancer and bereavement are also covered. When the collection was initially established, a small exhibition was held in the library to raise awareness and the titles were added to the library catalogue. Rather than having a separate graphic novels collection, the library classifies and shelves the books with others on the same topic. While some library users who have borrowed from the collection read the graphic medicine titles for their own enjoyment or relaxation, others have used them with patients. The library is continuing to gradually build the collection and hopes to organise a graphic medicine event bringing together authors and clinicians in the future.

One of the most developed graphic medicine resources is that at the Lamar Soutter Library at the University of Massachusetts Medical School² in the US. Although this library only began to develop a graphic medicine collection in 2016, it now has around 70 graphic narratives as well as a number of Graphic Medicine Book Kits that include six copies of a graphic novel; a quick guide to reading graphic narratives; discussion questions; and topic-relevant MedlinePlus information (Noe, 2017). As not everyone who requests a kit has run a book club before, the librarian responsible for the development of the kits, provides support with the process of running an effective book club. There are currently eleven book club kits available for loan by any organization in New England on ten topics: addition (two kits), aging, AIDS, cancer, epilepsy, grief, LGBTQ, mental health, OCD/doctor as patient, and veterans' health. As well as public and academic libraries, there have also been requests for kits from veterans' health organisations. As the project is relatively new, there is limited feedback from participants so far, but this type of resource clearly has considerable potential for bibliotherapy purposes. The library hopes to expand this service in the future, for example, developing kits focused

² <https://library.umassmed.edu/>

on different forms of cancer or the needs of female, as well as male, veterans. As well as being loaned to reading groups, these book kits have been used within teaching in university's the medical school. In the short course, 'Health Literacy and Comics', students discuss the challenges of health literacy; gain an understanding of the basics of comics design; and examine the evidence for using graphic narratives in healthcare. They then use the book kits, and finally present a graphic narrative they have created themselves illustrating a clinical, or personal, experience of health. This exercise has resulted in some powerful narratives demonstrating how graphic medicine might help clinicians to better understand patients' experiences and perspectives.

4. Creating graphic narratives

The process of creating a graphic narrative, described above as part of the University of Massachusetts' course for medical students, could have wider application within bibliotherapy. As with prose and poetry, bibliotherapy can involve the creation of graphic narratives, as well as the consumption of those already published. For example, Gameiro et al. (2017) describe a drawing workshop on the theme of infertility experiences among Black and Minority Ethnic (BME) women in Cardiff, Wales. This workshop used 'metaphor-centred drawing' to enable participants with differing English language proficiency and cultural backgrounds to express highly emotional, and often tabooed, experiences of infertility. While the primary purpose of this activity was to generate and share research findings, participants reported finding the drawing element to be enjoyable and empowering. The workshop started with a discussion of infertility-related comic strip; instructions on the basics of drawing; and an exploration of the concept of visual metaphor (for example, 'if infertility was a creature or animal, what would it be?'). The women were then asked to produce a large-scale drawing about any aspect of their infertility experience. These were shared among the group at the end of the session. Most women said their favourite part of the workshop was the drawing: it had allowed them to convey their views and feelings more efficiently and effectively than if they had been obliged to express themselves just orally. They believed that drawings had a more

immediate effect on people and made it easier and more enjoyable to talk about such a difficult topic. The women's words and drawings were used to create a booklet with the support of an artist³.

While this workshop was conducted for a research project, the process could be adapted as a form of bibliotherapy, perhaps taking place over a more extended period, and resulting in participants creating graphic narratives reflecting their experiences of living with (or caring for others with) a wide range of conditions, just as some groups, such as those described in Chapters ? and ? currently produce prose or poetry.

5. Challenges of using graphic narratives in bibliotherapy

This chapter has argued that graphic narratives have considerable potential within bibliotherapy. To date, however, they have been relatively underused as yet: few libraries have graphic medicine collections and the possibilities for both reading clubs and creative activities are only just starting to be explored.

Using graphic narratives as a form of bibliotherapy is not without its challenges, especially as many common bibliotherapy activities are designed to support the use of written texts. For example, graphic narratives can be difficult to use with read aloud groups as group members do not just need to hear the words, but also see the images. Sharing images may present practical difficulties, compounded by the fact that, while the facilitator can control the pace of the at which words are shared (taking account of the needs of the group), people are likely to want to 'read' images at their own speed.

A further barrier may be the fact that in many countries, including the UK and the US, most adults do not regularly read graphic narratives and may not be comfortable with the medium. In the past,

³ <http://psych.cf.ac.uk/engagementimpact/thornsandflowers/docs/Thorns%20and%20Flowers.pdf>

graphic medical narratives have most commonly been seen as a technique to make information accessible for low literacy patients (e.g. Zielinski, 1986; Toroyan and Reddy, 2005) or for young people or non-native speakers (Green and Myers, 2010). To some extent, this is still the case despite the growing interest in more complex graphic narratives. This means that the full potential of graphic medicine within a wider population has not been fully explored. Many people's understanding of graphic narratives is based primarily on experiences of superhero and children's comics. The types of graphic narratives used for bibliotherapy purposes may not, therefore, match common expectations of the format and this could cause confusion or uncertainty. The common expectation is that graphic narratives will be light-hearted and trivial, so there may be a question for some as to whether the medium is appropriate to address serious health-related issues. It is possible that this may result in some initial resistance to the idea of using graphic narratives for bibliotherapy purposes. Furthermore, graphic narratives may not be as easy to read as they first appear. While some use straightforward traditional panel formats, others can have complex layouts that are more challenging for novice readers of the medium.

A further challenge is that bibliotherapy group facilitators may be less confident using graphic narratives. While they may have a good knowledge of, and be proficient in using, written prose or poetry with bibliotherapy groups, facilitators may not have the same level of knowledge of graphic narratives and may also be unsure of the best ways to use these texts with groups.

Of course, as with written texts, caution needs to be exercised when selecting graphic narratives to use with bibliotherapy groups. When a number of graphic narratives were shared with a group of people with dementia, they felt that the design of some graphic narratives was ill-suited for people with dementia, for example, too much text on a page or a confusing layout. Moreover, reading the graphic narratives was quite a negative experience for this group as they did not feel themselves to be adequately represented in the characters with dementia. Rather than the bleak picture painted in

many texts, they wanted the overall message to be a more positive one that demonstrated that that living with the condition could have positive, as well as negative, aspects. This lack of identification with the characters limited the extent to which they were able to engage with the texts.

Identifying graphic narratives to add to library collections can be a challenge in itself. Whilst titles from mainstream publishers are easily available from bookshops or suppliers, other graphic medicine titles can be extremely difficult for librarians to source. Often, graphic narratives are not available through conventional library suppliers, but sold directly by creators either online or at comics fairs. While specialist booksellers such as 'Gosh!' and 'Page 45' do supply graphic narratives to school and public libraries, it obviously takes some knowledge of the field to identify suppliers such as these.

Finally, it is important to mention that digital comics are becoming increasingly common, especially within graphic medicine where individuals who have experienced a health condition might set up a blog or webpage to share comics about their experiences. Two well-known examples of online comics are Allie Brosh's *Hyperbole and a Half*⁴, about the experience of depression and Darryl Cunningham's *Psychiatric Tales*⁵ about his experiences working in mental health. Both these works started as blogs although they were later published as printed books. There are many other less well-known online graphic narratives about health conditions, but it can be extremely difficult for libraries to catalogue such resources and make them discoverable. Comics Plus⁶ and similar resources allow libraries to offer users access to digital graphic narratives. However, searching Comics Plus reveals very few titles with a health focus. Other apps, such as Sequential⁷, do have a

⁴ <http://hyperboleandahalf.blogspot.co.uk/>

⁵ <http://darryl-cunningham.blogspot.co.uk/>

⁶ <https://library.comicsplusapp.com/>

⁷ <http://www.sequential.cc/>

wider coverage, but these bring copyright issues that need to be resolved before they would become suitable for a library setting. So, whilst digital comics hold future potential for bibliotherapy purposes, practical issues make them difficult to identify and use at present.

6. Conclusions

This chapter has argued that there is huge untapped potential for the use of graphic narratives for bibliotherapy. As Williams (2012, 25) describes, graphic medical narratives are usually consumed by readers with 'some sort of vested interest'. However, many health-focused graphic narratives have a much wider appeal, for example Nicola Streeten's *Billy, Me and You* (2011) or Al Davidson's *The Spiral Cage* (2013), both of which made it onto a list of top graphic memoirs (Talbot and Talbot, 2012) alongside classics such as *Ethel and Ernest* (Briggs, 1998) and *Persepolis* (Satrapi, 2008). In addition, there are graphic novels that do not address health issues directly, but as in the case of prose novels, may be valuable texts for bibliotherapy purposes, for instance Shaun Tan's (2007) wordless graphic narrative, *The Arrival*.

While theories of reading suggest that graphic narratives are highly suited to bibliotherapy activities, both attitudinal and practical barriers limit their use at present. Pilot projects, such as that at Lamar Soutter Library, give an indication of what might be possible, but work is needed to develop methods of bibliotherapy that can work for a graphic novel format, and with diverse audiences. For bibliotherapy facilitators who feel less confident working with graphic narratives, one option may be to partner with someone with skills in visual literacy or comics specifically, for example a visual artist or a library colleague who runs a graphic novel reading club. Furthermore, the field is fortunate in having the vibrant and active Graphic Medicine community which can provide support and advice.

In summary, graphic medical narratives deserve wider consideration by those planning bibliotherapy interventions. Whilst the format may not be suitable for all individuals, or all situations, the potential

benefits are considerable if the format is used appropriately. The first stage in developing greater use of graphic narratives in bibliotherapy is increased awareness amongst librarians, healthcare professionals and other bibliotherapy facilitators. My hope is that this chapter contributes to this wider recognition of the potential of graphic medicine among bibliotherapists.

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