Graphic Medicine Exhibited: Public Engagement with Comics in Curatorial Practice and Visitor Experience since 2010

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ABSTRACT: This study examines the recent curation of graphic medicine to increase knowledge of how comics are displayed and engaged with by public audiences. In the last decade, graphic medicine has gradually become more widespread with yearly conferences, interest from major publishers, and more critical attention from scholars and medical practitioners. However, curatorial practice and public responses to graphic medicine have so far gone unaddressed by scholarship, which has primarily focused on private and academic engagement. The project explores the curatorial practices and intentions that facilitate impactful engagement with these exhibitions. In addition, it observes visitors' behaviours in the gallery to determine the value that graphic medicine exhibitions have for publics.

This project uses an integrated methodological approach that combines grounded theory and narrative inquiry, conducting empirical exhibition analysis and two sets of semi-structured interviews with curators and visitors. Through consideration of varied responses drawn from exhibitions and interviews, the project explores visitor and curator reflections as individualised meaning-making experiences and practices shaped by the needs and stories of the patient-artists. Alongside its use of critical analysis, the project includes an illustrated chapter to disrupt traditional authorial voices in arts-based narrative inquiry, including perspectives that are often hidden in analytical text and biomedical evidence, and engaging the affective qualities of the comics medium.

The project argues that curators and visitors focus strongly on the benefits of comics both to tell and learn about health stories, with public exhibitions of graphic medicine engaging publics in unexpected conversations, and offering a more empathic and patient-empowered intervention into health topics. By considering its findings against traditional models of public engagement within the history of medicine and museum concerns, this dissertation locates and defines new methodological possibilities within curatorial practice, arguing that graphic medicine exhibitions can act as embodied sites of activism and civic engagement through comics creation.

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Acknowledgements

Declaration

This thesis is an original creation for the degree of Doctor of Philosophy at Bournemouth University and has not been submitted elsewhere. The research for this thesis has been conducted by the author, Alexandra P. Alberda, expect where otherwise stated. A team of co-curators and artists organised the *VAST/O* exhibition, however the public engagement plan and interviews were conducted by the Author, and findings from each of those, are only present in this thesis.

Introduction

Critical, academic, and public interest in the use of comics in curatorial practice is growing. Within the last decade, comics have recently appeared at multiple art exhibitions worldwide (e.g. Society of Illustrators' *Women in Comics: Looking Forward and Back*, 2020; Library of Congress's *Comic Art: 120 Years of Panels and Pages, 2019 & 2020*; British Museum's *Manga*, 2019; Hunterian's *Comic Invention*, 2016; Singapore National Library's *Speech Bubble*, 2016; British Library's *Comics Unmasked: Art and Anarchy in the UK*, 2014). Publications and exhibitions of comics about health, illness and wellbeing have likewise increased (e.g. Visual AIDS and Paul Summut's *StripAIDS 2020*, forthcoming 2021; National Library of Medicine's Graphic Medicine: *Ill-Conceived and Well Drawn!*, 2017 - present; NTNU's Medisinsk Museum's *U;REDD: en utstilling om angst,* 2018- 2020*;* Berlin Museum of Medical History and Pathographic's *Sick! Reclaiming illness through comics 2017-2018;* Universidad de Castilla-La Mancha's *La Medicina en el Cómic*, 2017). These comics, that engage with illness, treatment, and the healthcare system, are categorized as graphic medicine, which is an emerging field both academically and in practice. This thesis analyses these graphic medicine exhibitions using an interdisciplinary approach and an integrated mixed-methods methodology.

In the last two decades, comics scholarship has also begun to engage more actively with exhibition analysis and the art world. In 2013, Bart Beaty's *Comics Versus Art* hypothesizes comics' position within the economics of the art world and exposes the conditions for its inclusion. Beaty's (2013) research differs from previous comics

scholars by using critical frames of art history, curatorial practice, and the economic politics of art institutions to examine how gatekeepers include popular media into the canon of art. Beaty (2013) believes that the comics medium evades the 'art world,' and that Chris Ware (author of *Jimmy Corrigan*, from 2000, and *Building Stories*, from 2012) is one of the few elevated practitioners who begins to blur the line between comics and fine arts. Beaty continues his critique of the comics canon in *The Greatest Comic Book of All Time* with Benjamin Woo (2016). Beaty and Woo (2016) examine how the comics canon is constructed and cemented, in part through exhibitions, to legitimise privileging practices. Curatorial practice and current comics scholarship continues to use the medium to explore the potential, and legitimize the place of comics on these walls, and 2020 welcomed Kim Munson's anticipated edited collection *Comic Art in Museums*. While Munson's book does not engage with graphic medicine or health, it brings together updated seminal texts and original contributions exploring curatorial practices and figures in comics exhibition. Munson's (2020) comprehensive and collective argument challenges previous objections to comics operating in museum spaces and establishes it as a legitimate medium within these fields. This thesis, 'Graphic Medicine Exhibited', now investigates the genre of graphic medicine within these dialogues and seeks to further these scholarly debates.

However, studies of the objectives of graphic medicine exhibitions to date give less attention to arguments related to legitimacy and more focus on attempting to communicate with publics through this genre. Museum studies has an increasing interest in narrative on a wider scale for museum communications (Nielsen 2017), reflective of shifting roles for the museum and demands for visitors to have more involvement in the exhibition and events planning for more impactful engagement (Hanquinet and Savage 2012; Brieder et al. 2014). As a result, this thesis's primary research questions explore what values graphic medicine exhibitions have for publics and how curatorial design can communicate these to achieve larger museum and social ambitions. In order to answer its research questions, this thesis examines spatial curatorial narratives where the displayed objects, through the form of the comics medium, present distinct stories within themselves and how publics experience this

type of spatial and visual communication. It uses a combination of textual analysis and empirical research data. The first chapter reviews critical theory to consider the qualities of graphic medicine exhibitions, which is then complemented by a close discursive analysis of a single exhibition in the second chapter. The third chapter then draws on curator interviews, followed by close analysis of visitor experiences in the fourth chapter, and culminates in the final fifth chapter which situates the phenomenon of graphic medicine exhibitions within current museum and curatorial concerns.

'Graphic Medicine Exhibited' examines the use of medical humanities and graphic medicine in non-clinical and public settings. It responds to recent trends in public events that mirror current topics in medical humanities scholarship. DeTora (2020) asserts that medical humanities is no longer solely focused on making more empathetic medical professionals; this epistemic shift calls for scholars to examine these works ascribed to this field and consider their cultural and literary contexts. 'Graphic Medicine Exhibited' furthers medical humanities' engagement with public perceptions of health by expanding the critical vocabulary available to scholars through an interdisciplinary approach with comics studies. The research employs comics studies discourse and curatorial practice to create new dialogues about health experiences outside private settings. For example, the space of the museum holds a social identity as upholding and defining culture and has a history of exhibiting works that relate to healthcare and the "ill" other or body. There is a recent trend of curators using the comics medium to explore how holistic and conventional healthcare and the "ill" other or body are experienced today. The exhibition of graphic medicine presents a new, and significant, angle to examine how health-related popular media and social interest in health are presented and responded to by publics.

What is Graphic Medicine Missing?
In 2007, the term graphic medicine was coined by Dr Ian Williams, a physician, scholar, and comics creator, to describe the intersection of comics and health(care). In setting out the scope of the term, Williams, other scholars, and medical educators initially focused on comics and graphic novels detailing personal lived stories of illness and the

role these can have in healthcare, or have come to be known as graphic pathographies (Green and Myers 2010; graphicmedicine.org 2020; Noe and Levin 2020). Today, graphic medicine is both a popular and critically acclaimed genre and a non-profit organization that coordinates discussions of comics publications related to patient-medical professional experience and healthcare through annual conferences and an online presence. Since 2010, Dr Williams has worked with scholars, comics creators, and healthcare professionals, including organising conferences and exhibitions to stimulate more conversations on the possibilities of the field. Participants in the field of graphic medicine include artists, writers, healthcare professionals, librarians, academics, and other arts-related professionals all interested in the potential of comics and health. Graphic medicine also addresses illness and medical treatment through practitioners, patient education, and therapeutic artistic creation. Noe and Levin (2020) cite the publication of the *Graphic Medicine Manifesto* (Czerwiec et al. 2015) as an important landmark text in the field that opened the scope of what works could be considered under graphic medicine. In light of this openness, graphic medicine can take the form of memoirs or pathographies, informational comics strips, zines, comic books, webcomics, instacomics, anthologies, and also more experimental forms such as video installations, interactive folded comics that look more like origami at first, murals and exhibition installations. In the last two years, the graphicmedicine.org website's content has expanded to include reviews of manga, bandes dessinées, and picture books, as well as hyperlinks to sister sites and other prominent projects in the field Medicina Gráfica (Spanish readers), The Japan Graphic Medicine Association (interdisciplinary medical humanities cluster), and the Pathographics Project (German-language works).

The Graphic Medicine Collective website defines it as "the intersection of the medium of comics and the discourse of healthcare" (graphicmedicine.org, 2019), but as the field grows the scope of "healthcare" in this is contested by scholars, librarians, and professionals, both artistic and health. Some projects, such as Alice Jaggers' graphic medicine database, assert a framework for a text to be considered a work of graphic medicine healthcare workers' perspectives and clinical settings and a specific health

topic need to be represented or central to the narrative, as in Ian Williams's *The Bad Doctor* (2014), MK Czerwiec's *Taking Turns* (2017), or Ellen Forney's *Marbles* (2012). This definitive scope is functional for the type of project that is being conducted, but other types of approaches, such as Noe and Levin's (2020) scoping review or even Jaggers' (2020) COVID-19 comics curation, challenge current definitional boundaries and notions of healthcare. Other projects, including this research, are also able to open up the genre to include the involvement of health in daily lives and experiences that, in their telling, do not centralize healthcare workers and settings explicitly, such as Julia Kaye's *Super Late Bloomer* (2018), Lucy Bellwood's *100 Demon Dialogues* (2018), and Rozi Hathaway's *Self-care & Vegetables* (2017) zine. Similar to the linguistic and ontological debate in medical humanities and the emerging health humanities (Jones et al. 2017), graphic medicine would not have the scope to claim many comics works where 'healthcare' is not obviously central, and a field of 'graphic health' could soon emerge. 'Graphic health,' is more linguistically inclusive and would supersede graphic medicine and encapsulate it. This might be an unavoidable future for the field, but a broader definition of graphic medicine may impede its approach through inclusion that is reflective of health experiences through social, familial, cultural, economic, or political lenses in which healthcare professionals and settings are not seen directly. That this thesis embraces a broader definition of graphic medicine is a call to acknowledge the complexity of factors that come to influence health and confront unequal realities without taking away the influence of the medical field. This research concerns itself with understanding the ideological and power-based impacts of giving patients' voices as much space as medical professionals, displacing clinical settings, and disrupting the privileging particular formats for encountering these stories.

  For this research, a broad definition of graphic medicine is not only about reaching for epistemic humility (a diverse and shared concept of knowledge, regarding whose discipline(s) gets to define the field or enabling more effective promotion of comics artists); more importantly, it reflects on the privilege, exclusion, and inaccessibility of healthcare. The World Health Organization's 2019 (p. 46) health statistics report stated that, "at least half of the world's 7.3 billion people are not

receiving the essential health services they need," and the Coronavirus pandemic has shown just how fragile existing healthcare services are in many countries as they are subject to political demands, social needs, and government policies. Consequently, a definition of graphic medicine that must include the perspectives of healthcare professionals or be placed, in part, in a clinical setting, potentially excludes the health narratives of billions of people who do not have access to these services. Even if we adopt a more open definition, many graphic medicine texts tell the perspectives of middle-class people, many of whom are white women that have access to healthcare systems (personal communication/ interview with Ellen Forney, 2019). Even within developed countries, access to healthcare services similarly privilege certain demographics even when resources are similar, such as in the intersectional study of infertility and race (Taylor 2020; Glidden 2019). It is important for curators to reflect on these realities and challenges when designing exhibitions to convey inclusivity and diversity.

As such 'Graphic Medicine Exhibited' proposes that graphic medicine has the capability to be more inclusive if its definition conceptualises 'healthcare' to include more than visualised characters and settings but also the overarching social, economic, and political power structures that dictate health experiences and access in healthcare realities. In defining graphic medicine, scholars also need to assess which people and experiences might be excluded or potentially convey a sense of unwelcomeness. This thesis argues that defining these works with certain qualifiers seems counter-intuitive to the calls for increasing its inclusivity of what voices we discuss, promote, and include in academia and health programming. For the purposes of this research, then, graphic medicine encompasses any visual narrative that engages with the comics medium and experiences of health.

At the 2019 Graphic Medicine conference in Brighton, UK, librarian, researcher, and podcaster Matthew Noe called for graphic medicine scholarship to move its efforts from trying to prove that it is a "thing" to examining the production and field more critically, echoing similar efforts in comics studies more generally (DeTora 2020). Noe proposes a 'critical graphic medicine' which employs reflective models for researchers,

from multiple discourses, to assess the field and work towards humility, challenging its development, and making good on promises of the potential of the medium. For example, artists and writers use the comics medium to satirize politics, the economy, and culture as well as for public service announcements and social initiatives. The medium, in part due to its anecdotal and etymological association with Sunday Funnies or cartoon strips, has a playfulness in its approachability and consumption, even though the topics themselves might be quite emotive and sensitive. Graphic medicine can therefore be an inviting genre through which emotive and clear images and words can convey complex aspects of health and illness, and thus, enable complex contexts to be accessible for readers. The thesis critically assesses this medium's affordance for its communicative potential in exhibition and related public engagement.

This research starts with defining the genre and its scope, but its overall aim is to critically assess the value of graphic medicine for publics by specifically analysing the curation of these works in museums, galleries, libraries and other public spaces. In doing so, it integrates existing scholarship and empirical evidence to answer its research questions. The thesis's empirical evidence supports its intent to be a practical source of knowledge for future curators through combining visual and curatorial analysis with curator and organiser interviews. The resulting integrated discussion proposes how we might curate these works in the future to connect with different audiences, meet institutional aims and remits, and positively impact on publics. It also explores institutional epistemic injustices and biases, as well as the medium-specific barriers that curated graphic medicine encounters, in addition to publics' perceived values of graphic medicine.

The exhibition of graphic medicine is one methodological communication strategy for conveying health experiences and messages that has thus far gone largely unaddressed in scholarship. This thesis contributes to knowledge by exploring this phenomena through multiple methods and approaches. Curators, scholars, and artists curate exhibitions as a way to engage with publics and achieve impact through their work. One issue with this practice is that the plans for exhibitions can result from academic pressures to create impact case studies from existing projects, which are not

always designed with pedagogic soundness or reasons centralised around publics'
needs. In the case of graphic medicine exhibitions, where personal stories are often
represented, ethical concerns and epistemological power inequalities can arise from
afterthought exhibitions that fill a need of the organisers more than perceived benefits
for audiences. Public engagement, such as exhibitions, workshops, and talks, is an
interesting method for graphic medicine scholars and practitioners to meet
provocations in the field to be more inclusive and accessible. But exhibition spaces are
not without their own bourgeois and classist origins. The following section evaluates
current and landmark texts that influence the scope of this interdisciplinary research in
the spatial contexts and realities of exhibitions, so that the critical approach of this
thesis situates itself within contemporary museum studies.

The Changing Museum and Visitor

Currently, museums face increased budget restrictions and changes in social demands
that require them to re-evaluate their services and mission remits (Enăşel 2013).
Specifically, museum concerns pertain to decolonisation (Giblin 2019; Scarabicchi
2019), migrants and migration (Grinko and Shevtsova 2017; Scarabicchi 2019),
sustainability (Brown 2019; Proctor 2013; Everett and Barrett 2009), climate change
(Hamilton and Ronning 2020; Newell et al. 2016), changing visitor expectations and
experiences (Antón et al. 2018; Packer and Ballantyne 2016; Hanquinet and Savage
2012), and, more generally, relevance to their communities (Vincent 2014; Enăşel 2013;
Everett and Barrett 2009). However, these concerns are not isolated as they intersect
and limited funding and resources place additional practical demands on museum
professionals to find solutions that affect multiple issues at once. Boon (2011, p. 419)
states all "producers of cultural products about science, technology, medicine, and
media must abandon any lingering dreams of audience control, and switch to models of
cooperation and collaboration." He calls for them to displace their own belief that top-
down communication is appropriate in societies where "attitudes to knowledge and
information are in general becoming less hierarchical" (Boon 2011, p. 424). Several
curatorial models have been formulated in recent years to address these changing

social demands and concerns, such as Antón et al.'s (2018) co-creation process, Triscott's (2017) curatorial model of interdisciplinary co-inquiry, Levine's (2017) curatorial intervention theory, Christov-Bakargiev's experimental dOCUMENTA (13) curatorial modesty and hospitality models (Buurman 2016), Packer and Ballantyne's (2016) multifaceted visitor experience model, and, of course, Boon's (2011) Michel De Certeau-informed visitor behaviour model. These models share common interests in reflexivity, humility, and collaboration with publics and groups that previous top-down museum communication and relational concepts of museum individuals do not conceptualise. In reflecting on current museum concerns and curatorial models, this research asserts that new concepts of visitor performances and behaviours are absolutely vital to understanding exhibitions as an institutional function and publics' values of these.

Museums are an institution that provide "a social need (sensory relation to objects)" (Desvallées and Mairesse 2010, p. 43) determined from "the demands of living in a society" (Desvallées and Mairesse 2010, p. 43), such as a need or demand to organise and represent cultures or histories. Exhibitions are a main function of the museum that curators use to meet these social demands for publics and societies, but it is also a term to describe an action, a collection of objects, and a place (Desvallées and Mairesse 2010). Visitor experiences of exhibitions exist where these complexities, and at times tensions, converge. These build the contexts through which curators communicate meaning and values to their intended audiences. Robinson (2016, p. 82) writes that "[c]ontent and context intersect to produce works of art, and visitors must have an awareness of both halves to be truly informed, engaged, and included." This thesis establishes how context is communicated to visitors in order to analyse the limits and opportunities for meaningful engagement in exhibitions.

The thesis explores exhibitions as curatorial texts with multiple authors through curator and visitor interviews, as well as the researcher's own exhibition analysis. Yanow (1998) broke from previous organisational knowledge and genre frames when incorporating narrative and personal knowledge into her analysis of museums and meaning-making:

"To understand how museum and other spaces communicate meanings, one needs to explore not only the "authored" texts of the designers' (founders and architects) intentions but also what sorts of meanings and expectations readers of spatial texts bring with them – the "constructed" texts of visitors, clients/customers, competitors, and other onlookers." (Yanow, 1998, p. 217)

Though it is over two decades since "Space Stories" was written, Yanow's (1998) assertion remains relevant to this research as well as all projects examining museums. Researchers need to consider that in their broadest definition an exhibition is a place, physical or virtual, where authored meanings will be put forward and exemplified through a collection, and a place where visitors will bring forward their own knowledge and contexts through which they will use to evaluate their experience. This research presents findings from curators (authored texts) and visitors' (constructed texts) reflections to not only explore how exhibitions communicate, but also to reveal what was communicated outside of curators' intended meanings.

In analysing these, the thesis examines how visitors' encounters with these various collection and location narratives are subject to explicit and implicit power and control. In analysing visitors' movement and perceived control in museums, Dale and Burrell (2007) state that museum narratives combine both body and mind in order to lead visitors to an intended "truth." Developed over the last century, visitors' and general consumers' values of control ascribed to freedom of choice have resulted in how they consume culture and how they construct identities from their performance. Visitors' opportunities to create self-constructed narratives, in part fabricated through their physical walking paths through the exhibitions, can thus meet changing social demands as the larger cultural identity of visitors changes. Boon (2011) considers these as the spatial narratives visitors construct in their sense-making of the exhibitions and museums. De Certeau's (1984; as cited by Boon 2011) theory that organisations can only construct possibilities and interdictions, whilst it is the walker that actualises these and determines its meaning, is central to Boon's (2011) call to abandon aims of audience control in museum narratives. Thus, it is more realistic to conceptualise a visitor that makes their own meanings and truths based on how they choose to engage with authored texts. However, Dale and Burrell (2007, n.p. ebook) state that "[t]he very

narratives of choice, desire and pleasure that construct the consuming self as supreme, simultaneously obscure the forms of power inherent in these narratives." This research focuses on these hidden powers and how they construct possibilities and meanings in graphic medicine exhibitions and whether the theories above are relevant to visitors of these exhibitions.

Regardless of location, the space of a gallery affects visitors' behaviours and performances that emerge from the social construction of the museum. Graphic medicine exhibitions range from pop-up public shows in, seemingly, egalitarian spaces to exhibits in established health and science museums, and their visitors are just as diverse. For example, a public library location affects which audiences are reachable and their expectations about programming, but their behavioural performance results in part from the artwork and frames arranged on a wall. This thesis acknowledges this influence on general performance to determine how different types of visitors engage with exhibits. It does so through its analysis of scholarship on the postmodern and contemporary museum visitor.

Hanquinet and Savage's (2012) study challenges previous beliefs that museum visitors are educated, middle and upper class, and have taken part in creative practices as children. Their research asserts that education, class, and home socialization with arts appreciation and arts practices have little impact in participation with museums, resulting in a more diverse visitor identity. Hanquinet and Savage (2012) assert that visitors' expectations for museum experiences are that of educative leisure, which exists between previous conceptualisations of museums as scholarly institutions of high culture and fears of them being overly commercialised, like theme parks. The museum visitor now expects to be able to engage with museum exhibitions and activities in a participatory relationship rather than being told what they will experience and what they should learn from the works. However, space dictates the behaviours that visitors will perform (Brieber et al. 2014) and what multi-layered identity they assume based on their comfortability or free associations. This research analyses findings from contemporary visitors' reflections on their expectations, behaviours, and unique contexts to understand the values graphic medicine exhibitions

can provide and the final discussion chapter relates these to larger museum and exhibition concerns.

Empowerment, Dignity, and Quality of Life

For this project, I combine my own life experiences and interests from when I was a certified nursing assistant on a cardiac-telemetry unit, an art teacher working with at-risk adolescents at a live-in facility, and as a graduate research assistant in museums working on indigeneity and decolonisation. In these roles, I was allowed close contact with patients and people who gave me the greatest sense of purpose, and this research project enables me to use my other interests in art and humanities to explore methodologies of how we might improve the quality of life for those who may feel that their stories do not matter. In these three different contexts and roles, I continuously found that empowerment, dignity, and healthy (physical and mental) perspectives were facilitated through my active listening. Active listening makes room for voices and agency, and meaningful collaborative engagement. As a consequence of these experiences, it was important to me that this thesis explores how research and public engagement with graphic medicine might benefit disempowered populations.

In the UK, with Brexit and constraints to the NHS, the country's ability to meet the health needs for its populations is a source of fear and uncertainty. Public Health, charities, and community programmes are channels through which some of these needs can be met and alleviate 'non-priority stresses' on the NHS. However, publics may not engage with these services due to socio-economic barriers, such as access and inclusivity. Countries that are struggling to provide essential healthcare needs, education, and resources are working with even less. This research explores how graphic medicine can be used to start conversations about health through exhibitions to the publics. This thesis suggests methods for using graphic medicine exhibitions in order to identify and stimulate conversations about health needs in specific communities, while empowering them and advocating for inclusivity in services.

The critical analysis of graphic medicine exhibitions' potential to bring value and impact on the publics' health knowledge needs to go beyond scholarship on the

potentials of the field and to use visitor experience for enrichment of methodological engagement strategies. Academically, the value of this research provides new methodological strategies for enquiries that use multiple methods to analyse public engagement. For a comparative example, in their response to hosting Forney's NLM exhibition at The Lamar Soutter Library, Rossetti et al. (2019) assert that it had a meaningful impact on their medical library audiences:

> "As a direct result of hosting the exhibition, the library saw an increase in traffic in the library compared to similar time periods in the past. We also recorded an increase in the use of our graphic medicine collection's circulation statistics. One particularly successful program was a visit by Matteo Farinella, author of *Neurocomic* and *The Senses*. Because we hosted the NLM's exhibition, we were able to engage targeted populations in meaningful ways and promote library resources." (Rossetti et al. 2019)

Rossetti et al.'s (2019) evidence sets out methodological considerations for other institutions and curators hosting the NLM exhibition, but also to general curators engaging with graphic medicine or library-based exhibitions. They highlight that from their results only one approach did not work, which was the passive programming as part of their weekly drop-in coffee and comics colouring activity, namely the comics portion of the activity (Rossetti et al. 2019). In each exhibition, visitors engaged animatedly with the social side of mixed activities or conversation-based activities, but the self-led creative portions of events or activities were not as popular. However, Smith and Fralin (2019) state their drawing activity resulted in high engagement with more than fifty visitors participating in their self-led creative activity as part of their *Stories Not Symptoms: A Graphic Medicine Exhibition* at the University Libraries at Virginia Tech. This research analyses empirical evidence to contextualise these types of results in visitor expectations, motivations, values, and unique experiences and memories to develop approaches for more meaningful engagement. A graphic medicine exhibition methodology that acknowledges the experiences and opinions of visitors will be better equipped to have meaningful impact by providing empowerment, dignity, and better quality of life.

Contribution to Knowledge

This research provides evidence of the values and characterisation of graphic medicine exhibitions through codification of lived experiences and knowledge (both professional and personal), empirical exploration of this phenomenon, and placing this practice within interdisciplinary, and at times transdisciplinary, theoretical contexts. In exploring and answering its research questions, the thesis analyses the findings from curator and visitor interviews and the empirical analysis of a case study exhibition against contemporary concerns, issues, and demands of museums and exhibitions. This integrated mixed-methods methodology creates a wealth of in-depth knowledge for understanding epistemic injustices and humility within this phenomenon. The analytical discussion considers current museum, curatorial, comics, and medical humanities theories and practices in order to inform growing scholarship on graphic medicine. Specifically, this research examines socio-spatial benefits and challenges related to public engagement with the medium and genre. As an emerging field, graphic medicine scholarship primarily focuses on defining the genre, discursive analysis of individual works or creator practices, and classroom application and creation for medical students, with some examples of empirical work examining the benefits in patient care. This research is unique in graphic medicine studies in that it examines the benefits and challenges of the medium and genre for publics in public and shared spatial contexts. This provides individuals with a different type of engagement with these works than most creators intend, with a few exceptions of comics installation artists. However, the research also contributes to adding knowledge to the larger fields and practices it is related to by re-contextualising existing theories and curatorial models through critical engagement (public and professional) with the genre of graphic medicine.

   This research argues it is important to examine the phenomenon of exhibiting graphic medicine because the spaces they exist in are imbued with histories and realities that may influence the impact of publics' engagement with the works. 'Graphic Medicine Exhibited' uses grounded theory to explore if the genre, in its merging of health topics and the comics medium, creates a unique experience that comics or

health exhibitions in other media do not. As a collective field, graphic medicine seeks to be an intervention on epistemic injustices in professionalised healthcare, but the thesis examines how new epistemic injustices emerge as the genre moves into other spatial contexts that may hinder these aims. Curators and other organisers can unintentionally cause harm to audiences when they do not engage with expert knowledge on practices that hinder meaningful engagement and the personal knowledges of visitors to these places. Desvallées and Mairesse (2010) define museums as being both concerned with theory and practice, but that theory is often given less attention in contemporary curatorial practice due to changes in demands of these institutions and limited resources. This research argues that this imbalance happens in non-museum exhibitions, as well. This research does not claim to revolutionise museum and curatorial practice as a larger discipline, though its discussion of epistemic barriers and challenges may prove useful for considering institutional influence on non-fine arts media; however, it does seek to impact curators of graphic medicine exhibitions so they do not re-iterate harmful prevailing and adopted theories and methods for engaging publics. In presenting the findings and discussion, this research aims to influence potential curators' approach to these exhibitions that includes the development of a curatorial humility epistemology in establishing this emerging phenomenon more methodically.

Research Questions, Aims and Objectives

'Graphic Medicine Exhibited' answers four primary research questions in order to expand critical engagement with graphic medicine and museum studies. The first two questions explore broader concepts and contexts related to the phenomenon under study, while the last two questions enquire specifically into the experiences of interviewed curators and visitors. Firstly, building on existing research into the changing face of museum exhibitions and the ways they can engage publics, it asks what value do graphic medicine exhibitions have for society? Secondly, it uses analysis of displayed artefacts alongside curator and visitor commentary to ask how can graphic medicine exhibitions be used to explore more diverse experiences of and conversations

about illness and health outside traditional clinical and narrative settings? Thirdly, it uses findings from semi-structured interviews with curators and artists to ask how do they design graphic medicine exhibitions to communicate with their intended visitors? Finally, the fourth research question uses reflections from visitor interviews from an original exhibition co-curated by the researcher to ask what personal, socio-spatial, and temporal factors affect their experience of a site-specific graphic medicine exhibition?

To address these questions, the research develops an original methodological approach to graphic medicine exhibitions focused on facilitating collaborative conversations about health and illness with publics. It also captures visitors' diverse associations and values with these exhibits to evaluate the relationship between their experiences and site-specific comics installations. In order to achieve these, the researcher's methodological design and theoretical framework identifies the curatorial characteristics and intentions of these exhibits, proposes ways of working and knowing that use a transdisciplinary approach to research and writing, and produces experimental forms of presenting academic findings. These experimental forms promote epistemic humility and shared-ownership when working with the stories of living participants through the illustrated chapter four.

Terminology

'Graphic Medicine Exhibited' is a thesis about power, and how the analysis of other contexts, including charged histories, personal experiences, and collaborative practices, can expose power imbalances in order for curators and scholars to disrupt them. The thesis asserts that these contexts are important to analyse as they are greater than the field of graphic medicine alone, and an intersectional analysis reveals that they are relevant to individuals' experiences of these exhibitions. Across the chapters, this thesis uses the following four influential terms to demonstrate how power exists and is acted out in these exhibitions.

The (Comics) Canon

Beaty and Woo (2016, p. 4) state that the canon is a constructed list of comics that has been "culturally coded as important, influential, or excellent," and, thus, academics, curators, or critics quasi-automatically include them in the lists of great works. These are not personal lists of favourites, but rather a collective construction of authors from multiple institutions:

> "*the* canon is the one backed by institutional power: by reviewers and critics, by museums and galleries, and by scholars and educational institutions. While academics may have questionable influence in determining a work's reputation, they have an unparalleled ability to cement it by the choices they make of what works to study and to teach." [emphasis in original] (Beaty and Woo 2016, p. 4).

In re-imagining the last sentence within the scope of this research, this thesis operates from the viewpoint that curators have the power and circumstances to cement the comics canon by what works and artists they choose to exhibit and give a voice to. This thesis recognises and analyses the canon as not just as a museum's or curator's greatest list, but a list that is backed by power from multiple institutions. This is important to highlight because individuals potentially encounter this limited list of graphic medicine artists and works not only in exhibitions, but also in libraries, classrooms, other public engagement events, podcasts, blogs, scholarship, and other places and works that curate and present comics. The list's repetition and collective voice influences its social power.

Epistemic injustice and humility

Epistemic injustice is "a type of harm that is done to individuals or groups regarding their ability to contribute to and benefit from knowledge" (Fricker 2007 cited in Camporesi et al. 2017, p. 28). Fricker (2007) argues epistemic injustice is a distinct type of injustice that can be examined in our concepts of what is knowledge and how it is conceived to be ethically validated. While there are multiple ways in which it is acted out, Fricker (2007) delineates that the primary form of epistemic injustice is testimonial injustice; the essential and definitive harm of this form of injustice is that "the subject is wronged in her capacity as a knower" (Fricker 2007, p. 44). For example related to the focus of this thesis, Bowman (2017) states:

> "[i]t is argued that public engagement in questions of ethics is constrained by a systemic disposition which continues to privilege the professional or expert voice at the expense of meaningful exchange and dialogue; an approach that can be considered an example of epistemic injustice (Carel and Kidd 2014)." (Bowman 2017, p.44)

In contrast, epistemic humility is when an individual or team's ethical system has a plural and collaborative disposition or attitude that integrates all parties' perspectives and knowledges, such as between patients and medical professionals (Buchman 2017). Even outside of the medical context, epistemic humility is when individual's approach to and definition of knowledge seeks to be pluralistic and flexible to account for knowledges they may not have themselves. This flexibility is supported through critical self-reflexivity that influences their methodologies and practices, which decentralises their power over what is considered knowledge in a project. In decentralising themselves, they seek to share power and collaborate with others in a reciprocal bidirectional relationship with each individual. Chapter one of the thesis discusses epistemic injustice in more detail in relation to medical humanities scholarship, transdisciplinarity, and its different forms, and how the concept of trust affects epistemic realities in public engagement.

Paternalistic privileging

Paternalism's medical definition is that it is "a type of medical decision making in which health care professionals exercise unilateral authority over patients" (Medical Dictionary 2009, n.p.). Though it is meant to be done with good intent, paternalism thus strips away the autonomy of patients, which is problematic for those who are able to be in control of their health as it negates shared-decision making, can be against their wishes, and favours expert knowledge and behaviours. While this definition focuses on medical contexts, scholars demonstrate how medical experts' paternalistic privileging influences societal and social encounters with health knowledge outside of the clinical setting, such as Friedman's (2014) analysis of soft and hard paternalism in public health regulations and Buchman (2017) and Camporesi et al.'s (2017) critiques of biomedical

public engagement. Epistemic injustice, defined above, results from this epistemic or paternalistic privileging:

> "[Carel and Kidd] suggest that the structures of contemporary healthcare practice encourage epistemic injustice because they privilege certain styles of articulating testimonies, certain forms of evidence, and certain ways of presenting and sharing knowledge, e.g. privileging impersonal third-person reports, in ways that structurally disable certain testimonial and hermeneutical activities." (Carel and Kidd 2014, p. 530)

These contexts and realities are present in health narratives and exhibitions. This thesis demonstrates how medical paternalism and curatorial practice overlap in how knowledge is privileged in some graphic medicine exhibitions. This thesis recognises good intent behind paternalistic privileging, however critiques how it limits the voice of artists, patients, curators, or visitors when compared to when dialogue and re-distributed agency can make for more meaningful engagement with health knowledge.

Validation structures

Validation structures is a pluralised term that reflects the multiple and differing power structures that the participants for this research operate within. The thesis borrows this term from education scholarship, such as Clive H. Church's (1988) "The Qualities of Validation," as it conveys how higher education institutions seek validation and cement their own to publics through their (assumed) ethical, rigorous, and peer-review processes. Validation structures convey how curators feel power operates in the embodied experience curating these different exhibitions. Kate Doran in her Medium post writes "Validation is to Approval as Empathy is to Sympathy" (2017, n.p.), which is a succinct comparison to describe why this thesis uses validation structures instead of approval processes. Validation is a more emotive term than approval to convey the experience of graphic medicine curators. For example, some curators describe how they had to convince their varying committee boards and approvers that these comics are valid for communicating health. In addition to validation, this thesis asserts that structures is an appropriate term to convey the multiplicity of processes across different

institutions, and to more accurately describe the constant and overarching presence of the power behind these.

In addition to the concepts above, this thesis uses contested terms to describe the people and places discussed in this work. At times these terms have a political underpinning that is important to acknowledge. This thesis uses these fluid terms to add depth to common homogenized groups in scholarship.

Exhibition Organizer - Author - Curator - Artist

This thesis discusses curators from a variety of backgrounds and professional training that may be outside museum studies, including academics, artists, and authors. However, organisers employ curatorial practices in planning and exhibiting these works. Within curated spaces, Nielsen (2017) states that individuals perform different museum place-based identities through behaviours expected of each of these roles. These individuals correlate and, through an interconnected social understanding of one another, their roles are treated as pre-established, such as between curator and visitor (Everett and Barrett 2009). The terms curator, visitor, artist, and guide have been used in the past to describe separate performances, but the postmodern shift in museums demands a change in these roles to blend and take on new responsibilities. This shift challenges the previous belief that a curator has to be the 'expert'. Instead, the 'new' curator's role has to interact differently with the new visitor identity that has more agency (Vincent 2014; Nielsen 2017). For example, the curator's new expected role is to facilitate opportunities for the public to engage with educative leisure highlighting the cultural significance of artefacts (Hanquinet and Savage 2012).

Visitor - Viewer - Audiences - Reader

The terms 'visitors', 'viewers', and 'audiences' linguistically seem to connote passivity and temporality more than readers. For example, visitors and viewers often participate with artefacts in-person within a creator or organisation determined timeline: a viewer of a movie or play can only interact with the media for the pre-determined length of

the work at the theatre, while a visitor of an exhibition is restricted by the opening hours of the location and availability of the objects at that location. Thus, this research considers this ontological difference and examines exhibition visitors as spatial readers because from a linguistic standpoint the identity connotes more activity (Demir 2014; Hamilton and Schneider 2002; Iser 1993; Fish 1981 & 1976). Readers often control their own interaction with texts and employ a learned set of skills in the interpretive act of reading. In reference to these skills, Demir (2014, p.86) explains that Stanley Fish's "reception aesthetics" theory "means that a text is not simply passively accepted by the audience but the reader or viewer interprets the meanings of the text based on their individual cultural background and life experiences." Thus, even though this thesis will typically refer to participants and audiences as visitors, it believes that these individuals use reading and interpretive skills, as well as individual expertise, memories, and preferences, to approach their engagement with exhibitions as spatial narratives.

Public vs. Publics

This thesis uses and prefers the term 'publics' to refer to target audiences and actual visitors, because it democratises who these people can be, including academics and researchers. In the case of research, the singular phrase 'the public' linguistically sets up a divide and a dichotomy between academia and an 'other', which typically treats non-specialists with less agency or blank slates needed to by filled with the expert's knowledge. This dichotomy and one-way approach to knowledge bar reciprocity, which is an important element of interdisciplinarity (Callard & Fitzgerald, 2015). Audiences' active participation involves the exchange of knowledge with experts either in the act of interpreting texts (meaning-making) or public engagement. Counterintuitively, prevailing paternalistic systems of power can perpetuate binary juxtaposing of publics and experts while retaining power through prioritising 'expert' knowledge (Camporesi et al. 2017). That is just not true and perpetuates false concepts that all academics have a shared base understanding when in fact even between interdisciplinary research teams a public level of readability, such as tested by the Gunning Fog Index, is needed

in order to exchange knowledge of concepts, terms, and nuisances between academic discourses. The term 'publics' reflects that a homogenous group of people who have similar needs, interests, communication preferences, and pre-existing knowledge does not exist. Thus, this thesis believes that while 'publics' does not completely remove power imbalances found in a dichotomy it does accommodate sub-audiences that include specialists or academics who are also members of the diverse public.

Methodology

'Graphic Medicine Exhibited' employs an integrated mixed-methods methodology in order to answer its research questions and meet the aims and objectives for this study. The thesis uses a blended narrative inquiry and grounded theory methodology to create interviews and analyse their findings in chapters three and four. This analysis provides further insights into graphic medicine exhibition characteristics and barriers explored in chapters one and two. In addition to the methodological contributions of each chapter's analyses, the research uses mixed theoretical and empirical methods through the interdisciplinary application of narrative inquiry and creative practice frameworks.

Narrative inquiry has been previously applied to museum visitor studies as a methodological approach to curatorial-based research and education (West 2012; Everett and Barrett 2009). In Nursing, Haydon et al. (2017) explain that narrative inquiry is used to build stronger relationships with patients by constructing their stories through conversation. Nurses specifically examine temporal, social and spatial aspects to create more personalised care (Haydon et al. 2017). This project applies narrative inquiry and elements of these case studies to graphic medicine exhibitions to reveal how visitors understand themselves in relation to the stories of others on display.

The thesis combines grounded theory and narrative inquiry to create a theoretical framework that interprets identity constructions and experiences as fluid, challenges power imbalances between people, and allows for the individuality of visitor's experiences to hold power in the shaping of their own experiences and the outcomes of this research (Lal et al. 2012; Everett & Barrett 2009; Vincent 2014; Charon 2006; Foucault 1980). Medical humanities scholars Charon (2006) and Frank

(1995) challenge these power relationships and the authority they assert in representing illness experiences. Medical humanities public engagement projects bring these concerns into non-academic settings which may reinforce paternalistic injustices to publics (Bowman 2017).

A narrative inquiry framework allows me and the visitor to build a story of the visit through memory, free associations, and value questions carried through an individual lens for each visitor. A grounded theory approach works to displace my preconceived notions of the value of these exhibitions, the power of the medium, and the types of experiences visitors can have, and it allows me to apply self-reflection in the research process. The research questions encourage the visitors to tell their story and not worry about their own preconceived notions of the research. During the interviews conducted for this project, I started every interview with a similar caveat as below:

> *"Before we begin, I just wanted let you to know that I am not here to prove a specific hypothesis. I am basing my findings from your experiences, free associations, and opinions no matter how random they seem. Also, I am not precious. If there is something you didn't like or it didn't work for you that is fine, that is just as important as things that did, and I would be happy to hear about it."*

I used this caveat to create a comfortable atmosphere and to inform participants of how their experiences were going to be used in the grounded theory and narrative inquiry theoretical basis of this research. The follow sections discuss the methodological rationale for the methods present in this thesis, which is followed by an analysis of how these are integrated.

A. *Practice-based Methods: Exhibition Design and Comics Creation*

'Graphic Medicine Exhibited' employs two practice-based methods in order to achieve its aims and answer its research questions. The first is that I co-curated an exhibition to facilitate visitor experience that is similar to a typical graphic medicine exhibition (discussed in chapter 1). I used my previous experience working as a graduate research assistant and curatorial intern at two museums to plan and facilitate additional public events and install the exhibition. Originally, I had planned to interview visitors of an

existing graphic medicine exhibition to mitigate challenges with funding and organising my own exhibition, and I was in conversation with a few curators to do this. However, this became difficult to establish due to a number of challenges and barriers, such as scheduling, time pressures, and communication conflicts. Around this time, Carolina Martins, a Portuguese artist and doctoral researcher, also had plans to create an exhibition that explored spatial anxieties, installations, and graphic medicine. We were able to work collaboratively to create the exhibition(s) we needed to explore the separate topics pertaining to our research and share in the responsibilities for organising the works, space, and events. Natalie Woolf joined the curatorial team shortly after these initial conversations and provided insights through her work as an artist and researcher. This thesis' research design had scope for flexibility, so I was able to adapt the original plan based on the opportunity to work with Martins and Woolf on *VAST/O*.

The second practice-based mode of analysis present in this research is the illustrated chapter that presents findings from the visitor interviews. The illustrated chapter seeks to represent research participant experiences in an embodied argument that is similar to the conceptual methodological exploration of the thesis: how can research communicate and empower marginalised voices? McGarrigle (2018) explains that researchers using narrative inquiry typically produce narratives or other creative reconstructions as a means to analyse their findings. McGarrigle (2018) states that the use of voice in arts-based narrative inquiry, especially in Western societies, seeks to maintain individuality of participants as well as create a collective one, usually seen in research outputs as "we" or in writing about groups as homogenous (readers or visitors). Researchers may find difficulty with this when conveying their analysis, but Farinella (2018) argues that more innovative approaches to media used to present experiences and findings can negotiate this reality, as well as be used as a tool to deepen knowledge.

Chapter four represents the experiences of visitors through a narrative that floats between a paratext and a metacomic in order to put into practice the person-centric methodology of this research; the comics medium allows for both collective and

individual narratives to merge into one cohesive story through the representation of the individual participants in their avatars. The thesis also does this through representing their voice in speech bubbles to further expose the complex stories that amalgamates into the Western "we" in research outputs. My own authorial power is displaced for a moment by the comics medium in which it is told. This aesthetic shift is an attempt to give agency and ownership of findings back to the participants and to mirror grounded theory epistemologies. The illustrated chapter places the reader in close contact with the research participants and, through their embodied representations, closes the distance between their experiences and their person, as well as with the reader and myself. McGarrigle (2018) asserts that creative representations disrupts authorial notions in research and uncovers tacit lives and knowledge.

B. Social Science Method: Semi-structured Interviews

This entire research project is informed by two sets of interviews to further the discursive analysis of graphic medicine exhibitions: one with curators and one with visitors. The two sets of interviews were not conducted in isolation to each other but rather informed each other reflexively. The integrated methodology and intertwined interviews allows for each of the methodological approaches to overcome the limitations of the other, which Lal et al. (2012) states is a strength of this combination in their comparative analysis:

> "In a narrative inquiry, the researcher strives to locate theory within a participant's narrative and keep participant stories intact. A story is considered to be a unit of analysis whereas in the grounded theory approach, a story is coded and then fragmented based on one or several categories of emerging interest." (Lal et al. 2012)

The interview process follows an ethical procedure to limit bias or influence in the direction of conversation based on presumptions and previous interviews. This is vital to conducting grounded theory and theoretical sensitivity (Noble and Mitchell 2016), and researchers use analytical memos throughout the transcribing, coding, and writing processes to limit these (Saldaña 2016).

Participants. The first set of interviews for this thesis presents curator experiences. The sample size of curators interviewed compared to the estimated overall population of graphic medicine curators is high resulting in 12 interviews being deemed sufficient for this research. The interviews reached data saturation measured by the emerging of common themes across the interviews, a key measure in grounded theory (Glaser and Strauss 2017). In addition, the sample of curators provided a high level of "information power" as defined by Malterud et al. (2016) and determined by their active roles in the graphic medicine community, specifically in leading public engagement opportunities in this field. Curators and those closely involved in curatorial teams and projects were approached in-person, at conferences, or in email due to their involvement in a graphic medicine exhibition. The research design delineated pre-requisites to determine what exhibitions could be included in this study. For example, exhibitions had to be held after the 'graphic medicine' term was first used in 2007, so that participants were self-aware that they were exhibiting graphic medicine work, and participants had to be involved in the planning and curating of the exhibition, but they did not have to be professional curators. The research contains findings from twelve interviews with fifteen curators and organisers. In order to mitigate curator barriers, the research discusses findings from one written email interview along with the eleven phone or video call interviews, two of which were conducted with a curatorial team. Five of the curators had experience exhibiting artwork other than comics, two stated they have more than five years' experience exhibiting graphic medicine, and the remaining eight state they organised exhibitions for the first time or had limited experience prior to the interviewed exhibit. Of the ten exhibitions, the earliest exhibition is from 2010 and the most recent one from 2019.

Fifteen visitors of a Graphic Medicine exhibition co-curated by myself and colleagues made up the second set of semi-structured interviews. The research also uses semi-structured interviews with a grounded theory approach to collect visitors' viewing stories; it also uses a narrative inquiry framework to formulate these accounts not used in the curator interviews. Lal et al. (2012, p.16) state that, "these two approaches can be considered as methodologically complementary in that the concerns

of fragmentation and de-contextualization in grounded theory can be offset by the "situated and particular" focus associated with narrative inquiry." Narrative inquiry is a technique that guides conversations through social, spatial, and temporal questions to create a deeper connection with patients through constructing their life stories as curated by their responses (Haydon et al. 2017). Everett and Barrett (2009, p.12) use this methodology, stating it "provides a unique opportunity to explore visitor/museum relationships over time, and to place museum visiting in the context of individuals' lives." The grounded theory approach to these means that the analysis is driven by the insights and value systems of the participants of both sets of interviews. I use critical reflexivity to confront my own subjectivity that could influence my approach to the methodologies and findings (Lal et al. 2012).

Reflective semi-structured interviews method. The three stage design of the semi-structured interviews creates a grounded theory method that is reflexive between the two sets of participants and interviews. The first stage used early pilot interviews with two curators to loosely indicate emerging themes (parent nodes) to be considered in the coding framework. Pilot interviews also allowed for the initial building of the thesis's conceptual framework and exploration. For example, I distinguished power as an overarching concept to explore during these. The second stage consisted of the completion of the visitor interviews. The third stage consisted of the remaining curator interviews, which happened within four months after the visitor interviews were completed and were informed by analytical memos and observation notes from them. The reflexive three stage approach allows for all interviews to adjust to the unique experiences and values of each participant. For example, curators' memories of specific events and feedback they received give insight into unexpected ideas that impacted their own evaluation of their exhibitions. The circular reflexivity of the method allows for the emerging themes to be built on as the interviews continued to increase the depth of information power of the thesis's data as well as allow for multiplicity and uniqueness of experience through unscripted follow-up questions.

Limitations of this method include mitigating presumptions and bias in curators' or their validation structure's views of publics, accessing an inclusive sample, and the

timeframe did not allow for certain potential curators and visitors to partake. The research design included a reflective model, involving analytical memos, to limit these. The adjustments included offering written versions of the interview with written follow-ups, reaching out to a multitude of curators, reaching out to individuals early on in the process, being present at university open days to invite non-university-close visitors, and following an ethical procedure to limit bias or influence. Due to COVID-19, some curators were not able to participate in secondary follow-up questions in time for the coding process and for others it took extra time to respond as they were away from work emails. Fortunately, I conducted the primary interviews and transcription prior to the onset of the pandemic in the UK in March 2020, so the material impact of COVID-19 on the mechanics of the research design was slight.

Grounded theory coding cycles. The discussion of these interviews presents findings from two cycles or levels of coding using Nvivo 12 Pro software and works from Saldaña's (2016) guidance to frame this process. For the curator interviews, the first cycle of coding identifies sub-nodes within the following three main dimensions (parent nodes): 1. curator intentions & values; 2. curator experiences including feedback received & observations, as well as barriers & challenges faced; and, 3. exhibition project context, which includes aim or remit, locations, target audiences, team information, and validation structures. The second level of analysis goes deeper into the previous overarching first cycle dimensions to examine what curator values and intentions were present in their own collected visitor feedback and personal observations (discussed in chapter 3). For the visitor interviews, the first cycle of coding identifies: 1. behaviours (i.e. time spent, number of visits, length of interview); 2. narrative inquiry themes (i.e. temporal, spatial, social); and, 3. explicit references of the value of graphic medicine and/or health exhibitions. The second coding cycle further analyses sub-themes mainly within the narrative inquiry themes and where those include recalled free associations (i.e. personal attitudes, opinions, memories).

The coding of the two sets of interviews informed each other similar to the reflective and integrated semi-structured interviews method described in the previous section, with the exception of the pre-determined 'narrative inquiry themes' codes from

the visitor interviews. First cycle codes from each interview (parent nodes) were determined from analytical memos collected during the transcription process of the interviews (visitor interviews were transcribed first in August 2019; curator interviews were transcribed in late 2019 and early 2020). Similar language between the two coding frameworks were used when appropriate, however, in keeping with a grounded theory approach, unique codes and direction responded to the individual content of the interviews, which is evident in the second level codes that fall under the parent nodes (see Appendices 3.2 & 4.2 for coding framework screenshots and comics draft). When a new second level code was created all previously coded interviews were re-examined. After coding was complete, Nvivo coding stripes, which show where different codes overlap, were used to refine codes (i.e. merge two codes that are similar or update original code name) and determine which related to each other. Further refinement of the themes for the visitor interviews happened in the comics scripting process where certain themes blended like social and spatial references to a socio-spatial section. The number of times the code was present determined how it was discussed in the overall findings presented in the research.

C. *Discursive Method: Exhibition Analysis*

'Graphic Medicine Exhibited' uses textual and visual analysis to further illustrate, explore, and contextualise graphic medicine exhibitions, curatorial practices, and visitor experiences. This analysis is most present in the second chapter, which contains empirical analysis of an exhibition. During the curator interviews, another participant invited me to view *U;REDD: en utstilling om angst* (FEARLESS: an exhibition about anxiety) in Trondheim, Norway. I determined that this exhibition was highly appropriate for this thesis because it shares a common topic with *VAST/O* and has unique characteristics for analysis. I analysed the exhibition in-person alongside curator-artists interviews that happened in the gallery. My exhibition analysis design is built from my experience during my Masters in art history, which included a guest lecture by art critic Roberta Smith on her exhibition review process. The thesis's exhibition analysis responds to issues and challenges I identified in conducting this past research related

to inaccurate and limited records of the exhibition and catalogues that focused on the person or the works individually. Thus, this research uses an analytical framework for exhibition analysis that mitigates these concerns.

My exhibition analysis design acknowledges the ephemeral reality of the works I analyse to create a method of analysis that captures a vast amount of information to support later writing that takes place over time outside of the gallery. The following descriptions demonstrate this method and how a variety of approaches to recording and experiencing an exhibition is used to create a 'text' that can be discursively analysed after I leave the exhibition. In reality, thesis chapters can be written and edited over a longer period of time. This analysis builds a text of the exhibition that supports new enquiries or avenues for exploration that might be determined in the editing phase after the exhibition has been uninstalled. Exhibition analysis includes examining curatorial text, individual works and how they interact together, and how the space and location of the gallery might affect viewers. Depending on when it is analysed, it can also include ethnographic observations of other visitors, tours or other additional events, and interactive installations. Yanow (1998) asserts that in-person experiences provide researchers more in-depth information on how museums, exhibitions, and events are felt by visitors. Exhibition analysis is essential for this research as it contextualises findings from the interviews and illustrates codified characteristics and the thesis's theoretical assertions. It also provides a deeper understanding of these placed-based 'texts' or 'phenomenon' to me that cannot be communicated through interviews, exhibition catalogues, or photographs alone.

To conduct the exhibition analysis, I spent three days in the exhibition for about two-three hours each time. The first day, I began with viewing the exhibition as per my own preferred visitor performance. Following this, I recorded a technical description of the exhibition (see Appendix 2.1) and took extensive photographs of the works and the gallery space (see Appendix 2.2). The technical description includes approximate measurements of the objects and space, material description of the objects, and a textual description of the sequence and layout of the rooms, including furniture and important architectural features. My previous research highlighted how important these

types of records are for not only later analysis and writing up of the work, but also in providing evidence and material for readers and researchers who may engage with these curatorial works in the future.

The second visit focused on examining the spaces and building in which the gallery was located. This involved recording any external references to the exhibition (i.e. posters, directional signage, and piles of catalogues) and what the purposes were of the adjacent rooms, hallways, and departments. In addition, I also followed cues in the exhibition that were meant to prompt the visitor to the library to read graphic medicine, social media accounts to post responses to the exhibition, and websites for more information on living with anxiety. This thesis examines what visitor experiences are possible and analyses organiser intentions and epistemologies, so it is important to capture these cues as they provide further insight into values and validated knowledge.

On the final day, I interviewed the two artist-curators involved in organising and creating works for the exhibition. This joint interview was conducted in the gallery, which meant that I could ask specific questions that arose in my own viewing supported by the context of being in the space. This provides multiple benefits and sources for enquiry that is not able to happen in out-of-gallery interviews. For example, Marte Huke and Nina Eide Holtan revealed hidden works in the exhibition that I missed in my own viewing, and they also confirmed or clarified initial translations that I created with online software. One limitation relates to how the interview is recorded. For this research, I used a handheld audio recording device, which meant that I did not capture body language. For in-gallery interviews, this can be problematic if anyone points to a work and they did not give verbal cues of what they were referencing. During and after the interview, I made notes of when this occurred and what was being discussed before I could no longer remember.

D. *Integrating a Mixed-methods Approach*

An integrated mixed-methods methodology is not always elegant or seamless, but it is nonetheless productive and worthwhile. The interdisciplinarity of the project affords the thesis the ability to analyse graphic medicine exhibitions from multiple scholarly

and creative approaches to demonstrate a deeper understanding of the source material. Exhibitions are creative expressions that use spatial contexts, artefacts, and social events to facilitate meaningful experiences for its visitors. However, this creativity is subject to power and an integrated mixed-methods approach allows the thesis to explore the contexts of this. For example, Readman (2020, p. 44) states that:

> "Showing how creativity becomes discursively active as a concept entails locating it within particular contexts and identifying how these contexts create the conditions for creativity to be manifested in a particular way. And discourse, as a concept, enables us to see the relationships between rhetorical enunciation and power; power, that is, as a force by which meaning is asserted –through language, institutions and operations." (Readman 2020, p. 44)

An integrated mixed-methods approach also requires me to consider how the different contexts of exhibitions that the multiple approaches analyse can strengthen the overall thesis's exploration into institutional powers. This is both in how I successfully conduct the different methods and in the critical discussion of my findings. However, integrated mixed-methods are not seamlessly blended, but critical and reflexive consideration of the research design throughout the project can help in resolving issues. For example, though the illustrated chapter provides more agency to the participants through their embodied avatars the comic is still constructed by me, the artist-researcher. This is why it is important to work from a narrative inquiry and grounded theory methodology so that the findings being illustrated were based on the agency, directions, and experiences of the visitors. Blending grounded theory and narrative inquiry can produce some tensions as the latter has pre-existing themes that guide it (i.e. temporal, spatial, and social elements) in the collection and coding of the interviews and the aforementioned generally is more responsive. However, Lal et al. (2012, p. 15) state that research design that has "paradigmatic compatibility" in the grounded theory and narrative inquiry it uses can overcome these tensions, such as in this research where constructivist approaches to each is used, whereas trying to combine an objectivist and a constructivist approach between the two would "raise concerns regarding coherence" across the study.   Another example depends on the preferred paradigms of the reader as it is not likely that every reader will have the same interdisciplinary perspective as me. Namely, the thesis's chapter outline, which presents different modes of analysis

throughout, asks the readers to shift between different research methods and discussion styles. However, this integrated mixed-methods approach combines different research paradigms and modes of analysis in order to achieve a fuller and more nuanced discussion of graphic medicine exhibitions. Overall, the thesis's methodology provides scholars and curators with an in-depth and multi-faceted exploration of graphic medicine exhibitions that would not be possible without an integrated mixed-methods approach.

Thesis Chapter Outline

The first chapter, "Characteristics and relationships in graphic medicine exhibitions," opens by analysing findings from the ten exhibitions organised by the participants of the curator interviews in order to characterise graphic medicine exhibitions. In addition, the chapter also reviews and analyses existing literature on how relational identities in curated spaces are enacted through trust and risks (Bowman 2017; Ng et al. 2017; Everett and Barrett 2009), and epistemic injustices that are prevalent in public engagement and project design (Camporesi et al. 2017; Carel and Kidd 2017 & 2014; Callard and Fitzgerald 2015). The purpose of this chapter is to determine what similarities or differences exist to distinguish graphic medicine exhibitions as unique. The thesis examines this in how they fulfil visitor expectations and engagement with health topics and how they operate similarly to other media on display in health-related exhibits in reiterating practices that led to less meaningful and impactful experiences. This analysis finds that graphic medicine exhibitions and their additional events share themes of risk and unique opportunities aligned with and against postmodern visitor expectations. The argument examines transdisciplinarity as an approach for displacing prevailing paternalistic and imbalanced power practices to facilitate epistemic humility and mitigate risks. The opening chapter frames the following chapter arguments in the context of the phenomenon of graphic medicine exhibitions as well as contemporary critiques of medical humanities public engagement approaches.

To further the arguments in chapter one, the second chapter, "*U;REDD:* graphic medicine in the medical gallery," contains an in-depth mixed-methods exhibition analysis. It examines how curatorial characteristics and collaborative design influences each other and how specific practices challenge and create trust, display themes of risk, and promote co-creation and meaningful engagement. Utilising a postmodern perspective, the thesis uses Hanquinet and Savage's (2012) theory of Educative Leisure and Enăşel's (2013) updated Edutainment theory to explore how a medical museum communicates and engages with publics to provide meaningful engagement. *U;REDD* presents a unique case for exploring the limits of cultural boundaries in health experiences, how epistemic privileging can be hidden within a successful exhibition, and the complexity of how exhibitions operate in non-art or natural history museum settings. The second chapter reveals how exhibitions are developed through complex teams with multiple agencies and aspirations for the curatorial project, and how specific activities and events led to varied levels of meaningful engagement.

The third chapter, "Curator intentions, values, and experiences: Adapting comics for effective public engagement in exhibitions," presents thematised findings from the curator interviews and an analytical discussion of major themes that arose focused on adaptation, additional events, and medium affordances. This chapter presents key discussions with curators on what they envision their target audiences' experiences are and the curatorial decisions they made to attempt to foster those at their exhibitions. The chapter analyses curator's organising teams and institutional structures to understand practically how these curatorial projects are formed and what resources or remits they are framed by. Curator experiences present the realities in which these exhibitions are designed in order to establish what exhibitions can do. The thesis again uses interdisciplinary approaches to construct a theoretical framework to criticise these practices, including Duffy's (2009) analysis of metacomics, La Cour's (2019) concept of social abstraction and comics' affective qualities, Shapiro's (2011) application of narrative humility, Stone's (2014) civic engagement model, and von Rosen's (2016) comics art history activist approach. This chapter argues that the comics medium elicits unique experiences not only in exhibitions for visitors, but in the curatorial formation

of the galleries. It also argues that these exhibits can be more methodologically designed to empower civic engagement and activism through comics public engagement that acknowledges galleries as a part of unique communities.

The fourth chapter also presents extensive interview findings, however it does so through the comics medium. Written and illustrated based on participant data, "Visiting graphic medicine exhibitions: Visitors' temporal, spatial, and social experiences" demonstrates the possible experiences people have when engaging with a graphic medicine exhibition to understand how they value these. The chapter examines the visitor experiences of *VAST/O* described in the methodology section above. The researcher constructs the chapter through narrative inquiry lenses to explore how temporality, sociality and spatiality form someone's experience (Haydon et al. 2017). This chapter not only provides a rich understanding of what visitors experience at a graphic medicine exhibition, but also how scholars can critically engage with the medium of comics to empower and amplify voice, disrupt and reconcile, and shift research narratives. Overall, its findings suggest that visitors ascribe general cultural values to engaging with exhibitions on health as well as genre and medium specific values for graphic medicine in these contexts.

The final discussion chapter, "Graphic medicine on exhibition: Current institutional realities and curatorial humility," analyses its previous findings in the context of broader contemporary concerns and initiatives in museums. It answers the overall research questions in the context of whom this research is relevant for and why it is important to design graphic medicine exhibitions with critical reflexivity of current concerns in museums. The chapter combines existing scholarship on museum concerns and realities (Scarabicchi 2019; Yanow 1998) with empirical data to propose what value these exhibitions have to society. Through these discussions, the chapter proposes methods for graphic medicine exhibitions which considers epistemic approaches (transdisciplinarity) and value structures that promote reconciliation, humility, and inclusivity. The chapter concludes with two in-depth discussions of how these can be implemented into graphic medicine curators' practices; these discussions explore two important topics: canonisation and vocal homogeny. The chapter proposes community

empowerment and polyvocal comics engagement as curatorial approaches that can destabilise these paternalistic practices.

A final conclusion follows the chapters and reflects on the overall research project. The discussion returns to and answers the research questions while offering future pathways for this work, specifically considering directions for graphic medicine research and curation due to the COVID-19 pandemic. The majority of this research was conducted prior to the COVID-19 pandemic and heavily focuses on the place-based nature of graphic medicine exhibitions prior to 2020. The concluding chapter delegates space to examining how the pandemic has presented new avenues for curatorial practices and graphic medicine research, while also considering how the findings for this research qualitatively and quantitatively analysed in its chapters can be utilised in different types of graphic medicine projects.

Summary

Graphic medicine is a transdisciplinary field that encompasses the creation, the utilisation, study, curation, and personal reading of comics that present health and illness experiences and healthcare information. As such, this research uses varying personal and expert voices collected from existing academic literature, conference proceedings, personal interviews and empirical exhibition analysis, and online critical reflections in order to methodologically develop how graphic medicine can be used to better communicate health experiences with publics and achieve larger institutional aims of museums. These institutional aims include sustainability in museum's relevance to audiences, decolonisation of homogenising and silencing frameworks, reconciliation processes and communication of these to publics, and empowerment of local communities. The following chapters present a multifaceted analysis of graphic medicine exhibitions and the existing challenges that complicate public engagement. This research reveals that graphic medicine exhibitions are meaningful for the communities and individuals who organise them and that they can facilitate diverse and empowering sociocultural understandings of health through lived experiences in the comics medium. It argues that graphic medicine exhibitions have the potential to

improve quality of life through engaging publics in conversations of health and unburdening individuals who are ill or caring for those with health conditions by facilitating relatable and accessible educative experiences for visitors.

Chapter 1

Characteristics and Relationships in Graphic Medicine Exhibitions

Introduction

This chapter analyses the curatorial characteristics of graphic medicine exhibitions that were present across the interviewed curator's exhibits and planning processes. It presents these characteristics in relation to the organisation of exhibits, the spaces they occupy, the works included, curatorial text present in the gallery, and public engagement opportunities for visitors. In doing so, it establishes what is common and what is experimental for this genre of comics in curated space. It uses examples from the interviews (discussed in chapters 2 and 3) to illustrate these observations, map out the variety of experiences offered to visitors, and to define characteristics encountered in them. The chapter then explores how these characteristics affect curator and visitor experiences in order to discuss themes of risk in epistemologies of health exhibitions. In doing so, it argues that epistemic injustices produced by paternalistic privileging facilitate less meaningful engagement and toxic relationships. It uses medical humanities scholarship to discuss epistemic privileging and injustice as prevailing paternalistic structures in biomedical and academic public engagement, multidisciplinary and interdisciplinary that enforces power-imbalances through a hierarchy (Bowman 2017; Camporesi et al. 2017; Carel and Kidd 2017 & 2014; Callard and Fitzgerald 2015). The chapter argues that this hierarchy cannot only establish an expert versus public dichotomy and thus a one-way delivery of information, but it can also operate within project teams unevenly giving power to fields that are perceived to have more funding or to senior members of teams. This chapter asserts that

transdisciplinarity is an epistemology that can disrupt, displace, and resolve these issues in graphic medicine exhibitions.

In reference to the overall interdisciplinarity of the project, this chapter uses an exploratory approach to understand how curators and visitors build trust and fulfil expectations and empirical analysis of past and current exhibitions of graphic medicine. It argues that the relationship between curators and visitors has a direct impact on the experiences accessible through the exhibition, and defining these curatorial characteristics early on in the research provides a basis for critical reflexivity to explore these practices in later chapters.

Introduction to Medical Humanities and Graphic Medicine

Since its inception in the 1950s, the field of medical humanities covers a vast area of interests and gives critical attention to all forms of holistic and conventional healthcare. In the first few decades of its existence, medical humanities mainly has focused on the doctor's point-of-view and how it could help medical professionals' practice (Whitehead 2014), before developing into an academic discipline outside of these clinical and professional settings. Anne Whitehead (2014) argues that the place of narrative and testimonial as a concept became a major part of medical humanities research in the 1980s and 1990s. In its first wave, medical humanities practitioners were responding to a need to give a voice back to the patient after the professionalization of medicine over the 19th and 20th centuries led to a dehumanised biomedicine (Bates and Goodman 2014; Bleakley 2014). Now, practitioners and researchers consider a more critical approach to the field (Whitehead et al. 2016). For example, Arthur W. Frank's (1995) *The Wounded Storyteller: Body, Illness, and Ethics* and Rita Charon's (2006) *Narrative Medicine: Honoring the Stories of Illness* use memoir and testimony to amplify patient voice in medical humanities literature and reinsert the human back into the experience of health and illness. This reinsertion acknowledges that people encounter health outside of clinical and medical education settings, such as in culture and in their everyday lifestyle choices, entertainment, advertisement media, and graphic medicine exhibitions that represent lived experiences. As a

consequence of this, Whitehead and Woods' (2016) call for a more critical medical humanities that addresses the frameworks and methodologies underlying these events to avoid paternalistic privileging hidden behind good intent.

Medical humanities challenges the prevailing clinical, statistical and professional way of classifying a person's condition by entering narrative into the conversation in order to attempt to provide new ways for patients to understand their conditions. Paul et al. (2016) state that an individual's focus on the narrativity of their care can lead to a more meaningful understanding of their lived experience. For example, they explain that individuals can do this by considering their medical treatment within a narrative or metanarrative frame, or they can create their own stories in creative formats (Paul et al. 2016). In addition, medical professionals gain insight into the realities of their patients' lives through these testimonial narratives. Thus, scholars can use narratives to destabilize power imbalances between doctors and patients, to expose and improve health inequalities, and to increase public understandings of health experiences, though this last one is problematic in that it can assume publics know little.

In these ways of knowing through narratives, medical humanities has previously privileged written texts which may be due to a variety of reasons, including cost and funding, ease of scholars, institutional preferences, communication concerns, stigmatization of other media, and aesthetic imperialism and prevailing iconographies (Callard and Fitzgerald 2015; Williams 2014; Green and Myers 2010; Squier 2007). However, graphic medicine challenges this epistemic privileging by focusing on disrupting dichotomies related to the visual understanding of normal health and abnormal illness or disease. Graphic medicine, as a field of study, has only existed for a decade, and, thus, it retrospectively incorporates creative works produced before alongside the growing publication of new comics. Alongside the creative works, scholars in the last few years are increasingly addressing graphic medicine, which is beginning to have a presence in collective medical humanities texts. For example, Dr. Ian Williams contributes a chapter on graphic medicine and the iconography of illness in *Medicine, Health and the Arts* (2014). In the following year, Czerwiec et al. (2015) use

their manifesto to detail their theories and potential for the field and establish a model for comics' use in medicine in classrooms, clinical settings, communities and individual lives. *The Edinburgh Companion to the Critical Medical Humanities* (2016) is published in an effort to carve out a more critically focused field of study. Despite these advances, this landmark text only briefly mentions graphic novels generally, and does not appear to include a place for graphic medicine solidly within the 'critical' framing.

Scholars and professionals use medical humanities as a tool to critically reflect on their own practices. Those in the technical communication, rhetoric of health and medicine, and medical education fields see it as a useful field to analyse in order to improve their own practices around empathy and patient engagement (Angeli and Johnson-Sheehan 2017; Saiyad et al. 2017). Health humanities, as a field and term, hopes to overcome exclusion within the discipline and approach the concept of health more broadly, though that is not to say that medical humanities does not already address boundaries in some instances (Jones et al. 2014; Bates and Goodman 2014). However, graphic medicine seeks to converge all of these fields and borrows from them as well, depending on the exact work. For example, a graphic pathography is an illness narrative that negotiates the medical, socio-cultural, and psychological aspects of differing health experiences (Venkatesan and Peter 2019). This form of graphic medicine aligns more closely with medical (and health) humanities intentions with its attention to the subjective and objective aspects of health, while graphic pamphlets and patient information that focus on conveying medical facts align more closely with the objectives of technical communications. Yet, scholars largely continue to treat graphic medicine as a niche medium within the study of health despite its breadth of interest, format, and application.

Graphic medicine exhibitions provide a new critical and methodological approach for meaningfully engaging publics and collaborators with experiences of health. The "subversive" or fringe concept of graphic medicine is mentioned frequently in the earliest literature on the genre (Green and Myers 2010; Williams 2014; Czerwiec et al. 2015). But, the genre has grown in the intervening years as evidenced by the expansion of the Graphic Medicine Collective's website and sister sites, and is now

printed by mainstream publishers, such as Myriad. It also attracts international attention in the form of conferences, exhibitions, publications, and scholarship. Creators intend autobiographical works of graphic medicine for broad public audiences and readers, much like the illness narratives that medical humanities scholars traditionally examine. In addition, creators of different graphic medicine subgenres intend their work to be read by clinical patients, healthcare professionals, and the public (Czerwiec et al. 2015).

Transdisciplinary approaches to graphic medicine exhibitions, and medical humanities projects more generally, engage publics as essential collaborators in the development of the 'entangled' and 'critical' future of the field. It does so in order to breakdown epistemic injustices and distrust and promote co-creation. As critical medical humanities expands as a discourse, scholars need to re-evaluate the use of public engagement as an output. For instance, whilst the creation of a critical medical humanities is an effort to focus a new direction for the field it also runs the risk of producing epistemologies that exclude people that could benefit from these new perspectives and methodologies. Scholars' use of critical academic language may narrow the intended audience even further by inadvertently framing itself for experts, ignoring intellectual publics, and by not concerning itself with transferring and receiving knowledge outside of academia. Scholars must examine these questions so that a critical medical humanities and graphic medicine approach does not create new hierarchical epistemologies and instead promotes inclusion, co-creation, and self-reflexivity. Medical humanities scholars shifting to consider transdisciplinary approaches to public engagement question and discuss how epistemic injustice, trust, and co-creation might be facilitated in the planning of the event and not negotiated in the end product (Bowman 2017; Camporesi et al. 2017; Carel and Kidd 2017 & 2014; Erickson and Butters 2011; Ottaway et al. 2009). Graphic medicine research must examine this shift in epistemological and methodological approaches to develop a public engagement framework that promotes epistemic humility.

Characteristics of Graphic Medicine Exhibitions

Curators and researchers can begin to critically reflect on and plan meaningful engagement by first exploring the curatorial characteristics of graphic medicine exhibitions. Table 1.1 below draws on interviews with curators[12] (further explored in chapter 3) to summarise the characteristics, or curatorial practices, of ten graphic medicine exhibitions. These characteristics fall into five categories that range from the planning stages to the finished exhibit and subsequent public engagement programming. These categories include how the exhibit was organised by the curators and validation teams, the spaces and places they were exhibited in, the works that were on display, additional textual content and narratives present in the exhibitions, and social and creative public engagement opportunities that were planned in relation to the shows or activities in the gallery. They are discussed below in relation to their ability to facilitate meaning-making, co-creation, conversation or dialogue, and, ultimately, reciprocation through a shift in epistemic approaches to current curatorial practices. All of these categories contain elements that have a physical and emotional quality tied to the experiences of the curators and visitors, which will be explored in chapters three and four, respectively, but it will be discussed in this chapter in relation to curatorial practices more broadly.

Graphic medicine exhibitions are a good starting point to break down hierarchy as they are often curated by non-professional curators, such as artists, medical professionals, and researchers. This is interesting to note as it means that the backgrounds and expertise of the curators are diverse, which leads to innovative or specialized takes on graphic medicine as well as brings in new knowledge, practices,

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[1] It should be noted that Ellen Forney's Graphic Medicine: Ill-Conceived and Well Drawn! is only considered as one traveling exhibition, noting characteristics from the original as well as the traveling iteration, as they are significantly different from one another and are not examined as individual exhibitions at each location here otherwise that would skew the averaging of characteristics as it has been shown in so many places. Also, graphic medicine practitioners seem to have a few communities that produce work and exhibit together, such as Seattle (WA, USA), the Bay Area (CA, USA), White River Junction (VT, USA), and Brighton (UK), and while the researcher has done due diligence to include these shows and interview the curators it can also be assumed that some of the more grassroots exhibitions are not represented in these characteristics.
[2] Some of those curators requested to be anonymous therefore their exhibitions will not be named as examples here, but their overall characteristics are discussed.

and value systems outside of museum disciplines. Participants for this research reflect on how these other contexts impact own experience curating their exhibition(s).

CODE CATEGORY	CHARACTERISTIC CODE	FILES
How the exhibition was organised	**Paratext to something else**	**7**
	Curated through existing networks	5
	Commissioned works	4
	Call for contributors	1
Spaces and places exhibited	**Egalitarian space or place**	**6**
	In dedicated gallery space	4
	In mixed media exhibitions	3
	Exhibited amongst permanent collection	1
Works on display	**Reproductions of work**	**9**
	Group shows	**8**
	Exhibit wide diversity	4
	Included original work	3
	Single artist or team	2
	Alongside other objects (not considered mixed media)	2
	Experimental comics works	1
Additional textual content	**Define graphic medicine**	**8**
	Overall theme about specific topic	**6**
	Produced written materials and mementos	5
	Overall theme about graphic medicine	4
Social and creative public engagement	**Include public engagement or social programming**	**10**
	Short exhibition time (up to one month)	**6**
	Dedicated reading corners or comics in space	5
	Traveling exhibit	5
	Creative corners or workshops (focused on making comics or zines)	3
	Interactive displays or technology (beyond creative corners)	3

Table 1. Coded characteristics from the ten exhibitions whose curators participated in interviews, 2018-2019.

How the exhibition was organised. Characteristics that relate to how the exhibition was organised include how the works were sourced and if it was a paratext to another event. Organisers did not curate these exhibitions from existing permanent collections and all work was sourced through a connection to the artists. Curators of five exhibitions curated the works through existing networks, professional and personal. While several stated that they asked for specific works they were open to artists suggesting different panels or pages. Four curatorial teams commissioned the works specifically for their exhibitions or as a part of research projects that later

became exhibitions. Two of these curatorial teams were new to graphic medicine at the beginning of the projects, while the other two were familiar with the field early in their research's development. One curator was able to include original contributions from individuals who responded to the team's call for stories that they commissioned work to be made from. Only one of the exhibitions was primarily sourced through a call for contributors, which they stated was a part of their aim to introduce individuals that many not have been a part of the published canon of graphic medicine. Graphic medicine practitioners state that they are a part of a community and field that encourages collaboration and fostering long-term networks and thus many of the artists featured across several of these exhibitions due to pre-existing relationships, such as Ellen Forney, MK Czerwiec, and Ian Williams, as well as the notoriety of their work (personal communication / curator interviews, 2018-2019). This community aspect and focus on collaboration may explain why curators use a call for contributors less frequently. Another reason could relate to curators' overall theme and objective for the exhibition to introduce a graphic medicine canon or to focus on a specific topic.

Seven of these exhibitions were paratexts of something else, including four conferences and three research projects (discussed in chapter 3). It is worth noting here that these often are a part of a larger project, and thus subjective to a team of curatorial influencers. This occurrence suggests that the types of individuals working in and exhibiting graphic medicine are strongly influenced by the institutions they primarily operate within as well as by the emerging nature of the field, new audiences, and social bias applied to the medium. The other three exhibitions, while having similar aims, were organised separately from other events and as exhibitions.

Spaces and places exhibited. Six of the exhibitions were in more egalitarian gallery spaces than established museums and two of these spaces were previously known to exhibit works. Exhibitions in egalitarian spaces are a common occurrence of shows that were paratexts of educational courses and conferences. The remaining four exhibitions were hosted in dedicated museums and galleries, such as the Tate Modern in London, Diablo Valley College Art Gallery in the Bay Area, California, Medisinsk Museum (Medical Museum) in Trondheim, Norway, and Medizinhistorisches Museum

der Charité (Berlin Museum of Medical History) in Berlin. Graphic medicine exhibitions most often exhibit in pop-up, egalitarian, and less established exhibition locations, such as libraries, conference halls, university galleries, or faculty display cases not managed by trained museum professionals. This reality places importance on using reproductions instead of originals and limits innovative interventions due to security reasons. But, this characteristic enables a variety of audiences that came, interacted, glanced, and passed by these exhibitions.

Beyond these locations, graphic medicine works sometimes appear in mixed media exhibitions, such as the *Catch Your Breath* Bristol (Sept. 2019 – Jan. 2020) and three of the coded exhibitions. *Sick! Reclaiming illness through comics* (Oct. 2017- Mar. 2018) was interwoven in a medical museum's historical permanent collection, *U;REDD: en utstilling om angst* (FEARLESS: an exhibition about anxiety) (Mar. 2018- Mar. 2020) included sculptures, installations, and interactive components designed to stimulate visitor reflection of the topic on mental health, and *Shifting Self Identities: Unheard Cancer Voices* (April 2019) was one component in a larger contemporary Tate Modern Exchange exhibition. In the following, some of the comics on display are described as being exhibited alongside other objects. Curators' approach to these objects determines if they were graphic medicine or mixed media exhibitions, but it is interesting to note that these works are present as examples in other curatorial projects. In these mixed media exhibitions the graphic medicine works are put into a greater conversation or context with other media, topics, and genres; graphic medicine exhibitions include related objects to enhance the visitors understanding of how the comics are produced, but do not necessarily situate these works in a larger context. Genre-aware graphic medicine works are rarely on display in permanent exhibitions at acclaimed museums, though a digital interactive piece is included in the new 2019 Medicine Galleries in London's Science Museum. However, some illness-related works of illustration are present in more established galleries and some institutions host temporary comics and health exhibitions and comics drawing workshops, such as the Tate Modern and Tate Liverpool.

Works on display. This category analyses the standalone works and static

features in graphic medicine exhibitions that visitors could have encountered at any time during their running. The following "Social and creative public engagement" section presents the interactive features in these exhibitions. Nine of the exhibitions contained reproductions of the works. This relates to the nature of the medium itself with a growing number of digital creators, many of the works being sent as jpeg excerpts from published forms, and the unmonitored spaces they would occupy. When possible, the works almost always were high resolution reproductions printed or displayed on foam board, or another material that gave it extra distance from the wall. Curators commented that this gives a sense of elevation to the reproduction and adds aesthetic value, similarly to what a framed work might convey, but is more manageable and cost-effective (personal communication / curator interviews, 2018-2019). As a result, only three graphic medicine exhibitions included at least one original work, though this could be explored as to what constitutes as 'original' as it currently seems to privilege the hand drawn. Outside of these and experimental exhibitions, Jared Gardner's *Drawing Blood: Comics and Medicine* (Apr. 2019 – Oct. 2019) exhibition used a variety of historical comics, as far back as the 18th century, and originals in his exhibition.

Seven of the exhibitions were group shows that displayed a variety of works, artists, styles, and types of comics. Curators expressed a desire to introduce lots of different aesthetics, experiences, and types of comics to their audiences (personal communication / curator interviews, 2018-2019). Only two of the exhibitions contained the work of a single artist or creative team and both of these were commissioned work, *U;REDD* (discussed in chapter 2) and *Weight of Expectation*. Though graphic exhibitions largely convey lived-experiences of multiple marginalized individuals and patients, this did not always mean there was diversity amongst these stories.

In less than half the exhibitions, four curators discussed how they displayed a wide diversity of cultural, racial, and sexual backgrounds in the works. They state that this lack of diversity is a limitation influenced by availability of published content in this medium, which this thesis argues is due to artists' socio-economic and socio-cultural barriers and the emerging nature of the field. Findings identify that

commissioning works, distributing calls for comics, and re-evaluating inclusion criteria overcame these barriers for some curators. For example, Forney responds to this by opening her search to include self-published or non-memoir length works (personal communication / curator interviews, 9 September 2019). This action supports findings from research that suggests certain health stories may not be told due to socio-cultural stigmas, such as with prostate cancer, which has a stigma for all born males, resulting in certain demographics, i.e. transgender, ethnic or racial minorities, feeling twice as disempowered to share their stories (Allford et al. 2014; Wary et al. 2009). Curators face these barriers and realities when they do not have the support, funds, or time to seek original commissioned work.

Exhibition locations, logistics of the space, time frames, and funding also impacts the types of works that can be included. Only two of the graphic medicine exhibitions included other objects alongside these works to add three dimensional elements, such as the original *Ill-Conceived and Well Drawn!* exhibition and *In Real Life.* Curators intend for these artefacts to enhance the visitor experience as well as add dimension to the exhibition (personal communication / curator interviews, 2018-2019). Again, the objects either enhance a connection to the medium or the topic, from artist brushes to spider boxes (discussed more in chapters 2 and 3). Due to similar constraints, only one exhibition contained experimental comics through the use of sculpture and the commission of a gallery comic, discussed in more detail in the following chapter.

Additional textual content. These exhibitions contain varying levels of narrative and explanatory text to aid visitors in understanding the works. Curators of eight exhibitions stated that their narrative includes a focus on defining graphic medicine, because they assume their visitors could be new to the genre. This text seemingly relates to the emerging nature of the field. The first example of this is that almost all exhibitions give precedence to gallery text or external communications (i.e. social media posts, press releases, catalogues) to define what graphic medicine is and its recent history along with links to graphicmedicine.org or works to read. Noe (2019) notes this is a common approach to research and work on this area and linked it to a

past need to establish itself.

Curators of exhibitions use the medium to tell stories through and about objects (explored in the following chapters), but these exhibits are not always linear narratives. In line with Noe's observation above, four of the exhibitions' overall themes were about graphic medicine as a genre, while the remaining six focused on specific topics. Five of these exhibitions were on a health topic while Adam Bessie's exhibition, *In Real Life: A Non-Fiction Comics Art Show* (Feb. 2018), introduced non-fiction comics produced by local artists. Exhibitions that focus on the comics medium tend to highlight the variety of comics, i.e. comics strips, memoirs, zines, that were considered graphic medicine, or they attempt to challenge the medium, such as *VAST/O*'s Lisbon November 2019 abstract comics and animation installation or E.T. Russian's various works that use projection and audio or textured panels (comics for the blind). When this did not occur, exhibitions focus on a specific health topic, for example *U;REDD* and *VAST/O*'s Bournemouth July 2019 version focus primarily on anxiety. The curators, in their interviews, seemed to either approach the exhibition as exploring a health topic through comics or exploring how comics can represent health experiences (personal communication / curator interviews, 2018-2019). Exhibition texts and communications also hint towards what approach the curator(s) took. Though perhaps subtle, these approaches affect how the curator works with the medium and, to some degree, how experimental they are with the medium. This differs from many comics exhibitions that focus on the medium and place primary importance on that.

Curators and organisers of five exhibitions produced catalogues, written materials, or publications to accompany the exhibition. These materials hint at the aims for the exhibition that the curators had, from REF impact to education needs, and their prevailing expectations of visitors with the space, building on conversations at mainstream art galleries such as Tate Modern. For example, library or conference exhibitions sometimes had reading lists either as handouts or physical displays, such as for the Seattle Public Library's graphic medicine conference and individual versions of *Ill-Conceived and Well Drawn!*. Curators also created teaching materials and lesson plans to enhance the exhibition, such as with *U;REDD* and *Ill-Conceived and Well Drawn!*.

Others made postcards as an additional takeaway and promotional communication, such as for *VAST/O* Bournemouth, *Shifting Self Identities*, and *U;REDD*. These mementos and informational materials reflect visitor expectations and associations with some of these places, as well as additional sources to enhance the impact of the visitor experience. Curators and organizers in the interviews explained that these materials could also be used to start conversations prompted by the exhibition content, intrigue new audiences, and encourage continued self-reflection in private spaces beyond the exhibition (personal communications/ curator interviews, 2018-2019).

Social and creative public engagement. These characteristics reflect the physical presence media of comics and exhibitions have more than the graphic medicine genre. However, they function to increase the emotional quality of the exhibition. Social and creative public engagement programming and interactivity was present in some form as part of all ten exhibitions regardless of the location. Every exhibition included planned events with expert-led talks or interactivities; however some of these events were located outside the gallery. Curators identify these as a point of contact to which they could get people to the exhibition and stimulate interest (personal communication / curator interviews, 2018-2019).

In gallery, curators designed creative corners and workshops, interactive displays and technology beyond the creation of comics, and dedicated reading corners or comics in the space. Later chapters explore the emotional quality of this in the context of curator interviews. Five exhibitions included the actual comics there for visitors to read with dedicated reading spaces. Many of these exhibitions were hosted in libraries, which could be an influence of this. For example, some curators use the exhibitions to highlight library collections to users, such as with *Ill-Conceived and Well-Drawn!* (personal communication / curator interviews, 2018-2019).

Secondly, three of these exhibitions included creative corners or workshops for visitors to draw their own comics. Similar to their reflections on public engagement more generally, curators expressed their motivation for these were to increase visitors' meaningful engagement beyond the standalone exhibit (personal communication / curator interviews, 2018-2019). Similarly, three exhibitions included interactive

displays or technology. Technology is rarely present as an interactive or paratextual element of these exhibitions, such as *VAST/O* use of augmented reality both in the space and in the catalogue, beyond social media and blogs for the promotion of the exhibitions. Scholars state that interactivity is a defining element of contemporary museum display and social engagement that influences how visitors approach and interpret exhibitions today (Heath and vom Lehn 2010; Dierking and Falk 1992), though Gruber (2015) warns that some personalized interactivity can lead to the medicalization of this engagement and harmful self-diagnosis by publics in illness-related exhibitions. This thesis finds that the prevalence of traditional work-at-centre artist and viewer dynamic in graphic medicine exhibitions relates to the types of unmonitored and egalitarian spaces they are exhibited in.

Social and public engagement also relates to the length and traveling of the exhibitions. Six of the exhibitions were on display for a month or less. The ephemeral nature of these exhibitions relates to the paratextual events where the primary visitors were captive audiences or it relates to the pre-existing exhibition scheduling of the place they were located. However, five of the exhibitions travelled to one or more additional locations and reached different publics while doing so. This seems to be a growing trend as graphic medicine exhibitions become more popular and these curators continue to work with new remits and projects (personal communication / curator interviews, 2018-2019).

These characteristics influence curator and visitor experiences of graphic medicine exhibitions. Of them, the characteristics that did not occur frequently relate to challenges curators hope to address (personal communication / curator interviews, 2018-2019). For example, the inability to include these features in their exhibitions was also due to the nature of the comics medium, both in availability and limitations of the medium, and expertise needed to execute technical innovations and cost associated with that. This following discussion creates a critical basis for analysing how power is acted out in these exhibitions through teams and characteristics, and how these power relationships build trust with publics. Camporesi et al. (2017) and Bowman

(2017) connect trust to publics' ability to engage more meaningfully with exhibitions. Later chapters will explore the interplay of the works, spaces, curatorial narratives, and interactive and social components of these exhibitions in more depth.

Epistemic Approaches to Trust

The place-based nature of curator and visitor relationships operate through trust in a similar fashion to that of romantic and familial ones, and visitors assess trust based on expectations and promises met through curatorial practice and public engagement (Ng et al. 2017; Everett and Barrett 2009). Ng et al. (2017) promote allyship as a critical practice for museum professionals. They state that public trust relates to publics' expectations that institutions engage with real life experiences and tell these stories (Ng et al. 2017). In doing so, museum professionals practise inclusion and name injustices rather than use curatorial practices to distance themselves from these lived narratives. Ng et al. (2017) assert that group reflection can be used to destabilise curatorial practices that lead to the reiteration of injustices in museums and galleries.

Graphic medicine exhibitions, in their tendency to be held in egalitarian spaces, seek to present authentic and non-normative narratives of health to their visitors and readers. These stories create a trust relationship between visitor and curator that is not hierarchical in nature since the information is not, seemingly, coming directly from a medical professional. These non-normative narratives of health, the kind that earlier graphic medicine scholars deemed subversive, come across both through encountering the medium and the person-centric approach to stories, namely graphic memoirs, graphic pathographies, and testimonials in research comics.

New places and spaces for public audiences to interact with topics of health, illness and wellbeing operate in a similar manner to the trust relationship Bates (2012) describes between authors and readers. While Bates (2012) discusses the relationship between trust and 'truth' in sexual 'misery memoir,' Camporesi et al. (2017) similarly explore trust and expertise in public engagement with biomedical knowledge. Camporesi et al. (2017) reflect on public trust and state that knowledge-power relationships in these spaces contribute to either epistemic injustices or humility. In

both of these cases, relationships built on trust and knowledge require the active participation and involvement of their target audiences. Audiences' active participation involves the exchange of knowledge with experts either in the act of interpreting of texts (meaning-making) or public engagement. This exchange of knowledge works to disentangle prevailing paternalistic systems of power that influence trust and engagement in individuals and publics (Camporesi et al. 2017).

These systems of power can also perpetuate binary divisions of publics and experts, while retaining power through prioritising 'expert' knowledge (Camporesi et al. 2017). In order to balance trust in the relationship between experts and publics, organisers need to use their initial planning of public engagement projects to design for an exchange of knowledge (Bowman 2017 cited in Camporesi et al. 2017, p.29). Readers and authors of traditional texts also have this exchange of knowledge in their relationships, however, it is pre-formed through the author's imagining of their (ideal) reader and the critical reading and interpreting skills that they are afforded in this act. Museum professionals facilitate and maintain this trust relationship through exhibition spaces in multi-faceted ways. For example, Antón et al. (2018) discuss that trust in relation to co-creation can happen after the visitor leaves the gallery or through their interpersonal social interactions, such as through visitor feedback in either online spaces or in the gallery. These mediated social interactions influence potential visitors' motivations to travel to the exhibition. Antón et al. (2018) state visitors' previous experiences with museums will determine whether they have a meaningful relationship with specific places and if they are motivated to develop it by attending its exhibitions throughout their life (Antón et al. 2018).

Deborah Bowman (2017) places trust at the centre of effective public engagement with specific attention to the discussion of clinical ethics through radio and theatre. Bowman (2017) examines Havi Carel and Ian James Kidd's (2014, 2017) research on epistemic injustice, namely testimonial and hermeneutical, as a basis to explain how prevailing approaches to public engagement may not support the building of trust. Testimonial and hermeneutical injustices refer to the breakdown in trust and communication between healthcare providers and patients, but Bowman (2017) states

this can also be observed in public concerns about 'experts' and bioethics. In response, Bowman (2017) states it is essential for public engagement programmers to understand the relationship of trust and power-knowledge in order to break from paternalistic epistemologies that reiterate injustices that privileging the voice of the 'expert.' As shown in the characteristics above, organisers' privileging is often framed as 'expert-led' talks. Bowman (2017, p.52) explains that trust develops "voluntarily" between creators and audiences since both rely on the other and this depends on what the viewer chooses to engage with and make meaning from with each performance. Bowman (2017, p.52) suggests this "is the essence of effective public engagement: the confidence to trust the audience to take the questions and ideas in the programme or production and do with them what they will," which she applies to new ways of thinking about clinical ethics.

Individuals perform as readers and visitors when they engage with curators' (exhibition) and authors' (individual works) texts at graphic medicine exhibitions. The relationship between public engagement creators and audiences requires an understood and implied agreement that has trust at its core, which Bates (2012) states is relevant to the 'pact' between authors and readers. Bowman's (2017) definition of trust highlights that audiences elect to take part in public engagement programmes and enter a relationship of trust with the creators. Likewise, visitors choose to engage with certain media, places, and curators, which they may have a high motivation to attend if the exhibition is a paratext to another event (i.e. conference) or a cultural or social topic they are interested in. These texts need audience participation to be meaningful. How 'meaningful' they are will be subjective to the visitor-reader, and depends on what expectations and promises they believe are made by the curator-author (Bates 2012). Organisers need to meet visitors expectations, which visitors perceive as promises, in order to convey the 'truth' of the experience that is essential for trust to be built. Therefore, 'truth' does not necessarily mean medically accurate or completely non-fiction. Curators' choice of certain works and written language translate complex experiences into an accessible 'truth.' In the case of cathartic personal narratives, individuals derive meaning from the making of the work or involvement in

organising the programming; however, these initiatives place attention on the 'end product' in the 'world' that visitors interact with, specifically an exhibition.

While curators identified as having multiple sub-identities (e.g. artists, academics, teachers, medical professionals, etc.) that influenced their approach (discussed in chapter 3), this thesis gives specific attention to academics and medical professionals whom perform as curators because of the epistemic privileging and power-knowledge imbalances that exist between these two broad professions and publics. The background of the curator may not always be clear to visitors who enter into a curatorial space, which could have an effect on the trust and expectations they already perceive to have with the staff or place. Even if visitors are new and do not have preconceived notions of the place they most likely will still bring their general expectations of exhibition space (discussed in chapter 4). When visitors perceive disruptions from their expectations this can lead to a breakdown in trust and negative relationships with organisers, content, and places.

Curators that change their epistemological approach to public engagement may be able to facilitate more impactful programming for visitors by distributing power and knowledge amongst everyone involved. Scholars argue that exposing prevailing paternalistic approaches to engagement can create a positive impact and social understandings in medical humanities texts and programming (Callard and Fitzgerald 2015; Bowman 2017). Academic-curators are subject to working cultures that increasingly measure external impacts of research for career security and validation; these pressures can cause academics to reiterate exclusionary experiences to publics, either inadvertently or through the reproduction of existing ways of working. Bowman (2017, p.51) asserts that without critically analysing:

> "…questions of expertise, structural constraints on effective public engagement, and the significance of nurturing public trust in the field itself, there is a risk that participation will be limited, understanding thwarted, and ultimately meaningful engagement compromised irrespective of the numbers of claims or aspirations to foster "public engagement."" (Bowman 2017, p.51)

This thesis argues that transdisciplinary approaches to projects can support academics in crafting public engagement. Transdisciplinary approaches to medical humanities

projects, done effectively, reconceptualise and restructure interdisciplinary research in a way that is meaningful to targeted public audiences (Nissani 1995; Austin et al. 2008). In doing so, curators of graphic medicine exhibitions need to question how visitors might engage with their research or aims, what voices and skills are needed to ensure participation, if the language they use is appropriate for their visitors, and what existing frameworks in these new spaces and places may reiterate paternalistic relationships between visitors and curators.

Transdisciplinarity and Graphic Medicine

Curators often curate graphic medicine exhibitions for mixed audiences, including academics, medical professionals' and broader publics. Some of these exhibitions are outputs of interdisciplinary projects (e.g. conferences, studies, and participatory workshops) or an event to influence *public understanding of science*, which includes health. In interdisciplinary collaborations, institutionalised disciplinarity can hinder scholars and cause power-knowledge imbalances and epistemic injustices. Callard and Fitzgerald (2015, p.112 ebook) link this to "institutional structures that end up placing the more highly valued epistemological frameworks, as well as financial resources, largely on one side, then asymmetries result," and not to the attitudes of the scholars working in the collaboration. Even with the best intentions, an interdisciplinary approach to collaborative research projects are subject to these biases, because they operate within institutional structures. Callard and Fitzgerald (2015) argue that institutional barriers and epistemological privileging challenge the possibility of interdisciplinary ways of working, which might reveal that many of these projects still operate as multi-disciplinary. Transdisciplinarity can displace traditional settings of power (e.g. academic institutions) and offer a way of challenging these institutional barriers.

Transdisciplinary approaches to public engagement and exhibition for graphic medicine suggests ways of addressing issues of epistemic injustice and building trust between publics (visitors) and curators. The first principle of this is to redesign these two categories to have similar levels of authority and roles within the co-creation of

the exhibition. Nissani (1995) in making an argument for interdisciplinarity and defining it came up with a fruitful metaphor. Nissani (1995) describes disciplinarity as piece of fruit, multi-disciplinarity as a fruit salad, and interdisciplinarity as a smoothie. Austin et al. (2008, p.557) add that by "[e]xtending this metaphor to transdisciplinarity, one might imagine using the smoothie as the basis for a new dessert." This research assumes that if Austin et al. (2008) had been writing this article today they may have said a decadent smoothie bowl instead of a new dessert (Fig. 1; see Appendix 1.2). In extending and engaging with this metaphor, it is important to examine the change in containers. The glass holding the smoothie (or interdisciplinary research) represents academia. By pouring the smoothie into a bowl, academics change the location of where their research is meant to make an impact, which should prompt them to change or hybridise their validation structures accordingly. In addition, academics need to consider what additional or new concepts (toppings) need to be included in their project (smoothie) to make it relevant to these new locations and validation structures (bowl). Because, it would be inappropriate or strange to have a smoothie in a bowl without the toppings to transform it.

Transdisciplinarity refers to a transformation or transference of information that requires new ways of knowing in order "to create a higher level framework and a fundamental epistemological shift occurs" (Austin et al. 2008, p.557). Scholars do not achieve interdisciplinarity and transdisciplinarity because they are hindered by overarching validation structures that require researchers to think of themselves in disciplinary terms. This is counterintuitive for academics who want to work in new ways as they have respond to pressures to engage publics beyond the university, adapt to changes in funding body priorities and remits, work around imbalanced teaching workloads that restrict their ability to take on new research avenues, and navigate unequal distributions of power within projects with colleagues also can impede researchers wanting to work in new disciplines or frameworks. Projects with an underlying interdisciplinary approach attempt an "integrative level of understanding" that disciplinary and multi-disciplinary research does not provide (Austin et al. 2008). Arguably, most researchers in the humanities today are probably conducting

interdisciplinary research on some level and it is the epistemic shift in approaches that is yet to change. Not only does this hinder self-perception, but it can extend into how collaborative teams function.

External funding and validation structures commonly support interdisciplinarity and collaboration with outside practitioners; however institutional biases remain and impede this work. Using mixed-methods, Chikoore (2016, p.6) examines motivations and barriers for academics including public engagement and collaboration in research impact and examines their use of academic outputs. Through interview findings, Chikoore (2016, p.202) determines that interdisciplinary researchers are more likely to build collaborative teams with practitioners than other academics. She states that is because the academic participants, as well as those in applied disciplines, often commented on the benefits of interdisciplinary work outside academic communities (Chikoore 2016). Although, interdisciplinary researchers state that they struggle with academic institutions and departments understanding of their work, which results from an overall bias that sees interdisciplinary work as weak in contrast to support from funding bodies and evaluation structures outside individual universities (Chikoore 2016, p.239-240).

Researchers' barriers to self-identifying as interdisciplinary are also mirrored in barriers to academics including public engagement in their research projects. Chikoore (2016, p.174-175) states the 24 participants of her survey that did not have public engagement in their projects indicate they are hindered by a "lack of opportunity" (33.3%), "specialist nature of research/lack of public interest" (20.8%), "lack of time" (20.8%), and "too early in research career stage" (16.7%). Individuals mention other barriers, including "lack of funding," "not a priority for [their] institution," and that "it wasn't high on the agenda (but it is now!)" (Chikoore 2016, p.174). This thesis considers these barriers when examining common characteristics in graphic medicine exhibitions curated by academics. It does so to understand why some choices are made, such as introduction topics (i.e. what is Graphic Medicine?), scope of works included, reproduction materials, and when the exhibition was culminated during the project. For example, curators of graphic medicine exhibitions run the risk of breaking trust with

visitors when the exhibition culminates at the end of a research project or conference. Visitors may feel that the exhibition is a second thought or a tick box for impact validation structures, such as the UK's Research Excellence Framework, when it is poorly executed or does not met their own or larger social demands linked to exhibition functions. This thesis asserts that co-creative characteristics in graphic medicine exhibitions can promote trust, overcome some of these barriers and challenges, and facilitate dialogue with exhibition users (visitors).

Using Characteristics to Promote Co-creation and Dialogue

Reciprocity between curators and visitors needs dialogic programming and co-creation in order to displace the privilege of the 'expert' from the centrality of the project. To do so, curators can use co-creation as a powerful active and meaningful experience to build trust in relationships, meet visitor expectations, and influence them to revisit the museum (Antón et al. 2018). This research finds that exhibitions can facilitate co-created meaning-making evidenced by how visitors' use recalled memories and associations during the viewing to have deeper emotive and meaningful engagement (demonstrated in detail in chapter 4). This process creates an individualised connection between the exhibition and the visitor and draws on multiple influencing variables, such as their pre-existing knowledge on the subject, expertise, interests, and comfortability with gallery participation. Also, curators often facilitate this co-creation process through their varying design strategies and in-exhibition characteristics, such as in co-producing the exhibited works with related publics or patients beforehand, running adjacent workshop events or in-exhibit creative corners during, or through prompting the creation of reflective paratextual artefacts in response after the exhibit (e.g. poems, comics, blog posts, or social media posts). Visitors' paratextual co-creations evidence a greater impact and anyone who then reads or views these paratextual works, and is aware of the origin or inspiration, engages in an intertextual reading of the exhibition.

Curators and experts need to approach their exhibition design and dialogic programming with reciprocity as an aim to maximise meaningful engagement with

their exhibition and subject. Graphic medicine exhibitions frequently include participatory creative corners or workshop programming. Curators can develop these as co-creation by reflecting on where they place finished works or activities and how they present and facilitate expert-led talks that encourages shared agency between experts and publics. Because, Verhoeff and Waarlo (2013) state that these public engagement and curatorial practices do not inherently lead to co-creation and dialogue between curators and visitors even if works are made and questions are asked and answered. Co-creation implies that the visitor or participant has an impact on the creation of content for the exhibition or project, not simply as participants of research; Chikoore et al. (2016, p.146) explains that this is a further development of a need recognise for public engagement in the 1990s to be a "two-way communication (as opposed to the one-way communication characterising public understanding of science)," which derives from university initiatives. Visitors co-create when they can see and indicate their impact on the exhibition and curatorial practices. For example, curators can invite visitors to hang their own work on the walls if the exhibition has a creative corner to start a dialogue through self-led engagement. Visitors engage in dialogue only when they are considered and treated as active, equal partners in the conversation who have their own experiences with and knowledge of the subject (Verhoeff and Waarlo 2013). This is why the thesis argues that public engagement that measures knowledge and grants authority through privileging of academic disciplines or expert professions results in epistemic injustices that limit the potentials of graphic medicine exhibitions.

This thesis argues that empowerment is required to reconcile these epistemic injustices and privileging practices, but that also this extends to visitors, patients, curators, and experts. For example, graphic medicine curators state that conversation is a main aim of the exhibitions but the success of this is difficult to measure (discussed in chapter 3). This is due to a conflation between visitors learning something new and starting a conversation that some visitors discuss as the same thing. In their own research on science communication, Verhoeff and Waarlo (2013) explain this is an issue related to the implementation of dialogic models as frameworks to create two-way reflective public engagement with publics and medical professionals to disrupt

institutional neuroticism. Verhoeff and Waarlo (2013, p.18-19) identify that these issues arise from continued programming that reaffirms the expert-lay person imbalance, institutional adherence to framing events as a dialogue, and that these experts expect "the interaction to have limited or no influence on their daily practice as a researcher or medical professional." In measuring the success of their event, Verhoeff and Waarlo (2013, p.18) state that while participants felt they learned a lot about advancements in Cancer Genomics research when the researchers analyse the engagement with, "both patients' and experts' experiences, we could state that patients were not considered as equal and active partners in the communication process." The researchers conclude that medical professionals, science communicators, and curators need to feel empowered to create dialogic programming in order to displace institutional neuroticism and promote reciprocation (Verhoeff and Waarlo 2013, p.21).

Epistemic Injustice and Themes of Risk

Even with good intentions, researchers and medical professionals risk reiterating injustices through their curatorial practice if they do not engage in critical reflexivity and include co-creation in dialogic design. They can analyse embedded epistemic injustice and themes of risk in linguistics, reactions, and project processes to determine how and with whom power is distributed and retained. Organisers need a critically reflexive process to guide this analysis as many of these concerns will not manifest as explicitly as others; for example, clear text that belittles patients' knowledge might actually take the form of not mentioning patient opinions at all. Themes of risk are recurrent ideas and approaches that are found in evaluations and exhibition reviews that seem to expose epistemic privileging and injustices. The thesis examines these to explore how research models, such as Verhoeff and Waarlo's (2013) two-way reflexive communication framework, can critically address power imbalances that Callard and Fitzgerald (2015) expose in interdisciplinary collaborations. However, Williams et al. (2020) define a phenomenon of 'cobiquity' growing in academic practice that conflates different versions of collaborative practices, which does not engage with power-imbalances, costs, and benefits. This is because this conflation and subsequent

misguided practices leads to privileged outcomes and ways of working that are wrongly labelled co-production.

> "The phenomenon of cobiquity leads to these critical elements of co-production being neglected, for example, consideration of the role of power and the goal of enacting relationships that (unlike traditional research collaborations) address the needs of patients, service users and/or marginalised citizens, in part through ascribing legitimacy to 'lay' knowledge." (Williams et al. 2020, p.3)

Williams et al. (2020, p.8) state that these practices cause harm because they fail "to accommodate and promote the egalitarian and utilitarian potential of co-produced research." Co-created engagement may be difficult where institutions and funders require clear deliverables that projects with open-ended goals and flexible outcomes cannot definitively define in the proposal as a result. Researchers and curators engaging with publics as collaborators during the planning process need to advocate for this flexibility to their validation structures in relation to the overall benefits of co-creation. The following themes curate issues and barriers discussed in the articles cited previously in this chapter and from challenges discussed by the curators interviewed for this research to guide curator reflections. The themes include: 1. ownership, control, and discovery; 2. power distribution and disciplines 3. expertise, voice, and timing; 4. active and passive linguistics; 5. transferrable audience experiences; and, 6. authenticity and experience and authenticity of experience. These themes address curators' and teams' approaches, practices, and reflections in order to promote reflexivity and facilitate acts of destabilization and negotiation during the planning and execution of an exhibition.

__Ownership, control, and discovery.__ Public engagement, as it developed from public understandings of science in the 1990s, intended to provide publics with a notion of ownership of this knowledge activated through their participation with it (Chikoore et al. 2016)**.** However, public engagement structures and events do not always allow for this ownership to occur due to expert-led programming and a lack of opportunities for curators, experts, and publics to build trusting relationships. Bowman (2017) asserts that audiences need to be seen as contributors for trust to be created and for meaning-making to result from the event. Bates (2012) refers to this as

imagining the 'critical' reader that is capable of interacting with the text beyond a casual reading. Both scholars pinpoint this as being observable in how creators and authors imagine their audiences in the act of interpretation (Bates 2012; Bowman 2017). Authors or creators need to consider audiences' pre-existing knowledge as essential to the interaction they will have with the texts and events (Bates 2012; Bowman 2017). Trust is built and personal meaning-making is possible; curators perceive their target audiences' ability to be able to critically interpret the exhibition. If curators focus on getting their audiences to a highly specified 'correct answer' or discovery then the individual is stripped of agency and paternalistic epistemologies create false binaries in meaning.

Verhoeff and Waarlo (2013) state that public engagement programmes often start from the position or knowledge of the expert to introduce the topic. Callard and Fitzgerald (2015) refer to the concept of disciplinary imperialism as a distinction of power within a given field or project. In her evaluation reports of exhibitions, Ledgard (2016) uses Sheila Preston's work on ethical representation of patients in order to assert that ethics should be maintained by researchers and creatives, but this should also extend into a responsibility to defer ownership over these stories and experiences in the created works and the life of those works. The author-curator must die to some extent for the reader-visitor to make meaning from exhibition uninhibited by the curator's need to assert their intentions or discovery as primary. This curator-centric discovery or intention is especially problematic when it replaces visitors' ability to make value from patient health experiences.

Power distribution and disciplines. Scholars can examine power distribution in interdisciplinary projects in what works are created, academic, creative, medical, etc., and in the programme design, such as exhibitions, workshops, and talks. Callard and Fitzgerald (2015) place power at the heart of why interdisciplinary projects create negative experiences for collaborators, which may also then extend into why certain aspects of the projects fail to be successful for some visitors. Epistemic power and privileging seems both a system that academia and funding is locked into as well as the barrier to reciprocation and exchange that an interdisciplinary approach impossibly

strives for (Callard & Fitzgerald 2015). Thus collaborators have a sense of preciousness over their own contributions to a project, which leads to both privileging of the dominant discipline and mistreatment of their fellows. This sense of ownership and author-genius origin is not as unshakeable as it seems or completely linked to human nature; it is a cultural concept that resulted after the Middle Ages, which grew with the Enlightenment and development of the western autobiography (Gilmore 2001). Collaborators, especially principal investigators, need to make room for criticism and letting go of the preciousness of their own disciplinary roots in order to work.

The curatorial characteristics of an exhibition expose epistemic privileging in the value structure of the collaborating team and illustrate the risks to power-knowledge imbalances in the relational identities in the gallery (Williams et al. 2020). For a curator, it is important to approach meaning-making with public engagement by presenting clear concepts for contemplation, but letting the target audience in control of making these ideas relevant to them (Bowman 2017), as well as striving for relevance themselves. Organisers can use social learning and constructivism principles in their public engagement epistemologies promote impact and the breaking down of binaries between expert and audience. These principles also guide curators in supporting experiences and environmental contexts into the process of meaning-making (Beck 2014).

Expertise, voice, and timing. The concepts of expertise, voice, and timing relate to the inclusion of personal stories into these exhibitions and the problematic notion of 'discovery'. The difference between interpreting patient experiences and incorporating patient voice through co-creation is at times blurred in exhibitions. This is perhaps where the interdisciplinary approach, still considered from an academic setting, will fail and highlights the importance of a transdisciplinary approach that would challenge prevailing institutional frameworks for epistemologies and require non-'expert' voices to be involved from the beginning.

Organisers need to consider the timing of when they include certain collaborators throughout the project's life to establish a balanced power dynamic. When curators bring in the 'non-experts' and non-disciplinary contributors into an

exhibition plan affects the balance of power within a project. And, the placement of voices within the construction process affects notions of expertise and weight of voice. Ownership and discovery are pervasive in these discussions as well as a preciousness that goes along with the latter two concepts. Curators and visitors lose out on new ways of knowing when leaders do not relinquish some of the power and privilege they give their own expertise and ideas in favour of other's expertise, both collaborators and publics. These collaborators and publics can provide new ways of knowing for the curator, too. Interdisciplinarity is about exchange and reciprocation, but if collaborators are brought in after the project is established and power has been distributed they may only be left to gap fill. Lead organisers need to include non-'experts' from early on in the project in order to give their voices the 'expertise' they deserve and agency to impact the project design even if the majority of their needed skills comes later. On these points it seems Callard and Fitzgerald (2015) may be correct in that interdisciplinarity may not be achievable, but transdisciplinarity may.

Active and passive linguistics. Outside of reception studies, scholars sometimes refer to readers with 'we' statements that are attached to readers in how authors then use them. Arguably this 'generic' reading description from authors could be informed by the author's own reading, which would be closer to an idealised read since a researcher in this area has a pre-determined invested interest. Scholars approaching their work using implied readers or ideal reader experience often assume a level of activeness in the construction of their 'readers,' however, that does not mean they are not treated passively in the paternalistic conceptualism of their needs. Visitors who perceive they are conceptualised as less critical or empty slates needing to be filled with expert-decided information could have a negative experience and impact (Bowman 2017).

Curators that treat their visitor as having agency, pre-existing knowledge, and interpretative skills empower their audiences and destabilize dichotomist power positions. Organisers' carelessness of language can lead to distrust between themselves and visitors-readers and point towards a notion of a singular 'truth' from the experience (Bates 2012; Bowman 2017). These epistemic injustices create a divide by implying that authorial intentions are the goal for visitor-readers to reach (Bowman 2017), which is

contrary to ideas of intertextuality where the meaning-making and 'truth' of a reading is individual and fluid. All curators should, on a linguistic level, evaluate the language they use to describe their target audiences and fellow collaborators in the various exhibition texts and publications. If the language of one field suggests passivity of their visitor-readers than, despite the epistemic privileging of the 'legitimacy' of the term within its originating discipline, it should be exchanged for a more befitting and ethical word in an act of epistemic humility (Carel and& Kidd 2014), such as the example discussed in the thesis's terminology section between public and publics.

Transferable audience experiences. An exhibition as an afterthought of a project is more likely to prove challenging in the terms of epistemic humility. However, individuals may not scrutinise arts-based projects that plan for exhibitions from the beginning if the original exhibitions is deemed successful. Some graphic medicine exhibitions culminate at the end of a research project or planning of a conference. Curators and teams assert that organisers need to critically reflect on the overall design of their project to determine what is transferable to new audiences, media, and spaces – instead of assuming that their project produced a visual medium so it will look great on a wall in high quality prints (personal interview, 2019 personal communication / curator interviews, 2018-2019). A visual medium is not inherently impactful or meaningful in exhibitions if a curated narrative, theme, or pedagogy is not present with it. Curators must put emphasis on the exhibition communication and programming in order to give it purpose of its own outside the project (Chikoore 2016), which will help to strengthen connections for visitors and empower curators through a clearly defined purpose and framework (Verhoeff and Waarlo, 2013).

Authenticity and experience and authenticity of experience. Authenticity is a subjective experience that is evasive, intangible, and unpredictable. However, individuals and medical professionals often problematically use authenticity as a benchmark of success to evaluate and characterize the experiences of patient narratives (Shapiro 2011). Authenticity and experience is a discussion of the ethics of representing patient experience and whether a curator is able to convey a sense of truth in the exhibition. Curators present and produce stories when they curate

exhibition texts, objects, and spaces (Riordan and Knappe 2017; Van Dyke 2017) into a narrative that stimulates engagement (Nielsen 2017). These narratives can lead to curators acquiring new ways of communicating with and understanding patients or visitors (Ledgard 2016), but they need to negotiate the creator's story, not the story of the exhibit, respectfully. Authenticity of experience refers to the ability of the visitor to make-meaning from the exhibition based on their pre-existing knowledge and interpretation. The 'truth' of an exhibition is both a discussion of ethics and subjective individual interpretation. Collaborators, in an act of distributing power, must place patient voice and experience into a discussion of ethics, but they need to also facilitate real visitors' meaning-making in a way that may not include their intended experience for their implied visitor. Curators should consider the objectivity, suggested by the museum tradition and objects displayed, afforded to their voice in the physical space of the gallery in order to make interventions to prompt the visitor to engage with greater, and sometimes hidden, subjectivity of the particular exhibition. The historicity of museum experience thus shifts in favour of the interpretation and free associations of the visitor.

Conclusion

Graphic medicine curators who reiterate curatorial practices without a reflexive transdisciplinary approach run the risk of enacting epistemic injustices and producing less meaningful engagement. Curators need to practice critical reflexivity, plan for co-creation, and attempt to empower agency in the visitor experience in order to build trust, break down paternalistic injustices, and facilitate co-creation throughout the exhibition, and programming. It is evident that the transition from curatorial concept to exhibition has the potential to limit these through unexpected barriers, such as cost, location stipulations, the natural risk involved in open call submissions, limitations in diversity of creators and stories accessible, and publics' pre-existing negative associations with funders, media, collaborating bodies, or space. Visitors' intertextual readings and free associations at the exhibition can also impact individual experiences. Visitors participate in an act of interpretation that is both unique and collective, which

curators also perform when interpreting patient experience for display. When curators use epistemic humility to build trust and met expectations or co-creation is achieved the experience is worthwhile, whilst trust can be compromised when there is a break in these interwoven concepts. To resolve themes of risk, this research calls upon curators to relinquish ownership and aspirations of experience so that trust can be built with visitors by allowing for their interpreted truths and meaning-making to takeover initial intentions without bearing the fault of misinterpretation.

The curators of graphic medicine exhibitions negotiate multiple disciplines and epistemological privileges embedded in academic and curatorial value systems which are political, economical (both in the sense of funding trends and feasibility), and personally influenced. When curating exhibitions, scholars, artists, medical professionals, and professional curators include patient experience and voice amidst these multidisciplinary institutional negotiations and they give these a value within the project. Curators who do not consider visitors to be collaborators create exhibitions that result in epistemological privileging of a single discipline or operate in a multidisciplinary approach that disrupts interdisciplinary intentions (Callard and Fitzgerald 2015). Graphic medicine curators that reiterate the above mentioned common curatorial characteristics without practising critical reflexivity on themes of risk can produce an imbalanced distribution of power and centrality within their relationship with visitors. Organisers need to destabilise epistemic injustices and paternalistic privileging within interdisciplinary projects throughout the duration of the exhibition planning in conjunction with finding ways to give a voice to target audiences and visitor collaborators. This act displaces the value systems and needs of the curators, established by wider curatorial practices, to those of the publics with whom they wish to converse. Callard and Fitzgerald (2015) suggest that interdisciplinarity is not achievable, which suggests in turn that transdisciplinarity, as a development of interdisciplinarity, is also improbable. But, the difficulty in the plausibility of transdisciplinarity as an approach, practice, and result, is in the practicality of transdisciplinarity in the institutional framework of academia and also in the ability of individual collaborators to adapt to different validation structures, communication

strategies, and knowledges outside of academia. Transdisciplinarity is a shift in environment and approach that can work to destabilise power and privileging if it transitions from approach to practice to result. The following chapters examine the converging uniqueness and similarities across curator and visitor experiences with the comics medium in spaces more familiar to fine arts objects. How curators and visitors interact with each other through curatorial intentions and choices in graphic medicine exhibitions defines their relationship and the ability of curation to present more ethical, egalitarian, and meaningful engagement with health experiences.

Chapter 2

U;REDD: Graphic Medicine in the Medical Gallery

Case study

Introduction

This chapter analyses the *U;REDD: en utstilling om angst* (FEARLESS: an exhibition about anxiety) exhibition to illustrate themes of risk, trust, and co-creation in relation to a single exhibition. In chapter one, these were discussed through graphic medicine curatorial characteristics and team dynamics. This contains analysis of two different graphic medicine exhibitions that present common characteristics, such as VAST/O in chapter four, and uncommon characteristics, examined in this chapter, in order to provide depth and non-canonical variety to the overall research. *U;REDD* is an example of a graphic medicine exhibition that has several of these common and uncommon characteristics and its location enables multiple organisers of this exhibition to come from different disciplines and professional practices. This exhibition brought together artists, poets, patients, medical communicators, medical professionals, and museum staff resulting in a multi-disciplinary team (Holtan and Huke 2019), which affects the approach, practice and results of the project. To access this knowledge, this chapter analyses interviews from several of these individuals who curated the exhibition and its additional events. The exhibition, in its focus on lived experiences and general symptoms and not on treatments specific to Norwegian publics, presents experiences of anxiety which this researcher believes could resonate with international audiences. Nina Eide Holtan, the lead artist-curator, further aides this through her own international lived experience growing up in America and returning to Norway in adulthood. The researcher, who grew up in Norwegian-America (i.e. the upper Midwest), particularly felt a familiarity and resonance in the border context of the exhibition story. In addition, Holtan and Marte Huke, poet-curator, discussed their own

international research they conducted in creating the exhibition that framed the exhibition. The following chapter places these curators' reflections with the other participants in a thematic discussion of overall findings from curator interviews, but this chapter focuses acutely on bridging curatorial characteristics with curator reflections by contextualising these through an exhibition analysis that includes the space, works, and engagement practices. The chapter frames its analysis using postmodern museum theories, specifically educative leisure (Hanquinet and Savage 2012) and edutainment (Hannigan 1998 cited in Enăşel 2013), in order to examine how and to what extent both education and leisure are achieved in graphic medicine exhibitions and if these result in reciprocity and meeting expectations of visitors.

Educative leisure (Hanquinet and Savage 2012) encapsulates visitors' current expectations of today's art museum experiences and is central to this thesis's argument. Hanquinet and Savage (2012) define educative leisure as an assumption that visitors expect to be entertained as well as learn something, though this is not always information taught to them by an educator directly or implemented with the use of technology or commercial entertainment industry techniques as highlighted in edutainment theory (Enăşel 2013). Similar to educative leisure, Enăşel (2013, p.481) positions edutainment as a postmodern theory, working from John Hannigan's 1998 definition, and epistemology that "makes the user become more responsible for what he chooses to learn (Addis 2005, p. 732) and manages to combine the public driven by motivation and the public expecting incentives." However, Enăşel (2013) focuses on seeing museum visitors as customers in the leisure activities market, which realises Jameson's (1991) main concern with the postmodern museum; Enăşel (2013, p.481) suggests edutainment as a curatorial approach that can find "the equilibrium between an elitist and a consumerist approach [that] is vital in order for museums to fulfil their main functions and remain competitive on the leisure activities market." The elitist approach here is a reference to the historical and problematic roots of the first public museums arising out of the 18th century. These were criticised as taking art out of a living context and into a fabricated social space and, thus, changing how these objects were culturally perceived (Enăşel 2013). The latter criticism relates to concerns with

the postmodern museum theorised heavily in the 1990s and its fully materialised structure today. An educative leisure approach in curatorial design gives interpretive power to the visitor through displacing imbalanced relational power that privileges experts or curators, and resolves issues with previous museum practices that treated visitors more passively.

U;REDD operates between being a gallery comic, made specifically for this architectural space and not for publication (Gravett 2013), and a hypercomic, that visitors can independently interact with as a multicursal narrative (Goodbrey 2017). Thus, the U;REDD exhibition is categorized as successful as it elicits emotive and intellectual responses through educative leisure, but in some instances epistemic injustices and aesthetic and paternalistic privileging problematize its multi-disciplinary approach that represents lived experiences and biomedical information together, but not equally in its validation structures. U;REDD is an interesting exhibition to analyse as it was curated for a medical museum which uses art to communicate with audiences and thus has more medically focused education aims than perhaps an art museum would; however, like the art museum, the medical museum and biomedical public engagement operates with an elitist approach when curators use expert-driven frameworks in designing their exhibitions in place of public reciprocation and participation.

Origin and cultural context: *U;REDD* exhibition concept

The Medisinsk Museum opened in 2014 and U;REDD is the third exhibition that they co-organised and hosted in this space (Medisinsk Museum, 2018). The exhibition resulted from a desire by the NTNU St. Olavs Hospital *Medisinsk Museum* (Medical Museum) to host an exhibition about opening up dialogues about mental health and the experience of anxiety to their visitors, which reflects the exhibition's sub-title: *en utstilling om angst* (an exhibition about anxiety) (personal communication / curator interviews, 2019). It is a collaborative project between the museum staff, museum committee, and a workgroup, which includes members from the St. Olavs hospital's *Divisjon psykisk helsevern* (Division Mental Health Care), *klinikk for rus- og avhengighetsmedisin* (Drug

and Addiction Clinic), and NTNU's *Institutt for pykisk helse* (Department of Mental Health), and later artists, poet, and designers who made the work in the exhibit. The original concept only included the topic of *angst* (anxiety) and a desire to explain the experience of it (personal communication / curator interview, 20 September 2019). In an informal conversation, Mona Ødegården and Anja Johansen, *kommunikasjonsrådgiver* (communications) librarian for NTNU's *Bibliotek for Medisin og Helse* (Library of Medicine and Health), identified graphic medicine as a medium to explore this topic in and the main artist, Nina Eide Holtan, was selected as she was familiar to Johansen. *U;REDD* was exhibited in Trondheim, Norway at NTNU St. Olavs Hospital's *Medisinsk Museum* (Medical Museum) which means its potential audience was quite wide, including patients, students, medical professionals, university staff, and even their local Norwegian publics.

Over the last two decades, Norwegian public health, medical, and government officials have been working to improve mental health services and stigma in Norway (Jones 2011). In 1998, prime minister of Norway, Kjell Magne Bondevik, announced in a press release that his most recent absence from his post was due to depression (Jones 2011), which stimulated positive public response on the issue of mental health across the country. Over a decade later, in an interview with Ben Jones (2011), Bondevik describes that this lead to reform in Norwegian healthcare and public health initiatives to improve mental health services and open public dialogues to destigmatise these experiences. Two recent qualitative studies demonstrate continued social stigmatisation, lack of knowledge of services, and positive and negative experiences with mental health services which still influence Norwegian publics (Lofthus et al. 2018; Tharaldsen et al.2017). When interviewing Norwegian adolescents, Tharaldsen et al. (2017) finds that a lack of knowledge of mental health services and perceived- or anticipated-stigma is still a barrier for their participants in accessing treatment and discussing their personal struggles, which also influences their self-stigma. The researchers state that existing research on mental health stigma, both on Norwegian and non-Norwegian publics, supports these findings (Tharaldsen et al. 2017). Lofthus et al. (2018), in exploring experiences of Assertive Community Treatment (ACT) service

users, who are individuals with severe mental health distress, connects negative perceptions as related to Norwegian sociocultural values:

> "The results showed that ACT service users have wide and rich knowledge about their differentness when it comes to an ordinary life in a Norwegian context. This may be even more visible due to the egalitarian Norwegian society and the Norwegian culture, where contribution and participation are some of the main standards (Engelstad, 1998; Vike, Debesay, & Haukelien, 2016). To be unable to comply with the society's standards could easily bring you in a marginalised position." (Lofthus et al. 2018, p.5).

U;REDD curators and organisers thus became interested in hosting an exhibition about mental health that shows what it was like to experience anxiety in order to influence knowledge and destigmatisation. The exhibition took a multi-disciplinary approach, and paternalistic privileging of medical fact led to problems in this team dynamic due to prevailing scientific concepts of the lived-experience of *angst*. Multi-disciplinarity focuses on bringing distinct collaborators together to add depth to a project, however, these relationships are contribution-led and not focused on creating an amalgamated framework for working that is fundamental in the conceptualisation of interdisciplinary and transdisciplinary teams. Individual team members approach their contribution from their discipline and therefore are not necessarily tasked with confronting the team's distribution of power. Callard and Fitzgerald (2015, P.123 ebook) identify exchange and reciprocation as the goal of interdisciplinarity that is improbable due to the power distribution in the collaborators' relationships, such as "institutional, epistemic, [and] managerial" power privilege, and thus operate as multi-disciplinary. This thesis's interviews provide evidence that the *U;REDD* exhibition successfully facilitates new ways of thinking for many visitors and some collaborators, but power was still unevenly distributed in some of these relationships and privilege was given to the museum committee's ideas of what the narrated experience of *angst* should be.
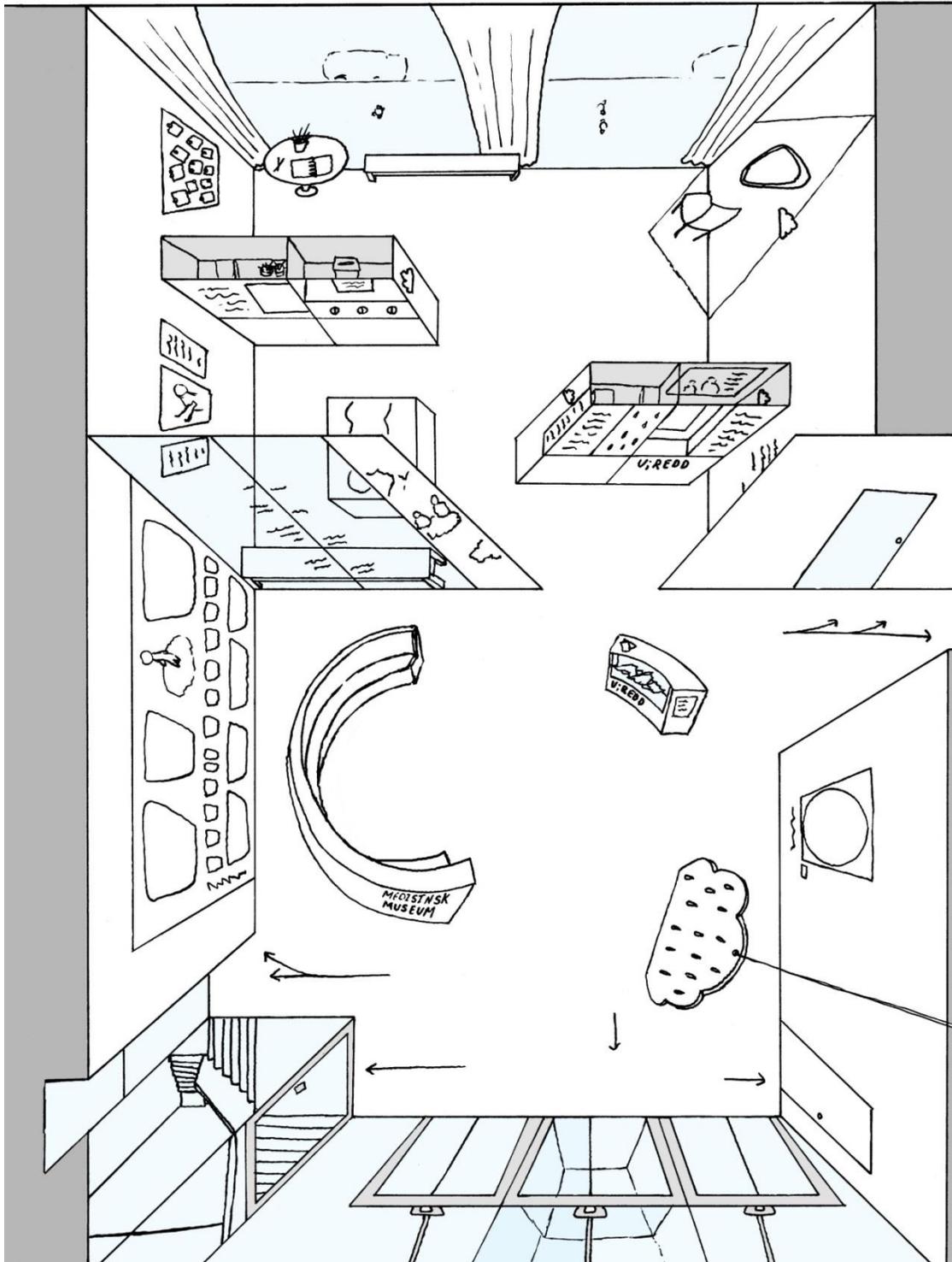
Figure 1. U;REDD exhibition layout (not to scale and perspective manipulated to highlight key features). Illustrated by Alexandra P. Alberda, 2020. *Notes on illustration:* **The two rooms are separated by clear glass doors, but these were taken out for clarity. Arrows indicate points of entry or movement through the space of the first room. Light blue colouring indicates glass walls, doors, and windows through which visitors and those passing through the space could see. The glass wall separating the two exhibition rooms in reality has a frosted or satin glass finish, making it partially opaque, but is depicted clear here to give a sense of what was behind that wall in the second room. Similarly, the light grey on the two display cases in the second room gives an indication of what was exhibited on the other side, but in reality the tops were solid wood. For clarity, only one of the twenty-three clouds is depicted hanging from the ceiling in the first room. See Appendix 2.1 for an in-depth spatial and curatorial description of each room and Appendix 2.2 for additional exhibition photographs.**

Exhibition Analysis

U;REDD (Fearless) is an exhibition on the complexity of experiencing anxiety as something one is both afraid of and unafraid of depending on the person's current state of being and support system. The curators convey this through presenting both the lived experience of anxiety and the medical facts behind what causes anxiety and its experienced symptoms, but they avoid presenting treatments. The exhibition is installed across the two spaces that make up the *Medisinsk Museum* (Fig. 1). The first space is a large landing that connects the second floor of the St. Olav's Hospital Knowledge Building. The second is the *Medisinsk Museum* (Medicine Museum) gallery room which is behind a set of glass doors open during visiting hours. The textual analysis in the following sections presents both the original Norwegian and translated English curatorial and poetic text which is verified by both Nina Eide Holtan and Marte Huke. At times, there is a stiffness in the English translation and the poetic quality of the original Norwegian is not easily accessible to a non-fluent and non-Norwegian visitor, who was not a major or intended target audience. However, the exhibition's overall interplay of text and image and the narrative arc of the first room, as well as the museum committee's attempts to destabilise individualisation of the narrative, results in moments of universality and relatability through the human lived-experience.

Curatorial Characteristics in *U;REDD*

U;REDD stands out from other graphic medicine exhibitions because it contains several uncommon characteristics as well as common features described in the previous chapter. This relates to the aesthetic and professionalism that the museum committee and staff aim to produce and the financial support that they budget for which allows for commissioned work (personal communication / curator interviews, 2019). The curating team for *U;REDD* includes artist Nina Eide Holtan, poet Marte Huke, and Medisinsk Museum organiser and graphic designer Mona Ødegården, who has experience curating for medical exhibitions, though it should be stated that many of the choices needed to be approved by the committee board in the planning process.

In relation to the matrix of curatorial characteristics outlined in chapter one (see Appendix 1.1), the *U;REDD* exhibition has some similar features to other graphic medicine exhibitions, but the location, space, and funding did not present the same barriers that the other curators discussed. This is a clear indication of how different *U;REDD* was as an exhibition, which, as explored, perhaps is influenced by the substantial funding available compared to other graphic medicine exhibitions, the space being a dedicated gallery, and the curating team including a member that has experience with exhibitions in that space and validation structures (Ødegården). *U;REDD* has a complex categorisation of the characteristic of the space because it is in a dedicated gallery, but this particular space has egalitarian attributes due to its hospital location. This is similar to some university galleries (explored in chapter 4). The museum is made up of a gallery room in the university hospital (second gallery room) and the corridor area outside of it (first gallery room). The first gallery space coexists with several locked glass doors and walls to the Library of Medicine and Health, several *Grupperoms* (Group Rooms) for study and meetings, a corridor to the rest of the building housing the *NTNU Institutt for kreftforskning og molekylær medisin*, *Senter for molekylær inflammasjonsforskning* (CEMIR – Department of Cancer Research and Molecular Medicine, Centre for Molecular Inflammation Research), *Forskningslaborato ier* (Research Laboratory)*,* and a *Laserrom* (Laser Room) (Fig. 1). These additional places indicate the types of individuals outside of public audiences that might interact with the exhibition as they travel to and from work, study, and medical appointments through the first gallery. Its location seems quite integrated with that of the university hospital, so many of the visitors of the exhibition typically have another reason for visiting the location and have a pre-existing relationship to the place. A visitor might easily interpret the space either as an established museum or as a less permanent usable space for the hospital to engage with publics. However, the Medisinsk Museum has invested in making a distinct aesthetic through furniture between the two rooms and has a validation and staff structure, with the Museum committee board. These features and validation structures relate to that of a more traditional museum and distinguish the galleries as a different space within the hospital.

Like all of the exhibitions, *U;REDD* has a social programming and public engagement plan. The exhibition includes an opening where members of the Museum Committee spoke about their vision, expertise, and anxiety; however, this opening did not include the curators or creators voicing their contribution or experiences. Other programming includes the curators, creators, and librarians hosting student groups and workshops in the gallery, which includes open discussion of the topic. At the time of the interviews, eight months before the end of the exhibition, there were plans between the librarians and creators to run more workshops that gave a voice to the work, artist, and poet. Many of these additional events seem to be carried out with partners in the library.

The medium of comics influence the other common characteristics in the exhibition. Firstly, most of the exhibition presents reproductions of Holtan's illustrations; however, these are high quality prints on vinyl and acrylic plates made specifically for the gallery comic and not previously printed work on foam board. Secondly, the curators include a creative corner in the second room where visitors can add their comments and drawings to the wall which adds an element of co-creation. There was also a guest book in this space that visitors can flip through and a prompt box for sharing more private feedback reflecting on the exhibition. Social media handles and hashtags are listed in this area to encourage visitors to post their work to share and invite others to the exhibition. The third and fourth characteristics exist in conjunction with each other in this particular exhibition. These characteristics are that gallery text is devoted to defining what graphic medicine was and it is included in a cabinet in the first room with examples of works to read. These works are false jackets, but library downstairs from the gallery includes an extended collection of works that visitors can go sit and read. The library itself contains multiple posters and signage devoted to highlighting graphic medicine and the exhibition. Lastly, the exhibition shows a lack of diversity though this is less applicable as only one artist is commissioned for the visual work and the story is partially a visual metaphor of her own experiences and Huke's poetic interpretations of her own. Due to this, *U;REDD*'s

lack of diversity does not necessarily raise the issue of ethics of representation usually associated with this characteristic.

U;REDD has three characteristics that occur or do not occur in the codified exhibitions with equal frequency. These characteristics relate to whether the main exhibition focus was on the comics medium (i.e. comics are useful to medicine or patients) or a health topic (i.e. this exhibition demonstrates the lived experience of anxiety). Firstly, in *U;REDD* the curators focus on representing a topic, anxiety, and use the medium as a means to explore the experience of it. Secondly, the curators and other organisers create printed materials, posters, a catalogue, and postcards, as well as teaching plans for schools to accompany the exhibition (see Appendix 2.2 for materials; see Appendix 2.3 for translations). The catalogue only presents the work from the second room that contains the medical experience of anxiety with repeated illustrations from the first room, such as symptoms adaption of a panel from the graphic medicine wall. It is unclear whether paternalism is a reason for why only the medically focused exhibition text is present in the catalogue as it can also be because the artist and poet are adapting the work for publication (personal communication / curator interview, 9 November 2019). Thirdly, the exhibition is in a dedicated gallery space which allows for it to be open for about two years. This also allows for more opportunities for visitors to view the exhibition and additional events to be hosted.

Uncommon characteristics featured in *U;REDD* seem to be reflective of the fact that the Medisinsk Museum budget could fund commissioned work. This seems to indicate and support that funding is a major, albeit obvious, barrier to empowering innovative elements into curation. The first characteristic is that the curators include three dimensional objects to enhance the space, texture, and interactivity of the exhibition. The *U;REDD* curators include four objects that are worth noting here. In the first room, twenty-two maroon and white painted wooden clouds hang from the ceiling (see Appendix 2.1.2, Image 4). These colours and motifs are present in the comic and the creators mention their function is to transform the space from its clinical corridor aesthetic to that of the gallery (personal communication / curator interviews, 9 November 2019). It also serves to connect the three walls into one space since the

various foot paths divide them (personal communication / curator interviews, 9 November 2019). The second object is in the case in the first room of the exhibition and is a crumpled up early draft of the work (see Appendix 2.1.2, Image 28). While Holtan's intention is to add something there related to the space, it adds to the texture in the room and seems like a paper sculpture behind its glass case. The third and fourth objects are in the second room and provide points of interactivity and reflection for visitors to engage with. The third object is the spider box which intends to make visitors feel a sense of anxiety – and it works. It is a small black box with three holes covered by a layer of foam with a slit in it. The curatorial text invites visitors to reach their hand inside it after reading there is a spider inside. The foam covering disables a visitor from seeing inside and their own hand once in. This is a play between logic and emotion which is really effective at highlighting how strong the latter one is. Johansen states that one workshop student said she could not stick her hand inside for fear, despite that visitor saying she knew that there is not a spider in there as she did not think the museum's ethics would allow that and it seemed impractical (personal communication / curator interviews, 20 September 2019). This visitor's response gives an indication of her expectations of what this museum was able and allowed to do, and perhaps museums more broadly. The final object is an installation with a chair, mirror, and poem that invites the visitor to sit and look in the mirror and reflect on anxiety for "future/danger." Huke purposely uses a word in Norwegian that means both. While a visitor is looking in the mirror the exhibition text describing the symptoms of anxiety is in view over their shoulder (see Appendix 2.1.3, Image 45). These objects enhance the visitor experience and engagement with the health topic through emotive engagement and immersion with juxtaposition.

 U;REDD curators, enabled by the space and funding, are able to feature characteristics that are uncommon in the majority of graphic medicine exhibitions. An uncommon characteristic is that the exhibition contains original work, which is the draft paper sculpture and the framed 'last' panel of the comic. The shape of this circle panel, with the quote on the wall underneath, breaks from the more installation aesthetic of the rest of the comic and resembles the form of a single panel comic from

newspapers. Holtan and Huke comment that this work feels different as it was added to the exhibition after the Museum committee thought more 'hope' needed to be included (personal communication / curator interviews, 9 November 2019). Secondly, curators rarely show a single work or artist though this relates to the museum's ability to commission artists. Lastly, the *U;REDD* exhibition curators are experimental as it is a comics installation that uses the specific space and three dimensional objects to play with the content to transform it through mixed media interactivity.

Experiential Discussion

This chapter analyses *U;REDD* as an exhibition that has qualities of a gallery comic and hypercomic through the linear quality of the exhibition narrative and the use of architectural elements. Holtan and Huke state that the exhibition, in the first room, has a linear quality, but they were conscious from the beginning of the project that the space allows for multiple entrance points (Fig. 1) and they cannot guarantee that all visitors will view the exhibition in this order. Huke states that "we can't control how people enter the [first] room and when they stopped" (personal communication / curator interviews, 9 November 2019), so certain design choices are made to intrigue individuals passing through the space. In considering this in the design, Holtan explains, "I tried to use what I know about how people tend to move around in a space when I was thinking about where the object should be" (personal communication / curator interviews, 9 November 2019). After installation and visitors' feedback, Holtan reflects that:

> "There's a range of different experiences people have when they come here because of the architecture. Also, there's so many different ways of reading this exhibit…The ones who enter [the second] room first get a very different exhibit experience than the ones who start [with the comics wall]." (personal communication / curator interviews, 9 November 2019)

For this reason, *U;REDD* has elements of both a hypercomic or a gallery comic. For example, the exhibition's multicursal narrative allows visitors multiple reading experiences that still present a clear story despite different reading order influencing interpretive and emotional frames. In the nature of gallery comics, the comics in the

exhibition respond to the architecture to tell the story and are not adapted from a previous bound publication. In doing so, the aesthetic in each of the two rooms is designed in response to this to create a sense of unity indicating that a person's experience of *angst*, or any illness, is both tied to the scientific and the emotional, even though the textual content is drastically different, one being the lived experience using visual metaphors and one being the medical explanation of the symptoms. The curators, Holtan, Huke, and Ødegården, repeat visual metaphors and the colour scheme from the comics wall across the exhibition to create a more cohesive and immersive experience for visitors. The visuals they repeat through the two rooms are the egg, the monstrous figure, the vulture, and clouds, the last of which will be discussed in following section on text in space.

Curators design the first room to engage visitors but also to intrigue individuals who are passing through this space on their way to other places. Individuals going to the research centre or department to the right of the exhibition may glance at the framed Hope panel (see Appendix 2.1.2, Image 33) on their way and only see the graphic medicine works case and graphic medicine wall (Fig. 2) on their way out of the building. The comic, *En Dag Med Angsten* (A Day with Anxiety), covers the entire left side wall and it is printed on a single vinyl sheet. The large size of the comic is designed to immerse visitors in the comic as well as draw individuals into the exhibition story world, a comics exhibition tactic explored more in chapter three. The story tells of a woman suffering with anxiety during the course of a day and who is visited by two mask-wearing manifestations, a vulture and a monstrous creature. These manifestations represent the complexity of experiencing anxiety as being outside of one's self, emotions like fear that are or feel as though they are influenced by external stimulus, and a part of one's self, internal identity confliction like being abnormal (Young 2019). The comic is laid out with a main narrative running linear though the middle smaller panels with highlights and different perspectives of the same action shown in enlarged panels appearing above and below the smaller sequence. Holtan wants the reading order to be left open for visitors to choose but after talks with the team arrows were added to help visitors see this (personal communication / curator

interviews, 9 November 2019) (see Appendix 2.1.2, Image 9). Though, the arrows are small and visitors can miss them at first if they are familiar with comics and start with reading the top enlarged works.

Beyond moving in the gallery to view the different works, the visitor's body and movement in space is necessary to engage with the different panels and fragments of the comic and narrative. Holtan and Huke do not indicate a specific passage of time in this comic through captions or illustrated elements on this wall. At times, the narrative jumps quickly between panels seeming within mere seconds or as multiple perspectives of the same moment in time; at others, a longer amount of time takes place in the gutter or where the visitor's body needs to activate the linear continuation of the story. This chaotic rhythm enacts the lived experience of anxiety, given the context of the comic and remit of the exhibition, and represents how it is experienced temporally as out of sync and rapid with increased heartbeats, as well as painfully slowly as if waking half-awake through a fog (Anxiety UK, 2019). Holtan and Huke design the work to emotively convey different aspects of experiencing anxiety to visitors.

Figure 2. En Dag Med Angsten (A Day with Anxiety) by Nina Eide Holtan and Marte Huke. Photograph taken by the researcher on 8 November 2019.

The linear narrative of the graphic medicine comics wall continues with poetic dialogic text, a column panel, and a framed, coloured single panel (moving from left to right across the first room). Though, each of these four elements can be read separately as stand-alone works. However, the visitors encounter the same three characters that play a role in the continued narrative. The masked vulture seems a flat character symbolising the woman's suicidal ideation and represents the all-consuming nature of suicidal ideation as producing the strong rationale that suicide is a "means for symptom relief" which is "due to an escape-based mentality" (Crawford et al. 2019, p.813).The visitor encounters different angles on the relationship between the woman and the monstrous figure in the exhibition, linearly from antagonist to companion, which presents the complex co-existence between these two characters. How the visitor views the exhibition will determine the different character development that they will interpret for the monstrous figure. In *U;REDD*, the monstrous creature seems to be a

part of the woman's consciousness that is affected by her anxiety, being both foe and friend, but the mask allows for visitors to embed their own interpretation into who is behind it. This allows for a personalised approach. Patients and visitors with a wide variety of circumstances for having anxiety are able to put their experiences behind the mask as the rest of the comic is ambiguous enough to do the same but structured enough to convey a clear narrative.

U;REDD visitors experience and encounter an un-sanitised and honest story of anxiety. Holtan and Huke, as well as the patient-user committee member, state that it was important when portraying lived experiences to show the more serious and difficult aspects of mental illness. Visitors experience how one feels a sense of not being in control and powerlessness that is associated with the lived experience of generalised anxiety disorder (Young 2019). This is present from the beginning of the comics wall where the three main characters are introduced. Holtan shows this through the relationship between the woman and the figures; the monstrous figure silences her by covering her mouth which can be a visual metaphor for mental illness doing the same to those that experience it. Jack (1991) refers to this as self-silencing in depression, through the feeling that these conditions have a powerful agency over the body and person, and in order for individuals to maintain their identity and relationships they must remain quiet. Another moment where visitors encounter the severity of anxiety is when the woman is experiencing suicidal ideation. Holtan and Huke (2019) state that it is important for them to show the real experience of anxiety, including suicidal ideation, to create an honest representation that would honour patient experience. This sequence not only shows the more serious experiences of anxiety, but also how suicidal thoughts are experienced by individuals even when they are acting out normal daily tasks. The artist seems to convey the lingering of these feelings as well as the potential that it could return which is known to be a medical probability; Generalised Anxiety Disorder is "independently associated with increased risks of lifetime suicidal ideation and lifetime suicide attempts" (Thibodeau et al. 2013 cited in Young 2019, p.43). The monstrous creature, however, seems to be a visual metaphor for the self.

Slipp alt du har, og hold fast

Figure 3. Final framed panel. Image from The Polyphony. Accessed 23 December 2019.

The final panel of the spatial comic is on the third wall and is a result of a negotiation with the creators and museum committee to convey more of a sense of hope that they felt was missing in the comic, which could be dangerous for some visitors (personal communication / curator interviews, 2019) (Fig. 3). In the second more medical-oriented room the fact is present that anxiety is not something that is cured but rather treated (see translations Appendix 2.3.1). The final panel depicts this reality in the embrace of the two figures versus the exclusion of the monstrous figure. Artists often use nature in mental health imagery and treatments to represent a return to good wellbeing, which is seen also in growing public health agendas to change

behaviours and policies to include nature contact for humans (Frumkin et al. 2017). This is in stark contrast to the apartment and city scenes on the graphic medicine wall. The colours are warm and inviting and the visitor appears to be viewing a private moment as the figures are not in the foreground but in the middleground of the image. But, the image is also behind glass feeling more isolated and disconnected from the rest of the work in the exhibition, and thus from the more chaotic experience of anxiety. The text on the wall below says *Slipp alt du har, og hold fast* (let go, and hold on), which means to deliberately challenge the image's seeming closure and hint towards the continued life of this woman with anxiety. A small exhibition tag with curatorial text and authorship is next to it off the lower right hand side; this is the only time curators use traditional framing and signage to indicate a work in the exhibition. The curators' choice to do so may relate to it being the only original work in the exhibition or because it was added after the majority of the other work in this room was complete.

The second room is largely made up of repeated illustrations and multiple texts on anxiety and related content (see Appendix 2.3). There is also the spider box, creative corner, and mirror installation which enhances the emotional experience of the visitor and their interpretation of the medical concepts. The interactive bits in the room stimulate fear and curiosity as the visitor's body is needed to activate the experience of reaching into an unknown space possibly containing a spider, contributing their own drawing or written reaction to the exhibition in the creative corner, or gaining some perspective and sitting before the mirror installation. So at times in the second room, curatorial elements ask the visitor to reflect on their own body and experiences, while the first room is wholly about the character in the comic and those stories in the graphic medicine examples if the visitor encounters that display in their viewing (which could be missed in walking straight through both). One oddity in the second room is the *Kroppens to Hjerner* (The two brains of the body) work which describes the relation between the gut and the brain and how these affect each other as supported by experience but not as explored and proven by medical science (see Appendix 2.2.3, Images 51-2). Curators design these illustrations on this panel to be engaging though

they do not have a clear link to the rest of the exhibition's aesthetic as much of that work contains repeated motifs and characters.

Curators use the repeated panel of the woman holding her head in her hand and gripping her stomach at the table effectively in this room, despite the feelings of the artist-curators who did not like the re-use of the illustration in this manner (personal communication / curator interviews, 9 November 2019). While in the story visitors recognise it as the moment she was contemplating suicide here curators use it to show all the different symptoms she could be experiencing in that crucial moment (see Appendix 2.1.3, Image 50). Since visitors may first read this panel emotively it is here that, while reading the medical facts, they might frame their reading with the emotive experience in mind and reinterpreting the facts against the lived experience. This emotive framing is more powerful than vice versa which sometimes is how these experiences are presented in biomedical engagement through expert-led approaches (Verhoeff and Waarlo 2013). Arts practices seek to enhance these experiences through embracing subjectivity (Holtan and Huke 2019). In the introduction of the *Graphic Medicine Manifesto* (2015), the editors assert that "graphic medicine seeks to disrupt [medical iconographic] power imbalance" by placing the power of representation with those that are experiencing the health reality (Czerwiec et al. 2015, p. 20). In *U;REDD* this is attributed to both the curatorial practice and medium used for this exhibition which allows for this emotional interpretation. The medical information in the room is peppered with interactivity and poems from Huke which gives variety and lightens the overall text-heaviness of the room. The written language is also accessible for a large audience and curators use jargon only with clear definitions. The catalogue is available in both rooms for visitors to take home to refer to and repeats most of the content from this room. Overall, based on written, illustrated, and spoken feedback, it is a powerful exhibition for visitors, but they also experience confusion as the graphic design in the second room influenced visitors to read medical facts as poetry.

Figure 4. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Poetic and Curatorial Text in Space

In the comic or on its own, Marte Huke's poetic texts are present throughout the exhibition. They respond to architectural elements as well as use the repeated cloud motifs, with poetry printed on them in the second room, to unify the two spaces. In the first room, 23 wooden clouds with rain drops painted on one side, 12 white with dark maroon rain drops and 11 maroon clouds with white rain drops which are the colours of

the comic, hang from the ceiling. The clouds all slowly turn with the air flow in the room like a hanging kinetic sculpture. Huke and Holtan state that these clouds function to transform the space from a hallway to a more immersive exhibition space for visitors and to catch their attention and engage them with the exhibition. However, curators design visitors' deeper engagement with the comic and text in the exhibition to connect poetic and lived-experience with the visual metaphor represented by these clouds. Curators intend visitors to make these connections in the first room and refer back to the human experience of anxiety and reflect on their own feelings when they encounter them in the second room, bar one cloud that is neither poetic text nor designed by Huke.

The connection between the clouds and the overall narrative is present in the final panels of the comic wall in the first room, which depict the woman's fall out and residual sadness after experiencing a panic attack. She is left in the rain, which represents the post-attack crash of shame, despair, and her own feelings of being lost after the panic attack (Fig. 4). Broken vertical lines all around her indicate falling rain enforced by the ripples in the water below these. Some of these lines have vertical poetic text, which can be read in any order, but will most likely start with the text running between the two panels above (the sixth line from the left) which reads, *Faller jeg ut av...meg...selv* (Do I fall out of... my...self). The following raindrop poetic lines, from left to right (see Appendix 2.3.3 for translated full comics script), say:

Regndråpene er små	(The raindrops are small
Den voksende tåreflommen	The growing tear flood
Himmelen	The sky
faller ned i hodet mitt	falling into my head
Når alt løsner	When everything comes loose
faller jeg ut av...meg...selv	do I fall out of... my...self
og forsvinner ned	and disappears down
i mitt eget salte hav	in my own salty sea
Hos den som ikke...får gråte	For those who do not ... cry
er tårene fanget	are the tears trapped)

Some of the poetic lines are separated by a large space in the drawn raindrop line, indicated here by an ellipsis, so visitors may read this poem in any number of ways.

Huke intends this to give room for the visitor's experience to be personalised. The depth of the tears indicates both a deep sadness and a long term struggle with living with anxiety. It seems also that there is a potential to drown in these tears and, thus, the pool being a visual metaphor for future danger and a spatial visual metaphor for the woman's sadness. The final panel repeats the appearance of the first with a pair of wide eyes in a dark void, but below these is the question, *Hvem er jeg?* (Who am I?) (see Appendix 2.1.2, Image 25). The graphic medicine wall ends here at a moment of loss and confusion. Graphic medicine texts often depict a loss of self, mostly after a diagnosis and before treatment is sought (e.g. Marisa Acocella Marchetto's *Cancer Vixen* (2006), Ken Dahl's *Monsters* (2009), Paula Knight's *The Facts of Life* (2017)), so this is a common experience of abnormal health, not just pertaining to anxiety or mental illnesses. The woman's disheartening loss of identity may also than be a point of relatability for visitors.

Huke effectively uses the existing architecture in her dialogic poem that follows the graphic medicine wall narratively and spatially. Moving on from the graphic medicine wall the characters' story continues in a poetic dialogue in vinyl letters placed on the opaque glass wall between two plates (see Appendix 2.1.2, Image 26). Each glass plate represents a different speaker in the poetic dialogue. For the creators this is a discussion between the woman and the monstrous figure; however the ambiguity is purposeful as it allows visitors to interpret this conversation between anyone and the women. Visitors may base this on their own experiences of discussing mental health, including with friends, family, medical professionals, God or other religious figure, or something more metaphorical (personal communication / curator interviews, 9 November 2019). Huke's poem reads as the following:

Hei   *Det er fordi*
                            Der er du   *du glemmer*
Jeg vet ikke   *å putse*
hva jeg skal si   *Det finnes så mye*
                            Bare snakk   *å være redd for*
Lungene fylles   *Jeg vil redde deg*
med stadig mindre   *fra alt som er*
luft   *vondt*

It is because
(Hi   you forget
                        There you are   breathing
I do not know   There is so much
what to say   to be scared of
                        Just talk   I want to save you
The lungs fill   from everything that is
with still less   hurt)
air

It seems likely that most visitors will interpret this as the woman and the monstrous

figure as they are depicted in the column panel next to this sitting facing each other in

meditative poses holding hands (see Appendix 2.1.2, Image 27). Though, if a visitor

views this part out of order as a standalone piece or they recognise the ambiguity in

the conversation they might connect this conversation structure to mentors more

generally, too. Since the museum committee did not allow for any treatment to be

present in the exhibition, to avoid a singular impression, this research asserts that any

interpretation of this to be between the girl and a medical professional or mentor

would therefore have to be based on pre-existing associations with anxiety that the

visitor has. In the column panel, the woman is back in her black metaphorical form

conveying that she is being herself and openly confronting the monstrous figure as she

does not wear the skin suit in the graphic medicine wall the represents her own mask.

Holtan does not include a speech bubble here, however, the woman's mouth is

depicted as open and in the dialogue poem just before the monstrous figure is the last

to speak so it is most likely the woman speaking in the column. The woman says *Vi kan

trøste hverandre med stemmen mens vi snakker* (We can comfort one another as we

speak); visitors who previously interpret the poetic dialogue differently before might

retrospectively interpret it as the woman and monstrous figure after reading the

column panel.

Figure 5. Gallery Room 2 context images. 8 November 2019.

Beyond the gallery comic as a whole in the first gallery room, poetic text and their connection with clouds are repeated in the second room, which curators design to create cohesion as the narrative angle shifts in between the two rooms. In the second, curatorial medically-focused text is also present in some clouds and the text is laid out in structural ways that confuses visitors. The organisers state that several visitors, and this researcher, commented that they were unsure what was poetic text and what was curatorial text in the second room. The reading of the emotive narrative in the first room as well as the confusing poetic layout of the curatorial text in the second room has an impact on the reading of the medical focus present here (Fig 5). The curators' choice to have the rooms structured this way seems to lead to a stronger impact than if it is reversed where the emotive narrative would than seem an example subsidiary to and framed through medical facts instead of the existing emotive influence on the reading of medical text.

Figure 6. Gallery Room 2 (detail). 8 November 2019.

Visitors' confusion of poetic versus curatorial text could also have been influenced by the museum committee's oversight and the limitations they place on the organisers to meet ethical standards. To protect audiences, the committee requires that any wording which can be read as information or fact needs rigorous, medically recognised, support.   Huke's poetic texts give room for some of the lived-experiences a space in the exhibition that scientists have yet to thoroughly explain. Huke states that one of her poems in the second room discusses "being off far away from home and home is an arm one stopped holding. It's a poem and you can interpret it in many ways. But when you put the poetry together with this [curatorial] text you interpret it in connection" (personal communication/ curator interview, 9 November 2019) (Fig. 6). Huke uses nature, geography, and geology information and text often in her poetry which can give it a scientific quality. Holtan and Huke reflect that her poetic imagery may also have influenced why several visitors found the graphic design in the second room of the medical text to seem as though it was poetry. While this confusion may have been disruptive for some visitors it also indicates that some were interpreting their experience in the second medical room in relation to works, concepts, or associations from the first emotive room.

Educative Leisure and Visitor Expectations

Curators' choices enable visitors to engage meaningfully with *U;REDD* through co-creation, interactivity, and emotively driven education. Curators place visitors' agency and meaning-making processes in the centre of these curatorial elements. Enăşel (2013, p.481) states that an edutainment approach, which involves making customers "feel in charge, but also responsible for what they choose to learn may be the best way to [attract] both motivation - driven and incentive - driven individuals" for museums trying to compete in the leisure market. However, curators who view visitors as customers bring with them epistemological ideologies that can be harmful in forming trusting relationships, but they need to consider that within the spread of the leisure market and capitalist development into art museum structures these ideologies are now at some level intertwined realities. van Aalst and Boogaarts (2002, p.198) show this tension in their evaluation of the postmodern museum clusters that emerge from the late twentieth century:

> "…visitors are easily distracted and have many options to choose from. Most (potential) visitors prefer a short and effective trip to a museum. In order to attract the attention of the potential museum-goers, the museums often mount quick and short-running retrospective exhibits so that people can easily fit in a stop at a museum along with their other activities in the city. In fact, combination arrangements like these – so-called multipurpose trips – are often included in the tour packages offered by travel agents or visitor bureaux." (van Aalst & Boogaarts 2002, p.198)

Thus, these researchers state that the consumer-visitor who is positioned as the majority of museum-goers that will support a museum is no longer theorised or observed to be going to the gallery as their main objective; van Aalst and Boogaarts (2002) note that museum visitorship is a growing component in tourism and results from governments and cities withdrawing financial support from museums. Curators shift their practices to fit these new visitor needs and borrow from leisure markets to adapt the nature of their exhibition programming (van Aalst and Boogaarts 2002). However, these researchers' language frames them as passive and ineffective, such as visitors are "easily distracted," they take short trips between other events, and they desire effectiveness, which seems individualised but also devoid of the emotional and

subjective experience of art. Analysis of the consumer-visitor model highlights that there are issues in adapting new approaches and validation frameworks. This thesis analyses these issues in other types of hybrid visitors; for example, the researcher considers impact-visitors in the case of REF impact case studies where the need to meet institutional metrics supersede the needs of the publics.

Within the frame of educative leisure, visitors expect to interact with exhibitions either through technological elements or other activities for meaningful engagement with the content. Co-creation and interactivity are common expectations in comics exhibitions as many include creative corners or some workshops. Curators enable interactivity by means of prompts or interpellation (e.g. text directly saying "what do *you* think of…"), guest books and more creative takes on in-gallery feedback, interactive objects and installations, and public programming; some of these are less common in comics exhibitions and appear more so in medical and art exhibitions with financial and staff support from their institutions. In *U;REDD*, the curators' choice to include the spider box, mirror installation, guestbook and feedback box, social media prompts, poetic and provocation interpellation clouds, creative corner, library display downstairs, and public engagement were all attempts to provide co-creation or interactivity that visitors can engage meaningfully. Curators facilitate this engagement in order to deepen visitor experience, understanding, and connection with anxiety through tangible and sensory experiences. In an interview with Munson (2020), Joe Wos, founder of the ToonSeum (2007-2018) and resident cartoonist at the Charles M. Schultz Museum, highlights tangibility as a key aspect of museum visitorship:

> "In an era where you can view anything and learn anything online, the main appeal of "real life" is that it is tangible, but most museums are strictly hands off. That is changing. Museums are becoming more about experiences than just the art on the walls and that is what is needed. Programming, events, immersive art are all important to the survival and evolution of museums." (p. 164).

Along with sensory appeal and the reading experience provided in the *Inoue Takehiko: The Last Manga Exhibition* (2008), Berndt (2020, p.185) states that "[t]he gallery-specific aura was further enhanced by the fact that the artist presented an episode that was not available in print, not to mention the fact that photographs were strictly prohibited."

U;REDD operates similarly as it is a comics installation and is not a paratext of a publication or available as an online experience, though curators encourage visitors to share their experiences on social media.

The *U;REDD* curators provided a variety of opportunities to make the experience widely customizable and personal for visitors wanting to engage on different levels. Aljas (2017) uses Runnel et al.'s (2014) five tier museum audience pyramid as a stepping off point for her own exploration into why individuals change their relational identity to the museum through lessening or enhancing their engagement. Runnel et al.'s (2014) five categories, ranging from least active to most engaged, are: 1. *public*, potential, but not existing, users; 2. *audiences*, non-visitors that are aware of museum remits and seldom use resources associated with the museum; 3. *visitors*, standard group of individuals who visit; 4. *users*, they visit and use additional museum resources and spaces; and 5. *participants*, they are "people with whom the museum is willing to share a small amount of decision-making power" (Aljas 2017, p.149) and require continued attention to retain in this categorical relationship. Aljas (2017, p.149) complicates Runnel et al.'s (2014) classifications by stating that, "[p]eople in the different groups, with their multi-layered identities and interpretive strategies, are dynamic; they are motivated to shift their position." *U;REDD* curators belong to this desired top category five, as guest curators and artists who participated with the Medisinsk Museum. However, their participatory relationship with the museum was only for the time of the exhibition, and thus their relational identity changes after.

Individuals' motivations for participating with museums are informed by the types of expectations they have for that institution and their own personal interpretations. Aljas (2017) focuses on three areas of motivation, personal, personal social, and personal institutional, which all centre around the opinions, expectations, and feelings of the visitor. Personal motivations include a want to be challenged, finding "pleasure in doing an activity," gaining new knowledge, and for a "means of self-expression and self-reflexivity" (Aljas 2017, p. 157), which is key aims in curators' desire to facilitate educative leisure and edutainment (Everett and Barrett 2009; Enășel 2013). Interestingly, Aljas (2017) finds that only individuals that heavily engage with

the museum are motivated by the social aspects of museum activities, which is contrary to social and theoretical concepts of the museum and aims discussed by curators in chapter three of this thesis. Institutional motivations relate to the perceived authority and recognition that the Estonian National Museum has and individual's personal gain from being involved with them (Aljas 2017), which directly relates to pre-existing relationship with the museum. However, through their engagement visitors of this study still felt that the museum "had a monopoly on truth when it came to quality, interpretation, and approach" to certain exhibitions (Aljas 2017, p.159). For Aljas (2017, p.159) the museum's "interpretive strategies of cultural heritage" are validated through a scientific research and knowledge framework, while the participants interpret this as a communication process; similarly, Holtan and Huke (2019) reflect that the museum committee operates mostly through a scientific and medical framework, wanting objectivity, while they want visitors to experience the subjective communication of art.

The location and comic in *U;REDD* leads to an emotive education that connects with visitor's life experiences and contextualises professional knowledge, which is discussed in chapter 4 in relation to *VAST/O* visitors. The clinical setting works for the exhibition since most of the members viewing it had an immediate relationship to the topics of these works and the lives they are inspired by. The high quality artistic aesthetic symbolises a commitment of the institution to honouring the importance of the patient experiences, but it should be noted that since the exhibition is drawn by one artist it also places the power of communicating this information visually only through one's ability and focus. For *U;REDD*, Holtan and Huke borrow from and intervene on the clinical setting through multimedia objects that repeat the visual metaphors in the comic and through materialising exhibition objectives through objects. The exhibition's hand drawn aesthetic relies on a familiar visual language for graphic medicine and familiar topics for the visitors, who are mostly patients, medical professionals, and students, and they serve to push back on traditional clinical aesthetics that mirror epistemic privileging of a clinical knowledge and expertise. Curators invite visitors, publics or medical professionals, to read medical fact through the lens of the experiential to provide an emotive basis for meaning-making.

Team Dynamics: Themes of Risk

The mutli-disciplinary approach to *U;REDD* results in the actualisation of many of the themes of risk (discussed in chapter one) which leads to epistemic injustice and paternalistic privileging. Teams can use critical reflection to disentangle their notions of operational success and outputs, priority, and centricity to work towards epistemic humility and more ethical and kind collaborations. Themes of risk include: 1. ownership, control, and discovery; 2. power distribution and disciplines 3. expertise, voice, and timing; 4. active and passive linguistics; 5. transferrable audience experiences; and, 6. authenticity and experience and authenticity of experience. Since *U;REDD* is not an output or subsidiary component of a much larger project or event theme number five is not applicable to this exhibition. However, the remaining themes did occur as a result of the multi-disciplinary approach of the collaboration. Creators and curators reflect on these challenges in both written (an article for The Polyphony) and spoken forms (interviews for this research). The following cases are points of good intentions that have varying levels of success, but they also can be examined for their failures as points of risk that reiterate epistemic imbalances within teams when the power-knowledge value system is not displaced from the beginning. The following sections analyse five examples against the themes of risks (presented in chapter one) to explore these concepts.

     The monstrous figure and expertise. Creators and the museum committee seem to struggle with understanding the visual metaphors and representation in the comic during the planning and drafting stages of the project. Holtan and Huke were brought on to the team fairly early in the planning process which enabled them to mould certain aspects in the concept phase (Holtan and Huke 2019). However, their ideas are often met with critique from the museum committee who seem to privilege the medicalised narrative over the lived experience through their own evidence based validation structures and objectives for the main criteria for both macro- and micro-decisions (personal communication / curator interviews, 9 November 2019). These issues seem to relate to the committee's unfamiliarity with how visual metaphor is read

in the comics medium, especially in the case of the noose and the monstrous figure, and their concern that the original comic does not end on the hopeful note that they desire.

Comics artists and illustrators use visual metaphor to make intangible experiences or feelings and traumatic realities confrontable and accessible. Lazard et al. (2016) also propose that visual metaphors have the potential to reduce stigma in health messages that results in longer engagement from participants with the works in their research. Holtan and Huke (personal communication / curator interviews, 9 November 2019; 2019, n.p.) comment that one museum committee member, a medical professional, was concerned that depicting the monstrous figure might seem to represent psychosis and not anxiety, confuse visitors. Holtan and Huke (2019) reflect that this was a result of generalist professional knowledge that seeks to rationalise subjective experience that seems contradictory to fact. "Art is by its nature based on the subjective, however the problem arises when a reductionist view of a subjective narrative is deemed less valid than that of the generalist or the specialist" (Holtan and Huke 2019, n.p). Holtan "reclaim[s] authority" when she uses her expertise as an artist and the history of visual metaphor across mediums to gain approval (Holtan and Huke 2019, n.p). Underlining this issue with professional knowledge is a debate about voice. Holtan, when asked where the monstrous figure came from, comments that the beast is pulled from existing sketches she already had and is a past physical manifestation that voices her own experience (personal communication / curator interviews, 9 November 2019). Although Holtan and Huke reveal they had past experience with anxiety this was not given space or credit, and their reflections suggest they were held strictly within their artist and poet categories. It is only through professional expertise that Holtan's representation was approved to continue. This debate between expertise and voice also continues with the visual metaphor of the noose and extends into a discussion of authenticity.

The noose and (scientific) authenticity. The medical text in the second room and the catalogue largely do not address suicide and other severe experiences of anxiety. The organisers express that there is an important focus of the museum committee to

make sure that any claim or statement given as fact be substantially supported by medical evidence, even when lived experiences testify to a truth (personal communication, 7 November 2019). "Despite the research suggesting that anxiety disorders are associated with suicide attempts the museum's selection of medical texts omitted any mention of this" (Holtan and Huke 2019, n.p.). This is the same with the approval of the panel on the connection between the gut and brain in the second room.

When it comes to the ethics of representation there is no clear answer to how to go about this with sensitive topics beyond 'do no harm', so it is understandable when medical professionals query the depiction of a noose. In multi-disciplinary teams it makes sense that each individual would use the approval processes of their own disciplines to evaluate these ethical concerns. In general, "[w]here biomedicine needs empirical evidence, drawings can use humour and imagination, and where the rational becomes insensitive, the arts can give nuance to the phenomenological experience" (Holtan and Huke 2019, n.p.). The noose, though limited in originality, is an imaginative representation of a known lived experience of anxiety that medical rationality is yet to be able to prove within its own value systems and methodologies. This does not mean that it is not lived and therefore should not be included in discussions and depictions of this mental illness. The medical professionals' reason seems to be tied to the fact that suicidal ideation is an independent experience to anxiety that has previously been disassociated in some research (Thibodeau et al. 2013), and it is not a key symptom associated with anxiety in existing scientific evidence wholly. However, their apprehension to include the imagery of the noose, and thus linking anxiety with suicidal ideation, seems also to relate to the public and unmonitored space of the gallery, where only the catalogue and other mental health service pamphlets contains information on getting support. The museum committee's role is to validate information presented as medically supported throughout the exhibition as well as review ethical considerations, including minimizing any aspects that could cause or trigger anxiety in visitors. Their decision reflects the good intentions of paternalism and to some levels is appropriate given the unmonitored nature of the space that requires different ethical considerations, such as their choice to inform hospital security to be

aware of these possibilities. Yet, medical professionals' adherence to discussing and depicting these condition add-ons that sit outside of typical mental illness parameters may alienate or confuse patients and publics who experience these.

Patients as collaborators and control. The museum committee's attempts to have control over the messages and experiences in the comic in other aspects lead to an exclusion of the artist and poet's voices, and partially discredits their own lived experiences with _angst_ (personal communication / curator interviews, 9 November 2019; Holtan and Huke 2019). They feel that the 'hopeful' concept by the museum committee placed at the centre of the project is a leading factor (personal communication / curator interviews, 9 November 2019), even when that concept does not reflect lived experience. Holtan and Huke (2019, n.p.) state that:

> "Understandably, given that the museum is located in a hospital, the committee had reservations about [the noose] illustration. Fortunately they took the risk, concluding that if the intention of the exhibition was to confront the stigma associated with mental illness then we needed to be able to acknowledge the issues of suicide and suicidal ideation. In place of a suicide statistic, a drawing is there to open up a taboo subject for conversation and reflection." (Holtan & Huke 2019, n.p.)

The museum committee's disapproval and fears are only overcome when the _brukergruppe pyskisk helsevern_ (patient ambassador, translated as user group of mental health care) on the committee endorses Holtan and Huke's artistic choices, even though these come from the creators' own life experiences. Lofthus et al. (2018, p.6) in their critique of Norwegian mental health services state that "user involvement is necessary if we are to understand 'paradoxical spaces,' like inclusion and exclusion, and experiences of marginalisation," which curators need to consider in museum planning in order to present an authentic exhibition that reflects lived-experience. The museum committee has their own biases, ethics and privileging for the scientific experience over experiential, and values the needs met for visitors that aim to have a more hopeful story. However, Holtan, Huke, and the _brukergruppe_ highlight this sterilises the story and does not give justice to those that experience more severe _angst_. Future curators should consider the Medisinsk Museum's model of including patient ambassadors who use the healthcare services of the hospital related to the exhibition in their own

practices to approach teambuilding for health projects, exhibitions or otherwise. This provides a voice to those that experience the illness or condition and it gives them some power over their representation. Holtan and Huke are restricted to their categorical positions in the team and without the support of the *brukergruppe* their experiences may not have been given a voice as it was outside their predetermined role.

The depiction of both the negative and positive experiences of any illness and health condition is just as important as the comprehensive depiction of lived experience. The final framed panel (Fig.33; see Appendix 2.1.2) was added after to balance the narrative for visitors by providing hope. The creators and curators negotiate this by including a colourful final panel that acknowledges the acceptance of one's anxiety through the monstrous figure and woman embracing. Holtan and Huke (2019, n.p.) add the caption *Slipp alt du har, og hold fast* (let go, and hold on) under the image "to create tension" and "render the drawing more ambivalent. Because in [their] experience of anxiety disorders fear does not go away, but it is how we relate to the fear that is harmful." The creators, curators, and museum committee's tension in the production of this comics installation is a result of multiple factors related to a multi-disciplinary approach that did not call for a discussion of expertise, voice, control, and authenticity, but the projects needs this discussion to continue the approval of certain difficult choices.

The repeated illustrations and ownership. In the second room of the exhibition the panel of the woman bent over the egg at her kitchen table is repeated and used to convey anxiety symptoms (Fig.50; see Appendix 2.1.3; for translation see Appendix 2.3.2). Also, curators use a black and white version of the column panel though the artists feel this one is less problematic. Holtan and Huke share a feeling of awkwardness in having the aforementioned illustration extracted and used for this purpose, since they were unaware during the early stages of the project that it would be used in this way (personal communication / curator interviews, 9 November 2019). This indicates a complex power imbalance in that Holtan and Huke are both curators in some decisions and artists in others.

Holtan and Huke express a feeling of ownership over the work from the emotive narrative, understandably, and feel that this medicalises that lived experience (personal communication / curator interviews, 9 November 2019). However, it is this researcher's opinion that the opposite occurs for the visitor who first encounters the illustration in the emotive narrative and then encounters it as it conveys the medical symptoms of anxiety. This researcher believes these visitors read the symptoms in an emotive context. However, this positive and powerful visitor outcome does not resolve the power imbalances present in the co-creation of the exhibition. The artist-curators seem to feel that perhaps a general ownership of the work in relation to the exhibition as a whole was asserted without as much conversation as they would have been comfortable with (personal communication / curator interviews, 9 November 2019). When artists and writers create commissioned work for collaborative projects a range of ideas and copyrights can happen that are distinctly different from when curators use an artist or writer's existing work. This relies on clear conversation and contracts about the work and then, of course, the execution of those terms. This highlights that even really effective curatorial choices and design might still have negative impacts on the teams working on the project.

The opening, catalogue, and text and voice. As previously stated, the museum committee spoke about their vision and anxiety during the exhibition opening; however, the curators and creators do not have a voice during this event. Huke comments that friends who came to the opening remarked on how odd it felt that the art and creators were barely, if at all, referenced in the evening (personal communication / curator interviews, 9 November 2019). This is standard practice for public engagement in art museums and galleries forming the basis of the friend's expectations and, thus, the absence of this meant some visitor expectations were not met. Holtan and Huke state they shared this with Ødegården who relayed it to the museum committee to consider in the future (personal communication / curator interviews, 9 November 2019). The ignored art in the opening talks is central to give context, power, and purpose to the medical descriptions and interactivity in the second room, so it is strange that it is given so little attention in the opening. However, this

reflects paternalistic privileging that is present in medical public engagement, so visitors' perception of strangeness indicates that they may be more familiar and using interpretive skills from non-medical public engagement. The art is also given little attention in the exhibition catalogue, which mostly depicts the content found in the second room. Holtan and Huke state that they are working on expanding the comic from the first room so this may be because of copyright discussions, but it does mean that the takeaway is the medicalised text and focus of the exhibition only. The postcards for the exhibition show two panels from the comic, one being the same illustration also on the cover of the catalogue.

This is an example of the institutionalised nature of epistemic imbalances and paternalistic injustices embedded in multi-disciplinary projects and teams. The medical expertise and experience, being the only voice present in all talks for the exhibition, exposes the centrality of it in the project for the power-holding members. These events treat Holtan and Huke with passivity and do not give them a voice. This is an embodiment of common occurrence in arts-related collaborations in medical spaces and within an uneven biomedical culture (Bowman 2017; Camperosi et al. 2017). Holtan and Huke (2019, n.p.) reflect that "[a]lthough the collaboration involved risk to all parties it has resulted in an exhibition that is well-received by the audience," in their article for *The Polyphony*. They highlight this with a post in the guestbook where a visitor states that the exhibition materialised, in text and image, what they had been experiencing (Holtan and Huke 2019). And while target audiences' opinions and feelings as a result are significant it is also important to hold collaborative teams to the same standards of ethical operation that incorporates different validation and ethics consideration despite the success of the output. Teams can change their approaches to those that function through circular critical reflexivity and epistemic humility in order to works through these differences and confront imbalances in power.

Conclusion

The *U;REDD* exhibition is an unique graphic medicine exhibition that contains just as many unusual as usual curatorial characteristics. Curators are able to feature more

experimental and less frequent characteristics due to support in funding and because two members of the curating team are commissioned artists for the exhibition. Visitors benefit from this by being able to be lost in a comics installation that engages them in a single narrative that frames an emotive reading of medical facts and explanations in the second room. They also had opportunities to engage in interactive activities, attend public engagement, and co-create in the exhibition through adding their own poem, drawing, or reflections to the walls. Educative leisure is present in the exhibition through participatory and co-creation elements, but dialogic programming or co-creation is only present through efforts made by library staff to create events for students. However, the multi-disciplinary approach to the collaboration leads to paternalistic injustices and epistemic privileging of the medical professional's aims and objectives that held power in the museum committee board. Themes of risk expose how struggles around the topics of expertise, voice, control, authenticity, ownership, passivity and experience often firstly privilege the medical professional members of the team highlighting imbalance power-knowledge values. Holtan and Huke (2019, n.p.) reflect that this led to feelings that art is in service to biomedical public engagement and not in conversation with it. This problematises how and why teams use personal stories of health to convey messages to publics as major issues are put through validation structures that are not yet able to provide medical evidence on lived experiences – exposing that often the medical standpoint is that lived experience is not wholly valid without the medical evidence to back it up. The organisers express a struggle to include some of these important lived experiences within this validation framework though highlighting that it was important to work from facts in order to not misinform publics and follow a biomedical form of ethics of representation. Creators question that perhaps this medical validation framework is unsuited to the personal narratives that were merged in the creation of the comic. Graphic medicine exhibitions therefore need to approach their planning from a place of disruption in order to make space for epistemic humility and a conversation between biomedical evidence and lived experience. Interdisciplinary and transdisciplinary approaches start from this vein,

but it is up to individuals to maintain circular critical reflective practices throughout the project to create impactful, ethical exhibitions and collaborative teams.

Chapter 3

Curator Intentions, Values, and Experiences: Adapting Comics for Effective Public Engagement in Exhibitions

Introduction

The research conducts and analyses interviews with curators in order to answer the research questions on how organisers can use graphic medicine exhibitions to explore health experiences in cultural and public settings and how they can use them to communicate diverse health experiences to publics. This chapter presents the findings from 12 interviews that were conducted with 15 curators or organisers of the graphic medicine exhibitions. These are the interviews that were codified in the first chapter to determine the characteristics of graphic medicine exhibitions. The interviews demonstrate that curators have multiple perspectives on using public engagement programming and creative opportunities in the gallery, adapting to the places these exhibits were in, and reflecting on the comics as objects in an exhibition and how viewing them may influence different reading experiences. Curators discuss these choices in terms of the ability of comics to tell more complex stories than other visual-based media displayed in museums, such as paintings, photographs, or sculptures. This chapter codifies the findings from the curator interviews to highlight what practices and medium affordances they use in their exhibitions to explore health experiences in the gallery. It also examines their reflections on the success or impact of their exhibitions for communicating with their audiences. The grounded theory approach identified sub-themes within each of the curators' different types of perspectives. This chapter will argue that curators use exhibitions as a platform to initiate conversations about different health topics in a more approachable and accessible medium, introduce publics to different ways of emotively engaging with health communications and

personal stories, build communities around non-fiction comics, and empower visitors through their creation of comics. Empowerment through creation is defined as giving visitors a voice in conversations about their health that they feel they are excluded from or disempowered in.

The postmodern museum model conceptualises an implied visitor that is educated and expects to actively engage with the exhibition in order to make the experience meaningful while they still are being entertained (Hanquinet and Savage 2012). This chapter determines that curators believe that the exhibitions, hosted mainly in public spaces, and the comics themselves are instrumental in opening up conversations and different ways of communicating with publics and biomedical experts. The second half of this chapter concludes with a discussion of these findings to critically analyse methodological and communicative potentials of these exhibitions through curatorial practice. The discussion contextualises these curator reflections within comics scholarship and public engagement practice by exploring graphic medicine characteristics and information from the exhibition analysis of *U;REDD* in the context of curator reflections. The chapter considers curators' challenges in order to discuss how these can be overcome to reach dialogic programming, to organise collaborative relationships that actively work to overcome paternalistic injustices and epistemic privileging within teams, and to achieve the aim of co-creation within the communities to which they are being exhibited.

Presentation of Findings

Curators' intentions and experiences reveal that graphic medicine exhibitions' main purpose was to introduce the genre to new audiences through facilitating a sense of discovery for visitors as they engage with the exhibitions and genre in unexpected egalitarian locations rather than in traditional museums. Dovey (2014) states that evoking the imaginations of publics through empowerment is a discourse of power that organisers need to stimulate in order to influence the direction of public support and interest. Graphic medicine curators engage with discourses of power, often implicitly or chameleon-like as Dovey (2014) describes it, which is essential to have visitors imagine

how the genre could improve their lives and have a valuable impact on society. Their reflections on how their visitors behaved in the space and the feedback they offered prompted the curators to reflect on medium specific benefits of comics and the genre of graphic medicine. In the following discussion section, the curators' reflections on the medium and genre are framed by the related themes and nuanced context of their exhibition(s) and practice. Since all curators were critically reflecting on their practice after their exhibition, their conversations are complex and intentions are discussed in relation to surprising feedback they received or challenges they encountered. The findings below are presented thematically and explored through selected words and phrasing (see Appendix 3.1 for full quotes). Curators describe different techniques they use to engage their visitors and to attempt to convey their aims, making a distinct case as to why graphic medicine and comics were the medium they used to achieve these, such as their ability to present personal stories in a way that it relatable and accessible.

Introducing graphic medicine. Eight curators of six exhibitions state that introducing graphic medicine to new audiences was either a main aim of the exhibition or was a necessary aspect of it. The graphic medicine exhibition characteristic that supports this is that eight exhibitions included text and displays that defined graphic medicine. Five of these curators aimed to present a "breadth" of "styles," "stories," and "approaches" in graphic medicine, and two exhibitions aimed to show how these comics are "different" from other formats for health information and experiences. One organiser of the *U;REDD* exhibition (analysed in chapter 2), added breadth to the exhibition that only depicted a single story through running the adjacent library display and collection connected to a small sample in the exhibition. The aim to present a broad representation of works attempts to place personal experiences of specific conditions (individual works) within a universal concept of ill health (the overall exhibition). The universality of illness experiences present through this type of exhibition aids in the facilitation of emotive engagement and relatability even when the viewer cannot personally relate to the specific health topic of the exhibition.

The spatial context and location of the exhibitions has a strong influence on how curators introduce the genre and display the works to reach dialogic and critical

engagement. Seven curators describe visitors who "stumble upon this space," "did not know they would see comics," and who would "be walking by without the intention of stopping." They state that because of this the exhibition needed to "catch their attention" or introduce the exhibit "quickly". Two curators state that additional curatorial text on how to read a comic was needed to aid visitors in critically reading the works, and they did not think this was a common characteristic for more general comics exhibitions. One of these organisers elaborates that these introductory exhibitions "open a dialogue with comics and medicine"; the use of the word "dialogue" connotes a reciprocal relationship between these two entities that curatorial practice can facilitate. This aim combined with introducing the genre broadly indicates that some curators intend to impact visitors beyond providing entertainment. These curators want visitors to critically assess the works in relation to how they communicate illness experiences and consider "what health information could be."

Increasing readership. Six curators of six exhibitions express that, like starting conversation (discussed later in this chapter), increasing readership was a desired aim for hosting the exhibitions. However, they state that this was not always regarded as a leading aim due to the limitations of the spaces the exhibits were in and what an exhibition could do within its space. Curators feel this is influenced by the additional action or "layer" of engagement that visitors would need to do in order to read or find the works independently beyond engaging with the exhibition. This relates to the characteristic in chapter one that five of the exhibitions had dedicated reading corners or comics spaces; this curatorial choice is crucial in trying to facilitate longer engagement or contact with original published works for more impact or to build visitor interest and curiosity that may encourage independent reading. Five curators state that their exhibition was either hosted in a library or organised with library partners, which results in displays and curated collections that visitors could have access to in close proximity to the gallery walls. One curator spoke of how their relationship led to the accessioning of more graphic medicine works to the library's collection. These additions to the collection evidence a reciprocal relationship between the temporary experiences of the exhibition and the permanent services of the places they occupy. These changes

to the permanent services may increase the impact of the genre to new audiences through the legitimisation embedded in this action. Curators who have comics accessible in the gallery make it easier for visitors to transition to private readers without them having to change location or spend additional time or money to access works.

Approachability. Three curators of different exhibitions categorise the medium's aesthetic qualities and identity as being more approachable than other media for drawing in visitors to learn about and experience different health stories. The characteristics in chapter one codify materially evidenced characteristics in the exhibitions, but approachability relates more to curators' ethos and personal opinions of comics and graphic medicine. Therefore, this theme is present across many of the characteristics, such as how and which works are selected; these are only revealed and made more obvious through curator reflections. One curator states that the medium of comics is "a part of our culture worldwide that is not completely out of practically anyone's consciousness or understanding," and that it is the graphic medicine genre that is possibly new to audiences. This claim of familiarity with the medium reflects a cultural consciousness of what comics are and not individuals' critical engagement with or reading of these works.

The other curators use a variety of descriptions to allude to comics' approachability as being "gentle," "aesthetically beautiful," and "colourful," which they believe drew in audiences to encounter serious or taboo subjects they might not otherwise engage with. These curators also state that the quality of the works influence if the comics impacted visitors' emotive engagement or if they decide to spend time with the work once they get a sense of it. One curator states that "in the right context…[comics get] past people's emotional and intellectual defences." These comments are reflective of the works that the curators selected to convey sensitive subjects within their exhibition as they do not include references to developed and purposeful chaotic, provocative, or confrontational styles that were present in other graphic medicine exhibitions. Some curators or validation committees might consider that the inclusion of these more controversial works affect audiences differently so they

may not deem them appropriate for their exhibitions. Curators may exhibit these for the purpose of authenticity and only after each team's ethical discussions, such as the inclusion of *Binky Brown Meets the Holy Virgin Mary* (1972) at the dotMD *Graphic Medicine* exhibition (September 2019).

Accessibility. While curators describe approachability as the comics medium's ability to influence visitor initial decision making to engage with these subjects and draw them in to the exhibition, six curators and teams argue for the accessibility of the comics as a strong communication medium in terms of health literacy in an exhibition. This theme relates to visitors interpretation and reading of health experiences through comics once they engage with the works beyond the initial glance that draws them into the exhibition. Like approachability, this theme is present across similar exhibitions characteristics related to which works are selected and made explicit through curator reflections. However, since this concept partly relates to the reading experience in the gallery elements of this are present in the how comics are presented in some of the characteristics related to the additional textual content category.

In addition, curators discuss accessibility beyond the dominant argument of literacy more generally attributed to the medium and rather in relation to other formats for communicating this knowledge. These curators describe graphic medicine in exhibition as "eas[ier] to consume" than other media and as a genre that can "create understanding" to "reduce the burden on the person experiencing it to explain or fight against being misunderstood." They describe that comics exhibitions more broadly provide access to creator communities or complex, taboo, or serious topics.

Empowering or giving a voice. Eleven curators view these exhibitions as opportunities to empower and give a voice to patients, artists, and visitors. Graphic medicine exhibition characteristics that support this are that eight exhibits were group shows, four claim to exhibit a wide diversity of creators and stories, and six convey an overall specific health theme. These characteristics demonstrate an attempt or could lead to a visitor encountering many different stories and experiences, as well as give multiple creators the opportunity to be heard and introduced to new audiences.

Empowerment and giving a voice relates to introducing new experiences and artists as well as collectively defining and celebrating the graphic medicine community. Five curators discuss empowerment and voice in terms of who they could exhibit, for example amateur or international artists unknown to local audiences. They further discuss what these exhibits could do for these creators, such as "expos[e their] work to a larger" and "focused" audience, "amplif[y] the voice of the patient, family, and caregivers," and increase sales. One curator states that visitors who are caregivers and medical professionals might also learn new methods "to reflect on" and "to try to develop [their] thinking and process experiences." The "new" spatial contexts and audiences that have access to the locations of the exhibitions is important in distinguishing how empowerment and voice are evident in the emotional and subversive qualities of these exhibits.

Graphic medicine exhibitions can also be empowering as they expose power imbalances in medical care and experiences while they shift power back to the patient-visitors and patient-artists through giving them a public facing voice. Three curators state that exhibitions could "create a space that empowers [visitors] to seek out more of this literature," and show that "these people are people too and are subject to knowledge and power," and that "[their] story about [their] life has worth." For example, Caroline Leek describes the *Shifting Identities* exhibition as "a movement of power from clinicians to patients by providing them a voice and providing them a way to talk about their cancer and take control over their own health." Imbalances in control over stories or health experiences is a theme of risk in public engagement which is evident in exhibitions when the medicalisation of the narrative of the health experience controls, questions, or mistreats patients' accounts, as detailed in chapter one. One curator states that the patients whose stories were represented in the exhibit did not have the "energy to co-create an exhibition" due to treatment, but they felt they had been seen by the fact that it happened. One of the relevant identified themes of risk that requires critical reflection in public engagement to mitigate epistemic injustice is giving a voice to non-professional experts, such as medical staff or academic researchers, and challenging what is considered expertise. Empowerment and giving a voice are two

entangled concepts that are evidenced in curators' approaches to and the emotional quality of the characteristics in their exhibitions. These entangled concepts seek to intervene on prevailing power-imbalances in biomedical and medical humanities public engagement through epistemic humility.

   Additional events to enhance experience. The following three sections cover the additional programming and provide what interviewee Adam Bessie describes as "equitable access" into these works, communities, experiences, and their creation. In chapter one, the codification of characteristics determined that all ten exhibitions are hosted alongside additional events, namely they include the two codes; all ten include public engagement or social programming and three host creative corners or workshops. Five curators state that a benefit of hosting an exhibition is these events, which typically run parallel to the show. Some curators describe the exhibitions as a "logical way" or "the impetus" to invite publics to talks on the subject, which done effectively can facilitate a "non-threating" and conversational tone to elaborate on projects related to the exhibition. Two participants assert that comics workshops can "add to the practical aspect of graphic medicine" as a "treatment," and provide visitors with a way "to reflect on" patients', caregivers', and medical professionals' experiences. These additional events create an in-person human connection to graphic medicine and specific works, while the exhibition alone presents an embodied one. These additional events provide an enhanced experience of the content in the exhibition that is both emotively and educationally driven.

   Physicality of comics. Curators express the importance of their visitors coming in contact with comics during their time in the space to deepen their experience and fulfil curiosities. Three curators discuss the physical aspects of having the works in the exhibition for visitors to read to create areas where they could "touch" and have sensory experiences in the gallery. Five of the exhibitions had reading corners identified in the chapter one characteristic, but where the space did not allow for these physical connections curators employ other methods and characteristics, such as producing written materials and mementos. Two curators of exhibitions view visitors' abilities to have a copy of the comics or catalogue of the works as important to visually

"disseminate the message" outside of the gallery and for visitors to take the messages "home and bring it to their friends and show them." Physical contact with published works and zines in the exhibition gives visitors immediate access to the works in order to fulfil curiosities or interests that the show stimulates. Materials that can be brought home extend this curiosity and engagement into different socio-spatial and private contexts and potentially bring additional visitors to the exhibitions.

Showing the process. Four curators, whom are also creators, comment on exhibitions as an opportunity to show the "more physical" process of making comics which they describe as "important" for some pieces and "endlessly fascinating." Graphic medicine exhibition characteristics that relate to this are that three show original work, two exhibit comics alongside other objects related to the making process, and three have creative corners. These characteristics are conceptualised in chapter one as enhancing the visitors' interactions with how the exhibited works are made and reflect additional identities that some curators have as creators. This provides a visual depth through "what kind of paper…[or] pen" or "brushes" they use and research and planning materials like books and "post-its." These physical markers provide "more information," and glimpses into artist's "inner world" which is "part of the narrative" and creation process not accessible in the "final state" published works.

Relatability. Relatability is a key strength of graphic medicine and creative personal narratives in previous literature and it seems to be a key element curators desire to convey through their exhibitions. They do this in order for visitors to reach emotive engagement and start conversations through a meaningful connection. Relatability is similar to approachability and accessibility in relation to graphic medicine exhibition characteristics; curators reveal this concept in how they discuss their selection process, objectives for workshops, and their overall reasons for exhibiting graphic medicine. Eleven curators discuss intended visitor experiences that facilitate visitors to feel that they "relate to" the characters or "recognize something" in the narrative. Five of these curators specifically state that this is conveyed through the medium's use of visual metaphors or symbolism and image-text combination. This analysis finds that relatability in the works aims to be "an ice breaker for starting

conversations," make the experience more "tangible," or make visitors feel they are not "alone." At the *Shifting Identities* exhibition, the curator explains that several visitors had strong reactions to the relatability of the works and had to self-monitor their engagement. While chapter one notes that authenticity in visitor experience and of the narratives present is a theme of risk, it is further complicated here by acknowledging that some works can inflict harm due to the degree of authenticity that the visitor perceives. The statement above both indicates a need for curators to critically consider and allow for physical space for visitors to self-monitor and self-determine the content they interact with.

  Emotive engagement. Twelve curators state that emotive engagement is affected by the curation of the space and the emotional and educational power of the exhibitions. Four curators reflect on the influence of the space as an "adaptation" and that they are "changing it into a different medium...physically and mentally and emotionally." These reflections show the influence of the architecture and social dynamic of exhibitions as an act of adaptation that transforms the graphic medicine works to stimulate different experiences. These relate to the characteristics that include the exhibition as seven are a paratext to something else, nine include reproductions, and all ten include the social programming or creative opportunities visitors could engage in, but it is also present throughout curators' reflections of their practice more generally.

  One artist-curator reflects that it makes the "private encounter of the relationship between creator and reader public in a way that's interesting." Four curators explain that the layout and space stimulates emotions through giving visitors a sense of "community" or "pride" and provides "subjectivity and life" to medical facts. Two curators reflect how the gallery space or established museums adds a sense of "gravitas" that "remov[es] taboo" and "normalis[es]" the health topics. This demonstrates how emotional reactions to the space lend to a critical or educative approach to viewing and engaging with the exhibition. However, one curator explains that the "serious" frame imposed by the gallery also led one of their visitors to question the appropriateness of comics for dealing with health due to stereotyping the medium

as humorous. The curator and their team said that this is something they face in relation to the genre more generally in their broader research. Curators use these exhibitions to stimulate education through the artists' experiences and they blend emotion, learning, and entertainment to impact visitors. However, how curators achieve this is negotiated through the spaces that these exhibitions occupy.

Start conversation. These exhibitions are curated spaces meant to facilitate conversation that focuses around the interests associated with target audiences, location, and topics addressed. A graphic medicine characteristic that supports this is that all ten exhibitions include public engagement or social programming. Curators describe these exhibitions as "a hub or a crystallising in a more social way" or "launching off point" for conversations of health influenced by graphic medicine. Ten curators across seven exhibitions state starting conversations was an aim of their shows, which is a general and anecdotal strength of exhibitions and a main reason for choosing this kind of public engagement. Two curators describe exhibitions as "ice breakers" aimed at starting conversation between groups of visitors and strangers. Curators cite comments from visitors that said the exhibitions were a "turning point" and "made [it a] lot easier" to talk about their experiences with friends and family. One organiser reflects that *Sick!* is already exhibited in a room that tends to stimulate conversation and visitors behave "in a more conversing mode," and that it was mostly visited by small groups. Across these reflections, it is evident that these exhibitions are meant to facilitate visitors to start new conversations about health experiences. This also relates to the previously described notion of breaking taboos and curators use of the exhibitions and location to legitimise, empower, educate, and normalise public engagement and conversation with health topics. Specifically, they desire to start conversation about experiences that are marginalised and "shunned" in typical social interactions, such as cancer. Curators reflect that some visitors also brought family and friends to the gallery to have those conversations because they felt aided by the socio-spatial atmosphere and works.

The thematic analysis indicates that curators' intentions and values of these exhibitions are in empowering or giving a voice, emotive engagement, relatability, and that curation affects a person's engagement with a medium or topic. Curators also make references to showing the process of making comics in the exhibit, approachability, being able to touch the comics and showcase materiality, and curating the space like a comic to augment experience. The following discussion expands on these findings in relation to curators' strategies and challenges in curating reading for gallery walls alongside emerging literature. It aims to develop a graphic medicine exhibition methodology for emotive engagement with visitors. Curatorial potentials that emerge across the themes and subthemes above frame these discussions.

Discussion of Findings

The following discussion is organised into three sub-sections in order to explore the overall research questions on how curators use graphic medicine in exhibition(s) to explore health experiences in cultural and public settings and how exhibitions can communicate diverse health experiences to publics. The first section, adapted experience, reflects on the curator's approach to the exhibitions as an act of adaptation that considers Duffy's (2009) analysis of comics exhibitions as metacomics and La Cour's (2019) theory of social abstraction and exploration of comics' affective qualities in the gallery. This section focuses on how gallery experience draws on many of the same strategies of reading comics privately to contextualise how curators use the medium in these exhibitions. This context is particularly relevant to explore how graphic medicine is adapted to socio-spatial and cultural settings for communicating health experiences, since many of the curators had limited experience or are comics creators themselves. These organisers transfer knowledge from their professional and personal relationships to comics into a space and not vice versa. From analysing their practice reflections, it is apparent that they adapt their comics knowledge through integrating it with what they or what team members knew about museum communications.

The second section, public engagement, discusses curator strategies for engaging and communicating with visitors in additional events to enrich their experience. The discussion uses Shapiro's (2011) application of narrative humility in the treatment of patient-stories to examine how curators crafted engagement that focuses on facilitating personalised meaning-making. In addition, it uses contemporary curatorial scholarship to make sense of these events and their relationship with publics. The final section discusses the comics medium's potential to affect deeper emotive engagement in exhibitions on diverse health experiences through embodied reading, and how curators can facilitate this through civic engagement in public curation (Stone 2014) and a comics art history activist approach (von Rosen 2016). These sections analyse the distinctive qualities of graphic medicine exhibitions (i.e. the medium in socio-cultural spaces, public engagement programming, and health experiences) to develop a robust understanding of the experiences curators can facilitate.

Adapted Experience

Unlike traditional artworks on display in galleries and museums, curators reflect that the comics medium needs to be reconceptualised as an adapted experience in the case of existing comics. Artists who make comics installations for specific exhibition spaces, such as the work of Zu Dominiak, E.T. Russian, Daniel Goodbrey, and the *VAST/O* team (Carolina Martins, Natalie Woolf, and João Carola), do not adapt one medium to another, but rather they craft an integrated mixed-media approach unique to their work. While *U;REDD* is a comics installation made for the space in which it is exhibited, the curators of the other exhibitions who use existing works had to consider that visitors would be making meaning from fragmented and out of context comics. Curators describe this challenge in relation to adapting the comics for exhibition spaces, how different curation can influence guests, and recognising what potential visitors would be expecting to experience. Curators extract a purpose from these texts to facilitate a meaningful experience or connection with visitors that is not dissimilar from the general objectives of comics creators. This section explores how curators use the medium in socio-spatial and cultural settings. It does so to explore how this can

facilitate more authentic and active experiences of reading graphic medicine and comics to produce meaningful engagement with the personal stories present in the galleries.

The curation of pre-existing comics requires an act of adaptation that uses excerpts to create paratextual events. Whilst curators may or may not discuss exhibitions as a new medium, they do state this is a different space for reading comics and are adaptive since they fracture the original text to fit that space and the curatorial aim. Exhibitions of existing works become new paratexts that visitors can interact with, in what Gilmore (2017) discusses as the sociocultural aspect of comics fandom. The eight curators who reflect on introducing graphic medicine reveal this is more complicated than simply displaying comics on public walls. They had to consider their target audiences, the places the exhibitions were located, limitations and advantages of what can be displayed, and what the curatorial text must cover. They need to consider all these aspects in order to impactfully influence visitors to explore graphic medicine independently afterwards. For exhibitions, the curator constructs a contextual framework through curatorial text, which frames the fragmented comics on display. A narrative approach to this text can lead visitors through the space. Due to limitations in space and visitors' ability to be in the gallery for extended periods of time, curators are usually only able to present the built world represented in the comic and overarching concepts in the fragmented comics exhibition. They use curatorial texts to create a meaningful and coherent paratextual theme, such as by framing the exhibition as providing the visitor a breadth of the genre or by introducing a story of a specific health experience.

Medium-specific considerations are a main theme present across the interviews in relation to comics design and aspects of the medium that curators highlight; however, in terms of how curators actually display the works physically this is not dissimilar from other two-dimensional media. Duffy (2009) defines these types of exhibitions as metacomics or "a comic about comics" (p.6). Ellen Forney and Adam Bessie describe their curatorial practice as being similar to designing or constructing comics as they use design strategies to physically draw visitors across the rooms based

on works and displays that intrigue them. They compare this to how a reader's eye is drawn non-sequentially across a comics spread. Duffy (2009) states that curators do not just approach an exhibition metacomic through a comics framework, as evidenced in the curatorial decision making processes, but they also incorporate the spatial context of museums and galleries to inform the multimodal pedagogy to increase engagement, similar to comics in literacy education. The *Sick!* exhibition experiments with spatial contexts both specific to that location and curatorial practice, which leads to curators distinguishing the comics as art by displaying the works, but not the curatorial text, hung away from the wall not flat against it. Duffy (2009) describes this hanging system as an alteration to the work that "activates the [three-]dimensional space of the gallery" (p.7) to display comics in a way that suits the gallery context but also challenges prevailing "formal and cultural tensions between the medium and the museum" (p.7). Other curators also alter comics to activate the space and stimulate visitors' critical undertaking of these works. These include display practices such as foam board, frames with glass, screen printing, or high-quality reproductions on heavy gsm paper or vinyl banners. Medium specificity, while considered in the curatorial design by artist-curators, becomes a question of adaptation and alteration when considering the gallery context.

Medium specificity is not considered here in relation to the Greenbergian hierarchy of value or its almost puritanical view of medium parameters; rather, it pertains to curators' practice and conceptual approach in designing exhibitions that focuses acutely on comics. La Cour (2019) advocates for the "social abstraction" of comics in exhibition design. She situates the rejection of medium autonomy, often glorified in Clement Greenberg's work, with Rosalind Krauss's concepts of the post-medium. This allows La Cour (2019) to consider the self-reflexivity and technical support in the making of work that acknowledges the multiplicity that exists in a medium. She also considers it as a pathway to employ comics "affective qualities," which are what comics can do (La Cour 2019, p. 401). In some exhibitions, curators seem more concerned with promoting emotive engagement by foregrounding comics' affective qualities, rather than defining what comics are. However, six exhibitions

define graphic medicine to new audiences who would stumble upon them, so they situate comics as a distinct medium in order to achieve this aim. While La Cour's (2019) concept of social abstraction and considerations for engaging affective qualities of comics reflects strong emotive capabilities, an in depth discussion that considers the power of the comics medium and the difference between comics-inspired and comics-approached work is not as present, such as critiques of Roy Lichtenstein's paintings. Graphic medicine curators present stories that already have a high affective quality, but they feel the medium needs contextual framing for publics to engage with the works. Curators add educational elements to the exhibitions that explain how visitors can effectively use comics to explore health experiences.

Curators believe that showing the process also provides more information that intends to help the visitor to interpret more about the works by activating reading strategies and behaviours from comics. In *U;REDD,* the artist shapes original drawings into a three-dimensional sculpture, and uses it to show the emotive process and build the world of the main character in the comic. Scholars such as Wolk (2007) and Annett (2014) discuss world-building in comics as the reader's interpretation of the action that happens in the gutter, but this reading can be influenced in social contexts through curatorial design. In private reading, readers experience comics much more chaotically and conceptually through active collaboration of the world-building aspect of comics and connectivity in fan communities and spaces than isolated linear reading theories suggest (Wolk 2007; Annett 2014; Geraghty 2014; Davies 2016). Similarly in a socio-spatial context, curators construct spatial gutters throughout exhibitions where visitors are meant to interpret meaning, partly influenced by curatorial design and text, and understand time through the narrative (Duffy 2009). Visitors build the conceptual world of the exhibit against their own interests, while they are in a physical space where they can engage socially or get distracted in between works. Curators who consider these more complicated concepts of reading comics can draw similarities between these different contexts than when reading is approached as isolated from the original comics medium.

Curators use comics design principles to stimulate movement through the galleries in a similar manner to the embodied glances evoked in private comics reading. Visitors' comics reading in exhibitions can be conceptualised as an embodied experience that is driven by personal interests and pre-existing behaviours with museum engagement. The approachability of certain stylistic aesthetics can also influence this reading experience. Comics readers concurrently interpret image and text, except in the case of wordless comics which Wolk (2007) asserts take additional time to decipher. Text in a comic functions to signal time passing within the narrative and pace the reading (Wolk 2007), similar to that of curatorial text in exhibitions. However, exhibitions do not necessarily present sequential narratives and the visitors determine their pace based on the different parts of the exhibition they choose to engage with (explored in chapter 4). Comics readers establish their own pace connected to their level of familiarity with reading comics (Martín-Arnal et al. 2019) or the task they want to achieve (Foulsham et al. 2016) (i.e. looking for something specific, trying to memorise details, or "freely viewing an image" (p.570)). These differences result in varied reading experiences, although Martín-Arnal et al.'s (2019) research using eye tracking to evaluate comprehension finds that children (classed as inexperienced readers) and adults (classed as experienced readers) score similarly in their overall understanding of the comics narrative. Both Foulsham et al. (2016) and Martín-Arnal et al. (2019) find that readers spend more time on contextual panels, usually the beginning, and less time when repeated characters are present. Foulsham et al. (2016) find readers' time spent on each panel is self-paced when viewing the panels independently, while time is increased when entire layouts are viewed at once. This extra time accounts for saccades and fixations (Foulsham et al. 2016). Scholars can examine this similarly to how curators reproduce works for the exhibitions as fragments of pages or when they enlarge details from the original layout of the comics. Curators of this thesis conceptualise visitors as engaging with the works non-sequentially and observe visitors enacting comics reading, described as across the page glancing between panels, over the entire page, or flipping backwards to reorient themselves within the narrative story (Wolk 2007). These different reading orders

reflect the different audiences of the exhibitions and the objectives the visitors had for engaging with the works. For example, the captive medical professional audience at dotMD might have had different intentions for reading the works than an unintentional visitor in a public gallery space who after catching a quick glimpse of the fragmented works briefly visits the gallery before returning to their primary objective for coming to the location.

Curators and visitors work collaboratively in their different roles to make meaning from these comics. The interpretation process that is essential to the medium places visitors as "contributory author[s]" that make sense of the fragmented elements of the form realised by the hand of the artist (Round 2010, p. 189). In exhibitions, this experience is augmented by curation. The visitor interprets the actions, not objects, which the creator depicts (Groensteen 2007; Davies 2016). In doing so, the control shifts between curator and visitor as the latter moves from work to wall to work, panel to gutter to panel, but the visitor's agency and self-selection can disrupt this interchange when they view the works sporadically or without engaging in curatorial texts or activities. Leone (2017) argues that the comics medium is "exceptionally suitable for reconstructing [a traumatic] event and situating it in time" (p.245), such as a severe health experience. In part, the reader facilitates this with their eye movement between gutter and panels that (re)constructs meaning from fragments, and this movement results in multiple acts of interpretation and reinterpretation. In reading comics, "[t]his creates the illusion of linearity, as writer and reader constantly exchange positions throughout the narrative, depending on whether the story is being told within the panel (by the creator) or between panels (by the reader)" (Round 2010, p. 200). In exhibitions, curators and visitors constantly and fluidly shift between taking and restoring control in relation to the other. They do this in order to carry movement through the gallery; however, the embodied glance of the visitor is a temporospatial challenge to linear narratives in exhibitions as it can motivate them to walk a non-linear route through the room.

Eight of the curators interviewed state that they focus on the visitors' entry point(s) to the exhibition as important in organising works to engage them. They

assume visitors or unassuming publics would scan over or glance at the exhibitions before deciding how or if they would engage. Similarly, in comics reading, readers may get an impression of the whole page as their initial reading, made up of glances and scanning, of a spread or strip before returning to the sequential reading of the panels (Magnussen 2000). Comics creators are conscious of these different reading orders and consider them when they design their pages. Magnussen (2000) describes this glance, or "initial browse," as the first interpretation in the reading process and that all following interpretations are "in constant interaction with the visuality of the whole page" (201). Thus readers' subsequent engagement with panels is made up of re-interpretations against their first assumptions. In exhibitions, visitors are not confined to the sequential process following the initial browse as in reading but they participate in multiple glimpses between the curated narrative. This viewing sometimes has a linear quality, and other attractive features exhibited lead them to reinterpret information gathered from their initial browse. These eight curators state that they hope their design facilitates deeper engagement with the exhibitions through activating the visitors' interests and getting them to move across the space.

Despite curators designing their exhibitions with non-sequential reading in mind, some note that visitors sought out, enjoyed, and even created the sequential narrative of the exhibitions. The curator of the dotMD exhibit explains that visitors applauded the linear narrative between the different works, though this was not intended. These visitors may have approached this exhibition with pre-existing knowledge and interactions with museum narratives and interpreted exhibitions as spatially constructed texts; thus, they assume the short introductory text at this exhibition establishes a starting point in a linear narrative this is laid out sequentially along the walls. For the purposes of aligning comics with a visual language, Davies (2016 & 2018) brings together theorists of the narratology of comics. He specifically contrasts Cohn's (2013) work from the viewpoint that the sequential layout of panels are like syntax with Grennan's (2017), and others', theory of non-sequential reading practices that take into consideration reading panels out of order and that potentially this does not affect the communication of the intended story. Drawings in comics give a

glimpse into an implied world that exists in the gutters where readers perceive characters and actions are happening (Davies 2016). Panels are stills of these worlds always frozen mid-action through which the reader glimpses the world in the gutter; for example, visitors to the dotMD exhibition interpret a linear curatorial narrative running between the works and these visitors may elect to be led through the exhibition because they perceive this to be the intention of the curator. Further research needs to be done in order to understand more fully if visitors of exhibitions are reading these as metacomics, as this was not the intention of this curator. In doing so, research needs to analyse if they interpret the blank spaces on gallery walls similarly to gutters in comics to build a world of the exhibition, which may be more abstract and conceptual than character-driven stories. However, visitors of the *VAST/O* exhibition (analysed in chapter 4) also perceive a linear narrative so the thesis explores their reasons and motivations for this interpretation to give insight in the dotMD visitors' behaviours.

The curators assert that the comics medium can stimulate multiple layers of emotive engagement for a visitor through its approachability, accessibility, and relatability. In *U;REDD*, Marte Huke's unbound poetry and Nina Eide Holtan's sculpture reach out to their visitors as a connection that acknowledges the existence of each other (Davies 2016). In Davies' (2016) analysis of Thompson's (2004) *Carnet de Voyage* he describes the ceasing of enclosures as exposing readers to the creator's raw emotions and the return of enclosures again contains these emotions back into the narrative. Like the glance, this experience is as ephemeral as a quick scan of the room, but it is also emotive and personal as it creates a space where the artist-curators can be vulnerable. The visitor is able to acknowledge this space to a depth that is comfortable to them, which has the potential to enrich their interpretation of the context through personal meaning-making and self-monitoring. The point of this space is a connection between curator or artist or patient with the visitor that is present through other means in traditional comics reading.

Organisers curate reading spaces and paratextual library displays and collections to further stimulate personal connections that the untouchable works on the walls

cannot facilitate alone. Comes (2016) states that tactile experiences are becoming more present in museum practices and curators use them to add sensory activities in galleries that traditionally rely on sight and hearing. In private comics reading, spaces of the page and haptic elements also work to establish an intimate and personal relationship between creator and reader that enriches the reading experience through sensory experiences (Hague 2012). Hague (2012, p.99) states that other senses beyond sight can greatly impact readers by "communicating information and contributing to the formation of memories and emotions around comics in ways that sight cannot." In relation to comics exhibitions more generally, one curator explicitly states that touching the works is "important" for visitors. For example, the edge of the page is a special place where both the reader and the creator touch and this communal location creates a physical and emotional shared space (Davies 2016). Davies (2016) distinguishes between two spaces, enclosed and open, that function differently to create points of connection for the reader and creator. The enclosed space of the page functions to "'reach out' to the reader, to represent a 'candid' or direct contact…[while] the borderless page represents a 'phatic space,' a space that serves the underlying function of shared contact between creator and reader" (Davies 2016, p. 127). Comics creators use different spaces within comics to interact with readers and achieve different responses; in exhibitions, curators use different engagement activities within the constructed gallery spaces to connect with visitors and provide educative leisure opportunities. Hague (2012, p. 99) argues that touch is so seminal to reading comics that the absence of it, specifically in galleries, can be "strange" and lead to "unsatisfactory" experiences due to the lack of tangibility. In his later expanded work, *Comics and the Senses* (2014), he develops what he calls the tactile performance of reading comics and argues that interaction with comics as objects relates to their meaningfulness. Curators thus include comics to provide tactile experiences for visitors with the aim of deepening their connection to visitors. In health-related exhibitions that display personal health narratives these more meaningful experiences that relate to the medium seem especially important in building communities and connections.

Medium-specific considerations are present in the artist-curators' reflective and analytical approaches to their exhibitions. The curators focus on creating curatorial elements that are distinct between reading and viewing comics and design their exhibits with visitors' bodies in mind when they adapt the comics to exhibitions. Five curators describe how past curatorial experiences informed their approach to hanging works, planning programming, and conceptualising what an exhibition could do versus other engagement pathways. Four artist-curators state their creative approaches reflect in their curatorial practice. Scholars who analyse artist-curators' practice against museology assumes theorists and traditions that may not be included in their rationale as it does not reflect their own expertise and critical conceptualisation of their exhibitions. Due to many of the exhibitions being in public places, curators state that they were aware that they would have visitors that did not know about or intend to visit the exhibitions. They use comics design principles in the space of the galleries to engage different levels of visitorship. For example, curators display an enlarged panel or work and place it in an eye-catching position, or they treat curatorial texts as comics captions and communication bubbles. The adapted experiences attempt to facilitate or retain affective qualities of reading comics in the space of the gallery for more meaningful engagement with the medium. Visitors' engagement and subsequent assessment of the meaningfulness of their engagement with these works, as well as the health stories they present, will affect their future interactions with graphic medicine or conversations about it. The limitations and parameters of cultural and public settings affects comics reading experience and this result shows that curatorial characteristics can successfully evoke meaningful visitor associations. Curators can use these curatorial characteristics rather than rely on traditional museum practices that are imbued with epistemic privileging of fine arts media that may deaden and limit the works.

Public Engagement Events

Curators state that a main reason for having an exhibition versus disseminating the work in a different medium is that they provide an opportunity for additional public

engagement events. While exhibitions are also a form of public engagement this section examines the role of additional events to further breakdown prevailing paternalistic privileging of expert voices and public needs met through these settings. These events are important to examine to explore how social programming creates dynamic opportunities to engage publics with graphic medicine and health experiences beyond the limitations of exhibitions. The benefits of these events include that they enhance experiences, encourage visitor agency for deeper meaning-making, and build a sense of community through social and hands-on interactions. The exhibitions contain public engagement that includes tactile experiences and visitor-led interactivity (e.g. creation and reading corners), feedback activities, and in a few cases interactive installations. The different locations and validation structures of individual exhibitions influence what events curators and teams organise. For example, conference organisers also host exhibitions to complement their event and, in the case of non-graphic medicine conferences, introduce their delegates to a new medium for health communications that present patients' lived experiences. Research project exhibitions and those in libraries use events to draw in new audiences for greater impact. Exhibitions at hospitals use events to go into greater detail on related topics, such as treatment, that publics may want more information on but organisers felt this would be too individualised or potentially harmful to display in unmonitored exhibitions.

Additional events allow curators to overcome limitations of what an exhibition can do through structured or facilitated activities and programming. These events also provide a different type of reciprocal relationship between visitors and organisers, artists, or medical experts through its structured social ability than independent interaction with the exhibition. Curators cannot definitively determine who is going to visit their exhibitions or what viewing behaviours these visitors will prefer as many installations are unmonitored and intended to be self-led experiences. However, they can encourage or influence visitors' interpretations through curatorial design, the objects and texts on display, in-gallery self-led activities, and especially through feedback and creative opportunities that give the visitor the chance to add to the exhibition, as shown by activities included in *U;REDD* and *Shifting Identities*. Overall,

curators intend their additional events to facilitate targeted or guided conversations about graphic medicine or health topics and they do this through stimulating reciprocal dialogue between visitors or themselves to create more personal connections.

Educative leisure is present in the exhibitions and additional events through participatory and co-creative elements that are meant to engage visitors beyond just viewing and contemplating the works. Curators place visitors' agency and meaning-making processes at the centre of their curatorial practices and event design. This centrality of the visitors' needs and activity redistributes curators' power and control and is an example of practices that contain epistemic humility (discussed in chapter 1). However, in order for curators to be successfully achieve this redistribution of power they need to make this evident to visitors in the events. In the interviews, curators mention dialogic programming less frequently as many talks seem to be expert-led in their design, but different elements in the exhibitions are meant to stimulate visitor conversation during or after their time in the space. Twelve curators state visitors' emotive and self-driven engagement is fundamental for their experiences to be perceived as impactful, and they can stimulate this through co-creation, interactivity, and emotionally driven education.

Visitors can communicate diverse health experiences to organisers and other participants that enrich publics when given the chance to explore their own stories. Talks and workshops do not always focus on promoting the exhibition. Rather, curators view these as parallel events that mirror the aims or themes of the exhibitions. Curators believe that the exhibition is what makes the event more appealing for publics to attend. This could be because the exhibition creates more than just an event and provides incentive for visitors through promising a dynamic social element or more depth into a specific topic that an exhibition alone cannot provide. Creative workshops, as opposed to expert-led talks, promise dynamic socio-sensory experiences for participants that bare some relation to the exhibition and content, whether it is run by an artist whose work is on display or a chance for visitors to become creators. Exhibitions can become a backdrop to additional co-creation and reciprocal events

where visitors can present new ideas and concepts that the curators did not deliver through the displayed works.

Scholars, including Annett (2014), state that these paratextual events provide visitors and comics fans with social connections that influence their personal readings of the previously published texts. In chapter one, nine of the codified exhibitions display pre-published works partially reproduced, and seven are paratexts themselves to conferences and research projects. This is significant in analysing how these paratextual events create a different type of interaction with the original texts that focus on creating a socio-spatial experience. Curators work from the position that 'reading' is an act of interpretation that tries to make meaning from participating with a creator's comics; readers create interpersonal reading experiences when they engage in social communities that influence their interpretation of the texts (Annett 2014). Exhibition paratexts provide experiences that are not necessarily constructed by the artist and are an adaptation of the intended reading experience, except in comics installations made for exhibitions. The social component in graphic medicine exhibitions is meant to facilitate conversations about health experiences between different groups of people. Curators use curatorial text and dialogic programming to stimulate these conversations, which often are on a targeted topic.

Events can lead to a more meaningful connection to the works for visitors that are already fans of comics. Scholar Jeet Heer explains that contemporary comics fans prefer a single writer-artist as the author, or creator (Beaty and Woo 2016, p. 49). This creates a more intimate and collaborative conversation between creators and readers, since there is no perceived mediator. But in exhibition, the preference of a single creator is entangled with the elevated symbolic value of the work and author (Beaty 2012). The cultural setting of museums is responsible for elevating the symbolic value, which scholars problematise and critically analyse to examine the place of comics in the art world against their intended reader interaction (Munson 2020; Beaty 2012). Further, in the case of memoirs, readers assume the content is the encoded experience of the comics creator, and this interpretation adds an additional sentiment of closeness between them and the artist (Halliday 2005 cited in Davies 2016). However, exhibitions

often contain fragmented stories and comics and are explicitly curated by a middleman, except in self-shows. The curator who is not the artist of the work adds a distance or other voice to the preferred binary relationship between readers and creators. Thus, the exhibition space foregrounds symbolic value issues that elevate creators into different sociocultural contexts that may disrupt an existing fan's engagement with the works through creating a sense of distance. To close this distance, curators can employ strategies to facilitate meaningful and social connections between visitors and artists, such as artist talks and workshops.

Communities of creators represented in the exhibitions and events can empower and give a voice to diverse patients and creators whose stories do not always get told in more traditional comics or public engagement. Curators hope this would inspire visitors to create their own comics and that their curation of the comics would be effective in aiding visitors to form deeper understandings of lived health experiences. Curators indicate that one aim that the exhibitions and events share is to create a sense of community around graphic medicine that visitors can connect and interact with. For example, the *In Real Life* events aim to connect artists and students and get the latter to see themselves reflected in a comics community and as a viable member of this; Sardone and Devlin-Scherer (2015) find that introducing students to comics engages them in traditional learning environments with topics they are not previously motivated to learn about. These connections can also empower visitors to start creating comics and be a part of this local community of creators. Brown (2019) states that activism and museum work, related to developing cultural institutions, is "based on the premise that museums can provide places for communities to meet, work, share and mediate ideas, build social sustainability and foster personal and collective well-being for the common good" (p.3). Curators can provide publics access and communication on diverse health experiences through a connection to local creator communities. This connection adds context and perspectives beyond the social and spatial limitations of the gallery walls. Events can help build communities and connections that can prolong and deepen visitor interactions with graphic medicine, the health topics exhibited, and the institution it is located in. This could be also done for event programming that seeks to

provide a connection to local medical professional communities, or even the international graphic medicine community aims to stimulate more interaction between these two communities.

Curators use patient-centric programming and works to engage medical professionals with patients' stories and reveal hidden experiences. Medical professionals are a present sub-audience for some of these exhibitions. Curators describe these visitors as being motivated to learn about the lived experiences of their patients at the events, and this includes the post-treatment realities of patients who require specialised care after they return to local general practitioners. To achieve this, curators plan openings and other social events to bring patients together with medical professionals to facilitate and encourage conversations between strangers:

> "Other recent studies demonstrate how public engagement with museums can bring about significant health benefits to people, and [lead] to impacts such as reduced social isolation, positive emotions, increased self-esteem and sense of identity. The UK has established a National Alliance for Museums Health and Wellbeing, and since 2011 the popular 'Happy Museum' project, led by Tony Butler, has brought together thinking about the role of museums for well-being and sustainability, focusing on encouraging active citizenship and subjective-wellbeing (Happy Museum website; Fujiwara 2013)." (Brown 2019, p.4-5).

In the graphic medicine exhibitions surveyed, organisers plan focused workshops with nursing students and medical professional participants to demonstrate the potential of graphic medicine. These organisers use workshops to practically and socially engage individual and group discussion on meaning-making through the creation of graphic medicine for professional practice. Medical education that involves visual skill development in observing and discussing works of art has been linked to improved medical practice (Miller et al. 2013; Schaff et al. 2011), while this also provides these students with beneficial methods for "mak[ing]sense of and communicat[ing] about health-related experiences" for patients and healthcare workers (King 2017, p.523). Moore et al. (2013) note that medical students engaged in drawing-based workshops with artists enjoy group discussions, versus individual paced work, as these provide opportunities to learn from other's expertise and enable them to reciprocate their own in mutual professional development. Researchers assert that visitors and artists that

engage with exhibitions on mental health through educative leisure can improve empathy, needed to initiate social change, towards people with mental health issues and conditions (Potash et al. 2013). Museums and visitors can benefit from exploring how making comics can facilitate their own processing of mental wellbeing and health.

Event organisers schedule expert-led talks to contextualise and provide more information that cannot be displayed in the exhibitions alone. In *U;REDD*, the museum board did not want to present or propose treatments in the exhibition due to concerns that these are individual to the patient's unique circumstance. Organisers state that the committee feared that the static nature of the exhibition and the limited amount of content that could be presented would wrongly suggest a finite amount of treatments. However, public talks were hosted throughout the running of the exhibition, though it was unclear how strong a connection each of these made to the exhibition. For these organisers expert-led talks seem appropriate since their potential audience was quite diverse, however these types of events do not allow for dialogue between visitors as even question and answer sections enforce power-imbalances with the speaker (Bowman 2017). Organisers can design dialogical programming to avoid epistemic injustices, paternalistic privileging, and promote equality. This type of programming intends to facilitate an equitable conversation between exhibition speakers and publics where knowledge is reciprocated and agency is acknowledged. These social environments in the talks and workshops construct settings for individualised meaning-making for participants and leaves room for their own tellings and needs. Scholars see this as an intervention to commonly programmed expert-led talks and workshops that do not easily include lived-experiences as evidence and build trust between publics and presenters (Camporesi et al. 2017; Bowman 2017).

Curators regard the power of patient-centric programming and displaying work created from these experiences as giving control back to patients over their own stories. Shapiro (2011, p.71) states that patients of severe illnesses maintain a sense of control in the telling of their stories, whereas other aspects of their lives do not seem that way, and that they create these narratives with poetic licence that "trades accuracy and precision for personal meaning." This draws on DasGupta's concept of narrative

humility, which "acknowledges that patients' tellings are not objects to be comprehended or mastered, but rather dynamic entities that we approach and engage with, while simultaneously remaining open to their ambiguity and contradiction" (Shapiro 2011, p.70-71). Organisers include cancer survivors and artists from the *Shifting Identities* exhibition during the Tate Late event, so that they could tell their own stories in ways that are meaningful to them. For example, one patient shared food as a way to start conversations prompted by the exhibition.

Curators and artists use of visual metaphors in the exhibition resulted in emotive engagement and affective responses. They evidence this with the conversations that happened between strangers that led to patients relating to each other or to medical professionals. These visual metaphors are not reflective of the reality of the patient experience (for example, none of the patients were lions or mice), but the meaning behind the visual metaphors helps the patient to convey their story in a way that is significant and shaped to their needs. Shapiro (2011) states that this personal impact is what determines what 'good stories' are to patients. Exhibitions become curated social manifestations of patient narratives that curators mediate to alleviate pressures on patients to advocate their lived experiences to others when they may feel disempowered to do so within their communities (Potash et al. 2013).

Curators use patients' voices to empower and destigmatise health experiences to centre on the needs of the patient, not the healthcare system, aided by the social and cultural space of the gallery. Curators that exhibited in establishments that have existing cultural capital state that visitors commented on the importance of institutions amplifying their voices and supporting patient-centred works. Brown (2019) states that museums are "among the most trusted public institutions around the globe" (p.2), and thus have an ethical and moral responsibility to support social cohesion and adapt to challenges faced by the communities they serve. Artist-curators also felt empowered by institutional support and amplification of graphic medicine to publics. In the gallery, medical professional visitors sought educative leisure outside of a clinical context to focus on learning about the human experience, not clinical experience, of health through personal narratives. In engaging with patient stories and the events, curators

observe that medical professionals were gaining insights from patients in the space who also participated in the social programming. Museums and exhibitions have a responsibility to sustainable development and can affirm a sense of relevance to the communities in which they are placed and impact their publics through providing a space for learning and dialogue that is not being met elsewhere. Current issues that museums face, such as changing social demands and visitor expectations (Antón et al. 2018; Packer and Ballantyne 2016; Hanquinet and Savage 2012), require them to develop alongside communities for their own self-interest and futures.

Through events visitors encounter the cultural, or intangible, experiences of health in an organised space that curators design to elicit deep learning through emotive and engaging social programming. Curators design these encounters to create social interventions on how visitors engage with sensitive health topics. They believe these were mediated through the performance of museum visitorship, where visitors could select what they engage with based on their own curiosity and emotional willingness. Mimicking Roeder's (2008) observation of Rebecca Zurier's work on comics as "construct[ing] a new vocabulary for documenting the urban experience," works categorised as graphic medicine provide a new vocabulary for documenting and understanding health experiences through subversive intentions in personal storytelling. Public engagement events and activities become chances for visitors to experiment with this new vocabulary that the medium of comics provides. In doing so, these events create health narratives that organisers construct with the needs of patients in mind and in a way that services those needs. In these social events, the curators anticipated local communities would converse and mix and, hopefully, grow through support, empathy, and understanding of one another. While exhibitions are forms of public engagement, they are not necessarily social spaces, so curators find it important to have a second layer of programming to facilitate community participation and conversations. These socially designed events focus on promoting visitor agency and centrality to achieve epistemic humility. These events blend the exploration of health experiences in-context of personal meaning-making with reciprocal communication between different publics and exhibition organisers to do so.

Medium Affordances

Curators describe the benefits of the comics medium as having a greater attraction and impact on their visitors than other media, as well as they acknowledge challenges in team dynamics (detailed in chapter 2) and in adapting the works. The themes that emerged in the coding process emphasise the communicative power and uniqueness of the comics medium for presenting emotive and personal health stories. Kuttner et al. (2020), in promoting comics-based research, state that the affordances of the medium for research are its multimodality, sequence and simultaneity, and subjective style and voice. Early scholars and practitioners of graphic medicine works, such as Alison Bechdel's 2006 retrospectively included *Fun Home: A Family Tragicomic*, often present the genre as subversive (Czerwiec et al. 2015; Rerick 2012). However, Bechdel notes that as she became more widely read and as the field grew she no longer can call her work subversive (Sollberger 2008 cited in Rerick 2012). The subversive reputation of graphic medicine still remains in some contexts, as evidenced by challenges the curators faced around medium-related stigmas; however, the growing number of works published by major publishers, research projects, and communities aligned with the genre, suggest that it is moving into a more established field. Despite this, the intentions of the curators reveal that, for them, the core idea of graphic medicine is as a subversive intervention into healthcare and a medium that can include diverse voices and experiences. These ideologies can be the reasons for continued efforts (and the need) to introduce the genre to exhibition audiences who are unfamiliar with comics about health. However, graphic medicine exhibitions must actively find ways to seek out diverse experiences as the tradition of working from existing networks or published works runs the risk of establishing a sense of orthodoxy that can produce a canon or limited scope for visitors. Scholars and creators, such as McGurk and Robb (2019) and Chase (2009), criticise curators for producing a canon through highlighting "masters" and commonly known artists to publics in relation to comics and exhibitions more generally (Munson 2020; McGurk and Robb 2019; Chase 2009). In naming bad practices, they note that curatorial framing that is borrowed from art history and literature and

should be replaced (McGurk and Robb 2019; Chase 2009), such as canonisation. Organisers should use these exhibitions to intervene on paternalistic privileging from these past practices (McGurk and Robb 2019; Chase 2009). This section explores how curators might use the media of comics and exhibitions to disrupt these injustices for epistemic humility and inclusive practices for emotive engagement with diverse health experiences.

Curators who explore affordances of comics in exhibitions can benefit from engaging with pre-existing barriers and challenges faced by the medium. In doing so, they can enhance their use of public exhibitions as a way to explore and resolve these issues. Six curators assert that viewing the comics medium as accessible in exhibitions is not simply about presenting something in comics form, simplifying content, or sanitising topics. Accessibility in graphic medicine exhibitions is about rendering unheard voices, invisible experiences, and the humanised understandings of illness and health conditions to publics that might avoid these topics when presented in other media, such as academic articles or long novels or even graphic novels. However, two organisers state that they faced pre-existing bias against the comics medium, namely stereotyped funnies aesthetics. This is a known challenge for the medium that relates to nomenclature and misunderstandings of comics as children's entertainment (Roeder 2008). These are similar aesthetic features that make some visitors and scholars advocate for the accessibility of comics. Curators can potentially use graphic medicine exhibitions to develop or methodologically approach these contradictions by addressing them in curatorial text and additional events. The curatorial text in *Sick!* and *Ill-Conceived and Well-Drawn* attempts to resolve these issues by including educational information that focuses on how comics work and are read critically. These statements and commentary can call on visitors to deliberate their own assumptions of the medium more directly.

In comparison to reading graphic medicine privately, exhibitions allow visitors to tailor their own viewings and connect with the stories. Visitors build their viewings from their own interests, needs, and emotional well-being without needing to engage with an entire story to deepen personal meaning-making. Curators often express

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emotive engagement happened in the exhibitions as evidenced in visitor feedback and their own observations. For example, five curators reflect on the quality of the artwork as key to the success of the exhibitions in simulating emotive engagement. As discussed in the second chapter, creators use visual metaphor, an element of the comics medium, to reach audiences and convey specific experiences through more general and relatable moments, emotions, and experiences, such as stress or fear as a result of a diagnosis. Frank (1995) highlights these moments as fundamental elements of the illness narrative structures that he proposed. However, unlike written memoirs, these comics use visuals to connect readers through setting. These creators connect with visitors through the everydayness of the settings in which they take place, such as receiving your diagnosis through a call at home. Curators need to consider the power of these everyday scenes when selecting the works for the exhibition, so that they can facilitate this emotive engagement that happens in private reading in the gallery.

Curators that design exhibitions to retain comics' affective qualities enable enhanced emotive engagements with graphic medicine that facilitate individualised visitor meaning-making experiences. La Cour (2019, p. 414) makes a case for social abstraction and explores how comics can be exhibited in way that "socially abstracts them from their material embodiment on the page and in the book" while curators still maintain the medium's affective qualities. La Cour (2019) defines affective qualities as related to experiencing comics as adapted to the gallery and not in relation to larger social environment; for example, curators can think about how curatorial practice can engage visitors with how comics operate, are read, and make readers feel (La Cour 2019). Curators' practice can convey these qualities through retaining personal reading experiences, exploring time and space in the gallery context, and stimulating critical conversation around the original versus copy in an art historical context (La Cour 2019). While La Cour's (2019) work is previously discussed in this chapter in relation to curators adapting comics in exhibition design, her work is returned to here to consider potentials of exhibited comics. These potentials are in relation to intended visitor experiences, namely emotive engagement through relatability and embodied reading. These experiences are not public engagement programming but opportunities available

throughout the exhibitions in the space or adjacent spaces, like libraries. These opportunities also include comics reading and contact in the gallery (not the works on the walls), self-led creative and critical activities, and publically visible feedback chances.

Visitors participate in self-led creative and critical activities to engage in more depth with the process of comics and conversations of health. The curators for this research want emotive engagement with these activities to prompt conversations and encourage visitors to use their own stories to inform the works they create. Curators plan critical activities that include curatorial texts and interactive installations, as described in chapter two in *U;REDD*, to ask visitors direct questions or prompt them to contemplate something. Curators position visitors' emotive engagement with these as personally reflective. However, they state that the subject matter and sensitivity of the feelings produced in the visitor varied from, "what comics I am familiar with," to "do I know anyone with [condition]," to "what has changed in your self-identity since being treated for cancer." Curators note that some visitors chose to avoid engagement with the more sensitive prompts. Caroline Leek states that visitor agency in what they interacted with was important in health related exhibitions for the wellbeing of the visitor. Whereas, others curators reflect that this was important for public exhibitions as well where visitors' engagement is spontaneous. Visitor agency and the ability to self-monitor promote transference of power away from curators and authoritative design objectives that do not place visitor needs at the centre but rather their own.

Visitors can also produce publically visible feedback within the exhibitions to become co-creators on the content of the gallery and voice their feelings about the works. In *U;REDD* and *Shifting Identities*, curators design space for visitors' feedback to go on the walls of the exhibition (in text and images) and, thus, these become co-created works on display. This level of engagement shifts visitors to creators, changes their role in relation to the exhibition, and can be a powerful instance where authority of the space is shared between curators and communities (Barry 2013). To do so, curators can use critical frameworks to encourage this shift in how they design feedback opportunities. For instance, Barry's (2013, p.45) Framework of Questions uses

conversation theory to "encourag[e] the cooperative relationships needed to balance authority" between visitors and museum professionals. It asks who has authority over the knowledge that the exhibition presents as valid, the access to collections to create new knowledge, and the space given to different voices. While graphic medicine curators state more creative feedback opportunities gives some degree of authority to the visitor in regards to knowledge, access, and space traditional modes of feedback, such as guest books, are also present in a couple of the exhibitions. Curators use these traditional modes of feedback to reflect on their greater aims of the exhibits, its success, or topics to explore in the future. Exhibitions that collect feedback in a one-directional mode or privately in collection boxes do not show the visitor how organisers use it or if it even will have an impact; dynamic feedback that has a presence in the exhibition and that other visitors can interact with demonstrates to the visitor emotional co-creativity directly through a visible inclusion of their voice.

However, curators should also consider targeted and existing audiences when they think about the role and connection between co-creation and visitor satisfaction; for example, Ruiz-Alba et al. (2019) find that younger domestic visitors of London museums have a more rational approach to visiting and find their satisfaction through anticipatory co-creative activities. Ruiz-Alba et al. (2019) state that visitors with a more emotional approach receive satisfaction from activities within the exhibition and this translates to increased loyalty to the space. Graphic medicine curators may consider these different pathways to visitor satisfaction and target audiences in determining how to implement co-creation into their curatorial planning and design.

Curators can also design exhibitions to encourage activism and civic engagement in healthcare in and beyond the gallery in addition to facilitating emotive engagement and educative leisure through capturing comics' affective qualities. Ten curators describe their exhibitions as starting points in conversations about health, based on identified needs, and they assume that for many visitors these conversations would happen after engaging with the exhibition in person. Comics exhibitions have been discussed previously in this thesis as paratexts for comics fans and metacomics in relation to design. However, it is useful to explore graphic medicine exhibitions as

performative supplements (von Rosen 2016) in relation to activism and civic engagement that visitors act out, which curators can critically craft through conversation with the artists. von Rosen (2016, p.7) explores the potentials of a Warburgian activist art historical methodology and asserts that her work is a performative supplement, "neither to silence the art work ([Una's Family Fun zine] in this case) nor to use it solely as an illustration" of her research. She demonstrates that the methodology she is puts forward aims to contribute to social change around women's voices and mental health. The supplement and in the case of this research, the exhibition, is a meaningful experience that remains in motion, revisable, and interpreted differently by others. As a part of this approach, von Rosen (2016) states that to engage in the ethical position of this methodology the object of study, or artist of the works, needs to be involved in the process and be given a voice. Organisers can consider this in curatorial practice where they give artists an authentic voice in the exhibition and some control over their work's presentation. Graphic medicine curators did this in many of the exhibitions when they ask artists to choose their own work, define and speak about their own processes, and promote the sale of the artist's work. Interestingly, Squier refers to the graphic medicine conferences where artists table and sell their work as one form of exhibition that is self-curated at each table, and gives the delegates a chance to purchase work directly from the artists present at the conference. Squier's comment reveals a connection between the social aims embedded in many of the exhibitions analysed for this research and the larger graphic medicine community. The agency in self-curation and support in sales are important elements of von Rosen's (2016) activist methodology and is present at many of the graphic medicine exhibitions or a part of the planning stage, such as when associated libraries purchase works to accompany their exhibitions.

Curators who want to effect change in medical practice and public concepts of health describe visitors as collaborators of knowledge and producers of health conversations in new contexts. Visitors' participation here is beyond educative leisure and more akin to civic engagement as curators intend new knowledge to be meaningful outside of the exhibition. Stone (2014) argues that community participation in the

museum needs to achieve citizen power for it to be true and challenge reiterative museum authority, which Shelley Arnstein (1969 cited in Stone 2014) encapsulates in three levels of engagement: partnership, delegated power, and citizen control. Most graphic medicine exhibitions are meant to stimulate visitors to act after they view the exhibition and only some of them engage publics in the planning stages and during the exhibitions; however, many of these happen outside of traditional museum settings and in public environments, like libraries, which are outside of the reach of traditional museum and medical authority. This change in environments also brings with it different power structures and authority figures. Stone (2014, p.7) stresses that "[b]oth participatory design, and the argument for citizen participation, bring to light the hierarchy of knowledge and authority that exists within society." Graphic medicine exhibitions that happen in these settings are seen as more equitable, more human, and comfortable for visitors to interact with. Some curators whose exhibitions in traditional settings were subject to unbalanced authority believe this complicated their ability to be more impactful to publics.

Curators for this research who work within traditional medical teams or institutions experience institutional inclusivity. While these exhibitions intend to provide human experiences of a health condition, their validation structures unfamiliarity with the medium of comics and exhibitions focused through personal experiences threatened to result in homogenised and impersonal curatorial narratives (Quinn and Pegno, 2014). Homogenised and impersonal curatorial narratives are counterintuitive to curators' aims as graphic medicine exhibitions present stories and works from multiple individuals who reflect on their unique experiences with health and illness. In addition, many of these exhibitions are group shows that display comics reproductions of published works, which, as MK Czerwiec states, have already gone through a process of ethical consideration possibly involving a number of participants in discussing what can be shown in the printed comic. Quinn and Pegno (2014) state that when done effectively community collaboration can lead to empowering personalised participation and allow for all involved to have dynamic roles in relation

to museums and exhibition, such as a participant being able to be curators and educators.

Even if the visitor's viewpoint differs from the curator's intended aim, meaning can still be achieved through this experience by creating productive friction in a shared culture (Magnussen 2000). Hybridity in the curatorial design, education, and content can give a voice to different perspectives (Quinn and Pegno 2014). Eight exhibitions did this by displaying multiple works in group shows, chosen in part by the artists themselves, in a non-hierarchal layout that positions each work, and thus personal story, as being equal to each other. This approach can also presents a diverse range of voices in one exhibition and reject a homogenised narrative. However, Groensteen's (2013; 2007) theory on panels whose occupied shape, area, and placement operate as privileged sites and thus highlight its importance to the story, is relevant for thinking of these as displays adapted curatorial paratexts that some visitors assumed were linear narratives. Visitors may interpret the shape, area, and site of the artists' works in the exhibition as more important depending on how curators create the reproductions, such as enlarged works. Visitors may also think about the works as individual panels of the exhibition or as page layouts that follow any introductory curatorial text. Curators must confront these design choices explicitly to examine not only their aesthetic quality to the overall exhibition, and consider how their reproductions and placements of the work might prompt visitors to read them as critical, social, or political statements.

Curators seek to measure whether individuals experience personal meaning-making and not whether visitors attain a singular and finite knowledge acquisition. Comics readers and fan communities have a similar history of moving from being treated as duped, passive, oppressed, and fanatic to active and negotiating commercial and cultural friction and tensions in order to make texts meaningful (Annett 2014; Geraghty 2014). For readers and fans, "…popular culture is made meaningful through memories; fan culture is not commodified but personalised" (Geraghty 2014, p. 4). Fans embody their personal histories in collections and archives and display them in gallery

spaces to challenge our sociocultural and emotional ideas of value through 'transformative nostalgia':

> "As museums are examples of the 'community manifestation of the sacred set-aside, and emotional response which we all share and which we all attribute to our individual collections, it follows that deposition in a museum, through which sacredness and significance are guaranteed, is the goal to which many collectors aspire for their material' (Pearce, 1995: 390 [reference in original]). Fan collectors who reclaim the objects of their youth that represent their emotional investment and enthrallment in a media text are also blurring the lines between official and non-official versions of a cultural museum." (Geraghty 2014, p. 37)

The meanings and values that individuals attach to these objects shift over time, places, and between fans (Turkle 2007 cited in Geraghty 2014). Because of this, graphic medicine curators must consider their intended sub-audiences' motivations for participating in public engagement to understand what works might impact them better. However, this is where the curators' focus on visitor agency in viewing the exhibition is important to achieve emotive engagement as it does not require visitors to interact with all works in order to have an impact. Visitors who do not relate to the works might experience dissonance rather than emotive engagement at the exhibitions. In these instances, personal meaning-making may not have been achieved for a number of reasons that relate to the individual's expectations or if their preferred way of engaging with works is not met. For example, dissonance might happen if the curatorial design or text implicitly or explicitly does not give insight into universal themes within the specific stories told in the comics, language or narrative is overly medicalised, or personal reflective activities or meaningful sensory experiences are not present in the gallery.

Curators interested in promoting civic engagement and deep emotive experiences with visitors need to facilitate embodied and transnational connections between the bodies on exhibit and those of the visitors to inspire action. For example, Vincent's (2014, p.386) curatorial practice that she terms viscero-spatial curatorship "connects body to space as a relational concept," and can stimulate deep emotive responses in visitors. Vincent (2014, p.386) states that this practice is activated by visitors' bodily activity in the gallery and considers embodied social space as "beyond

the fixity of place" in order to stimulate interconnectedness of bodies to other places in the world. In graphic medicine exhibitions, curators exhibit bodies experiencing health and illness in the comics and seek to stimulate an emotive connection as visitors encountered these embodied health experiences. In thinking about the potentials of a graphic medicine curatorial methodology that considers deeper emotive engagement with communities, a viscero-spatial curatorial design can challenge established practice with new ways of knowing in museum practice. For example, comics curators can use participatory activities in the formation of the exhibition and sensory engagement for visitors to connect tangible and intangible concepts in approaching the "museum [or gallery] as a site of production" (Vincent 2014, p.386). A few of the graphic medicine exhibitions already contain some of these concepts when curators facilitate sensory experiences to make the visitor aware of their body's presence in the space of the gallery, such as the *U;REDD*, *In Real Life*, and *Shifting Identities* in tactile, audio, and participatory activities.

Concepts of location(s) and the body's conceptual and physical relationship with these are also central to viscero-spatial curatorship. Graphic medicine exhibitions can do this by connecting to local communities and places to build emotional quality to the work. They can also explore how other locations in the world relate to the visitor's body. This relation is evoked through activating visitors' memories or through cultural and socio-political associations with other places where the health and treatment of our bodies are impacted, such as government buildings, courts, clinics, and hospitals. For example, the COVID-19 pandemic is an extreme example of when people are acutely aware of how their bodies and health are relational to their local communities, social, and domestic spaces, while they also are cognisant of their conceptual and physical interconnectedness to places across the globe. The same can be analysed in relation to climate change and other universal experiences that have both a local and global presence. Graphic medicine exhibitions and curators can facilitate this interconnectedness through presenting the mundane and everydayness of health and the universality and diversity in illness through personal stories. They can deepen these

relational associations by making room for the visitor to be active within the gallery in socio-sensory experiences.

Conclusion

This chapter presents and discusses the main themes that emerged across the curators interviews. It focuses on how graphic medicine exhibitions can be used to explore diverse experiences of and conversations about illness and health, and how curators and artists use these exhibits to communicate with visitors. In particular, the analysis finds that a majority of the graphic medicine curators are influenced by the medium of comics itself. Curators assert that these exhibitions provide health communication strategies for engaging publics and professionals, and also that curatorial practice, as a performative supplement (von Rosen 2016), can provide its own experience to organisers. Curators approach exhibitions as adapted experiences, which some designed in part as a metacomic (Duffy 2009), and sought to create an immersive experience that gave visitors the opportunity to engage with comics and health stories on a deeper level through affective qualities (La Cour 2019). Curators plan talks and workshops to enrich visitor experience and supplement the exhibitions with content that is not suited to their curatorial narratives. In some cases these took the form of expert-led talks, which are not dialogic in design, but other events show that the comics and exhibition works against prevailing epistemic injustices and encourages conversation. For example, artists who ran workshops or talked in conferences have a voice in public conversations of health. In planning these events, curators aim to empower others through these events by supporting that lived-experience, not just biomedical knowledge, can be understood and used to inform concepts of care and health. Finally, this chapter explores graphic medicine exhibitions as sites of production and facilitators of new knowledge through which museum professionals, gallerists, or other curators could share authority with their communities. This shared authority can happen when organisers strive for civic engagement, sustainability, and comics art history activism. The comics medium is central to these emerging curatorial concepts and can lead to deeper emotive engagement and relatability through

embodied reading experience and both the literal and metaphorical representations of the human body.

These graphic medicine exhibitions intend to be impactful interventions into medical practice and public concepts of health, illness, and care. The approaches proposed in this research include curators creating a local identity or national identity through their exhibitions. In doing so, they break from the emerging canonisation and cultural imperialism that a limited number of works that are easily distributed due to their publication present. The chapters' methodological discussion challenges these prevailing paternalistic practices and works and considers what Astrid von Rosen (2016) describes as a comics activist art history. It does so to disrupt the canonisation of the field through an epistemology that asserts a local identity as key to success, whereas a canonised set of works cannot connect with audiences in other countries and healthcare environments.

In the next chapter, visitors' interviews are presented to explore how curatorial intent and personal experiences affect their interpretations of the *VAST/O* exhibition and reveal whether the display of the medium facilitates meaningful experiences for them. This chapter is presented in a visual format to present the methodological and epistemological affordances of the comics medium to navigate epistemic injustices embedded in expert-participant relationships institutionalised through the presentation of research. This is followed in chapter 5 by a nuanced discussion of the methodological potentials of graphic medicine through the needs, experiences, and values of visitors, and how curation and public engagement might meet these.

Chapter 4
Visiting Graphic Medicine Exhibitions: Visitors' Temporal, Spatial, and Social Experiences

Introduction

This chapter is a presentation of findings from the visitor interviews, which were conducted in-between the curators' discussions. The previous chapter discussed the findings from the curator interviews exploring their intentions for the exhibitions, their perceived values, challenges and barriers they faced, as well as the potential for these to be constructed to evoke activism through a metacomic design. In this chapter, the researcher employed an arts-based narrative inquiry approach to the interviews, knowing this chapter would be presented in the comics medium, and used this method of analysis in coding the interviews and reconstructing them. Here the comics medium, in its interplay of text and image, seeks to give an individual voice to each participant's visitor tellings and show behaviour through the illustrated body and re-enactment of their experiences.

The researcher's decision to accompany the interview quotes with the likeness of the visitor seeks to re-inscribe the ownership of the experience back to the participant and present a more embodied and humanised experience through the comics medium.

The illustrated presentation of findings places the experiences of the visitors in the context of the gallery, place, and exhibition that they engaged with represented through the aspects of these experiences that impacted them.

THE VAST/O EXHIBITON WAS HELD AT BOURNEMOUTH UNIVERSITY'S ATRIUM GALLERY. THE GALLERY IS SITUTATED IN AN OPEN SPACE ADJACENT TO A MAJOR CHAIN CAFE AND THE MAIN ENTRANCE TO THE CAMPUS.

ATRIUM GALLERY
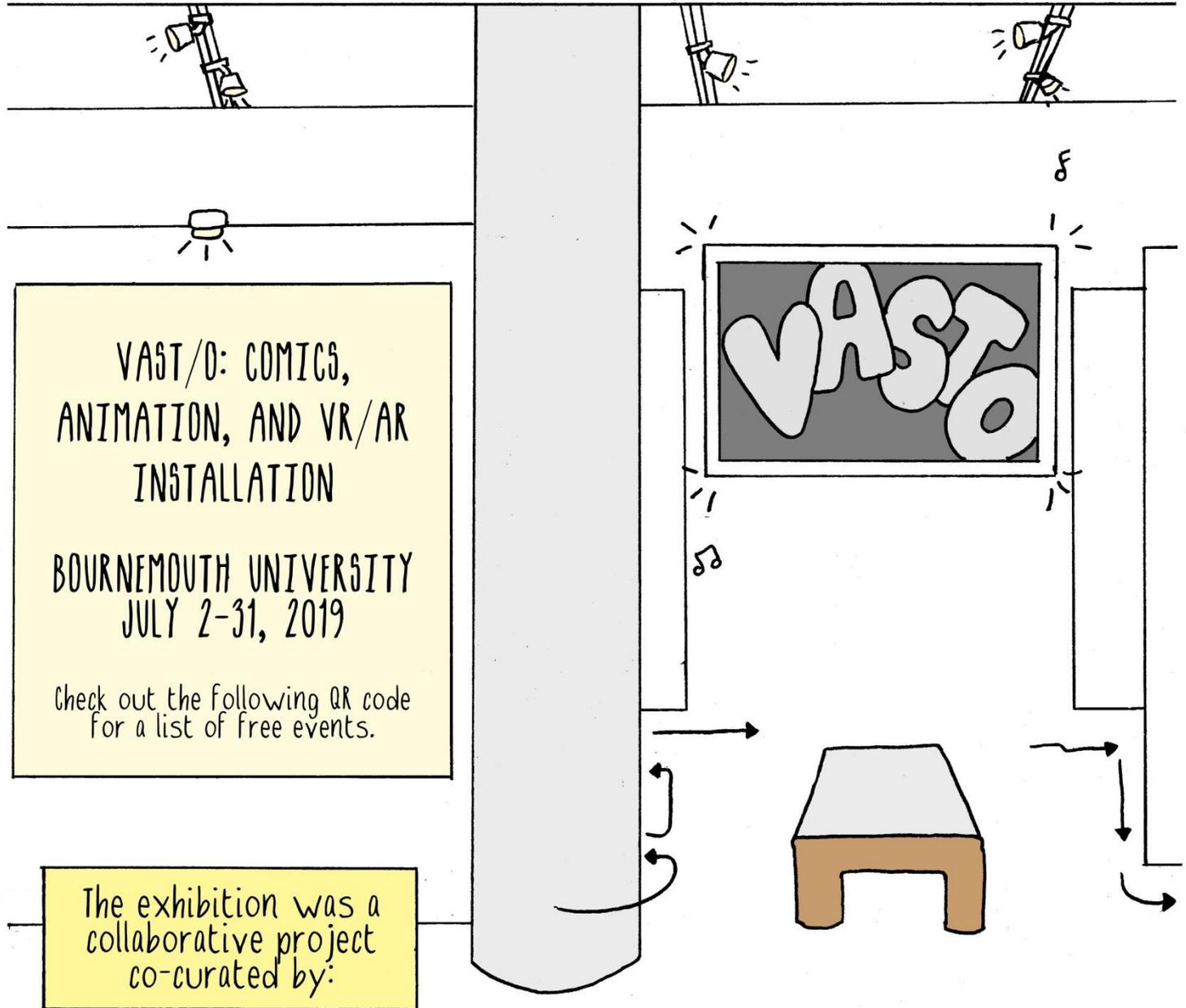
VAST/O: COMICS, ANIMATION, AND VR/AR INSTALLATION

BOURNEMOUTH UNIVERSITY
JULY 2-31, 2019

Check out the following QR code for a list of free events.

The exhibition was a collaborative project co-curated by:
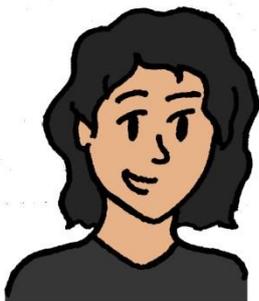
CAROLINA MARTINS

DR. NATALIE WOOLF
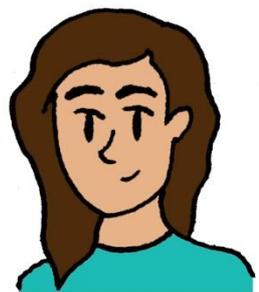
AND MYSELF

My interest in the exhibition was in learning about visitors' experiences in the gallery.
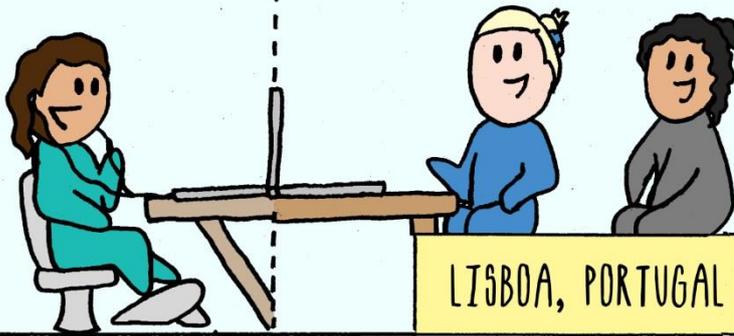
My collaborators were interested in trialling their work augmenting reading in comics installations using animations and AR.

LISBOA, PORTUGAL

JANUARY 2019

VAST/O INSTALLAION FEAT. CAROLINA, NATALIE, CAROLA, AND FRANCISCA

GRAPHIC MEDICINE WALL

FEAT.

NERVOUS COMICS

JAC BATEY

CANDICE CUMMINGS

TYPER PAGE

REBEKAH MCDOUGALL

CAROLINA RESEARCH TEXT

WILD CHILD BY ZU DOMINIAK

MY RESEARCH INFORMATION TABLE

CAFE
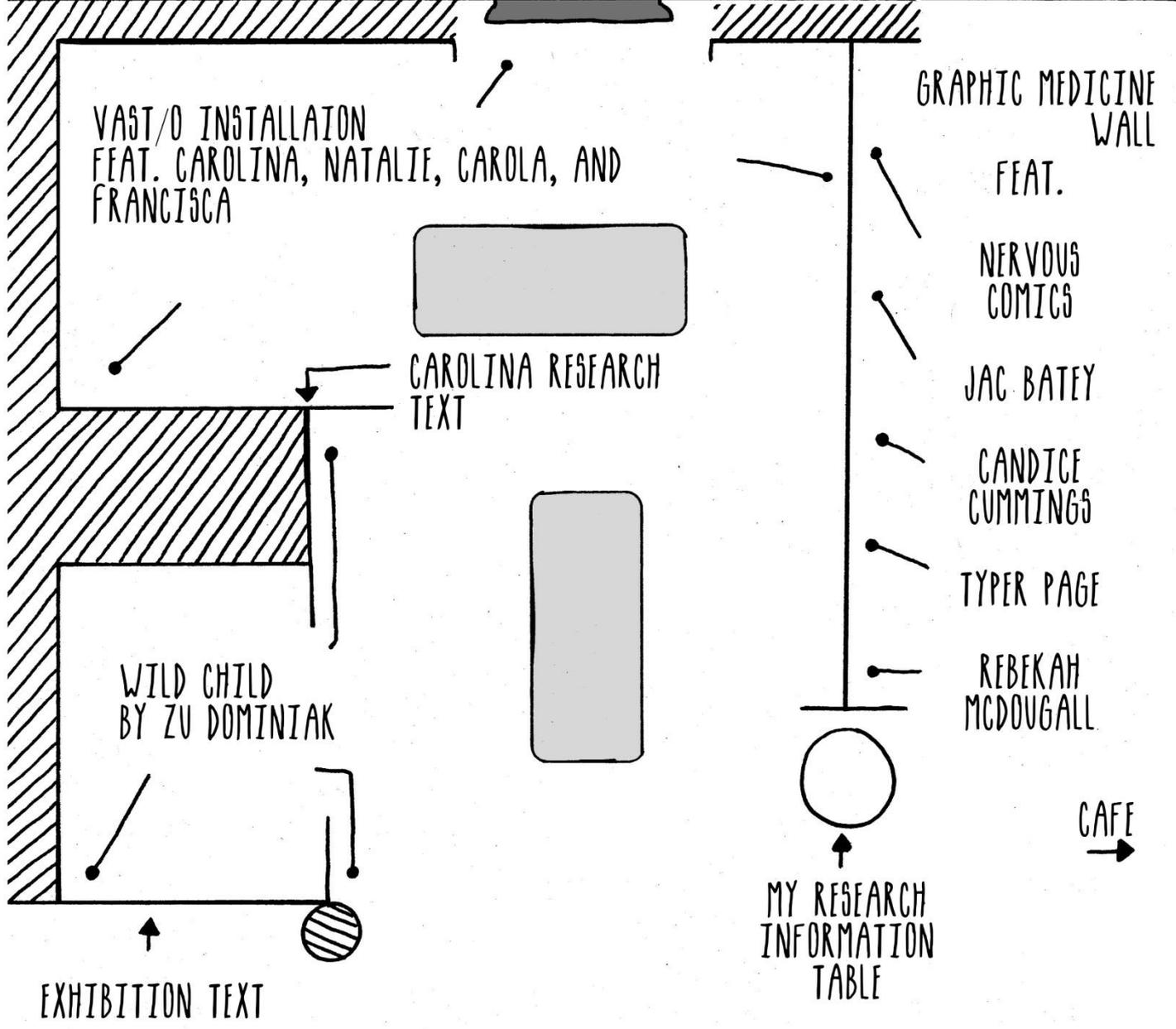
EXHIBITION TEXT

EXHIBITION LAYOUT

THE EXHIBITION MERGED OUR VARIOUS RESEARCH AND CREATIVE EXPLORATIONS ON READING SPATIALLY CURATED COMICS AND GRAPHIC MEDICINE.

AFTER CONSULTING WITH MY SUPERVISORY TEAM, I ORGANISED AN INTENSE PUBLIC ENGAGEMENT PROGRAMME TO CONNECT WITH POTENTIAL INTERVIEW PARTICPANTS AND MODEL GRAPHIC MEDICINE EXHBITION ACTIVITIES FOUND IN MY PREVIOUS RESEARCH.

Expert-led talks

JULY

including an AR launch event with free catalogue

Artivive

family and adult comics drawing workshops

Open Day presence with creative activities

Tuesday look at lunch talks,

promoted through various communication channnels...

tac
tac
tac
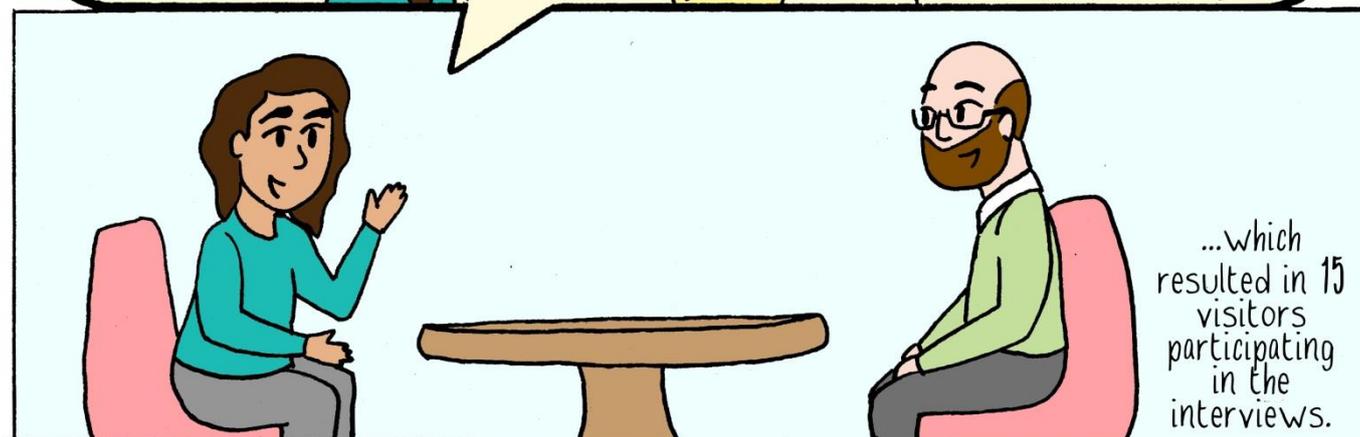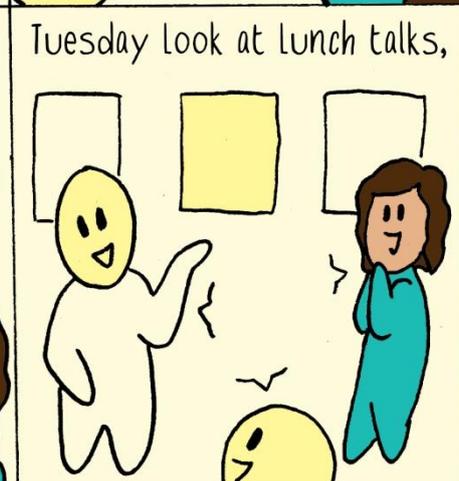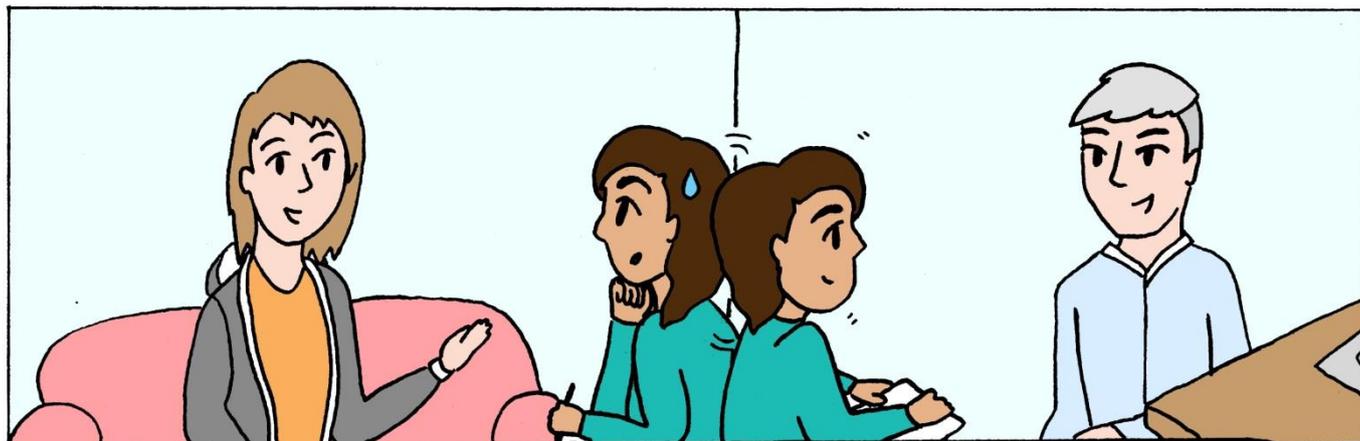
...which resulted in 15 visitors participating in the interviews.

PARTICIPANTS
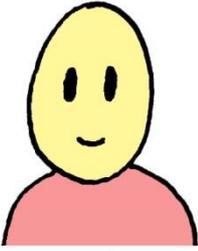
ANON A
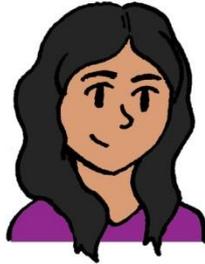
MARA CATALINA
AGUILERA CANON
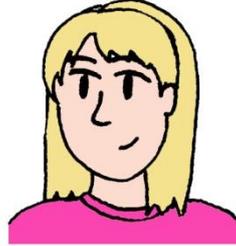
REBECCA MILLS

ALEXANDER TERESHIN

ROBYN WIMBLE
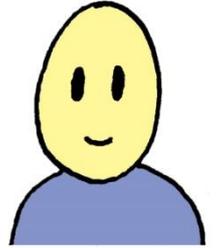
This chapter explores our experiences engaging with the VAST/O Bournemouth exhibition. We all viewed the exhibition and interviewed in July 2019.

ANON B
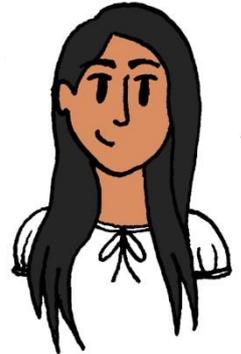
SHAMHAIN SCANNEL
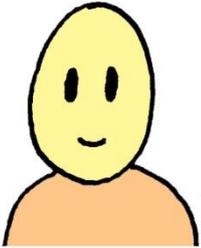
ANON C
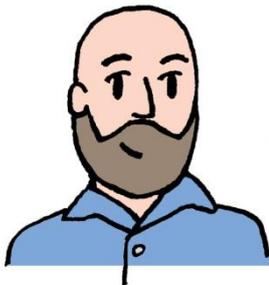
BRIAN MCNULTY
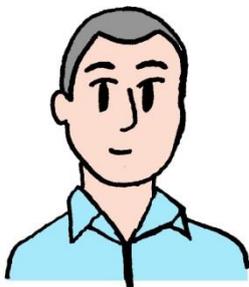
ASLAN KANAMGOTOV
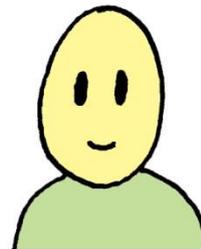
ANON E
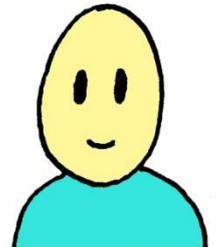
ANON D

AMY TATUM
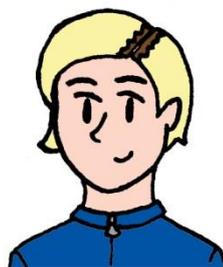
EVGENIYA MALIKOVA
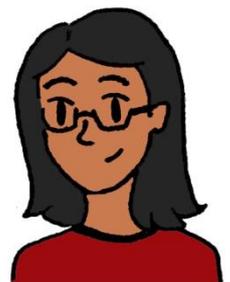
RANTI SAMARATUNGA

METHODOLOGY

Narrative inquiry often uses creative knowledge and forms (Lal et al. 2012) to present the individual experiences of participants in research. McGarrigle (2018) asserts that these creative representations "troubl[e] the authorial voice of the researcher" (p.278) in the research performance by "allow[ing] the text to perform multiple voices including those tacit voices that are often hidden in the text" (p. 280).
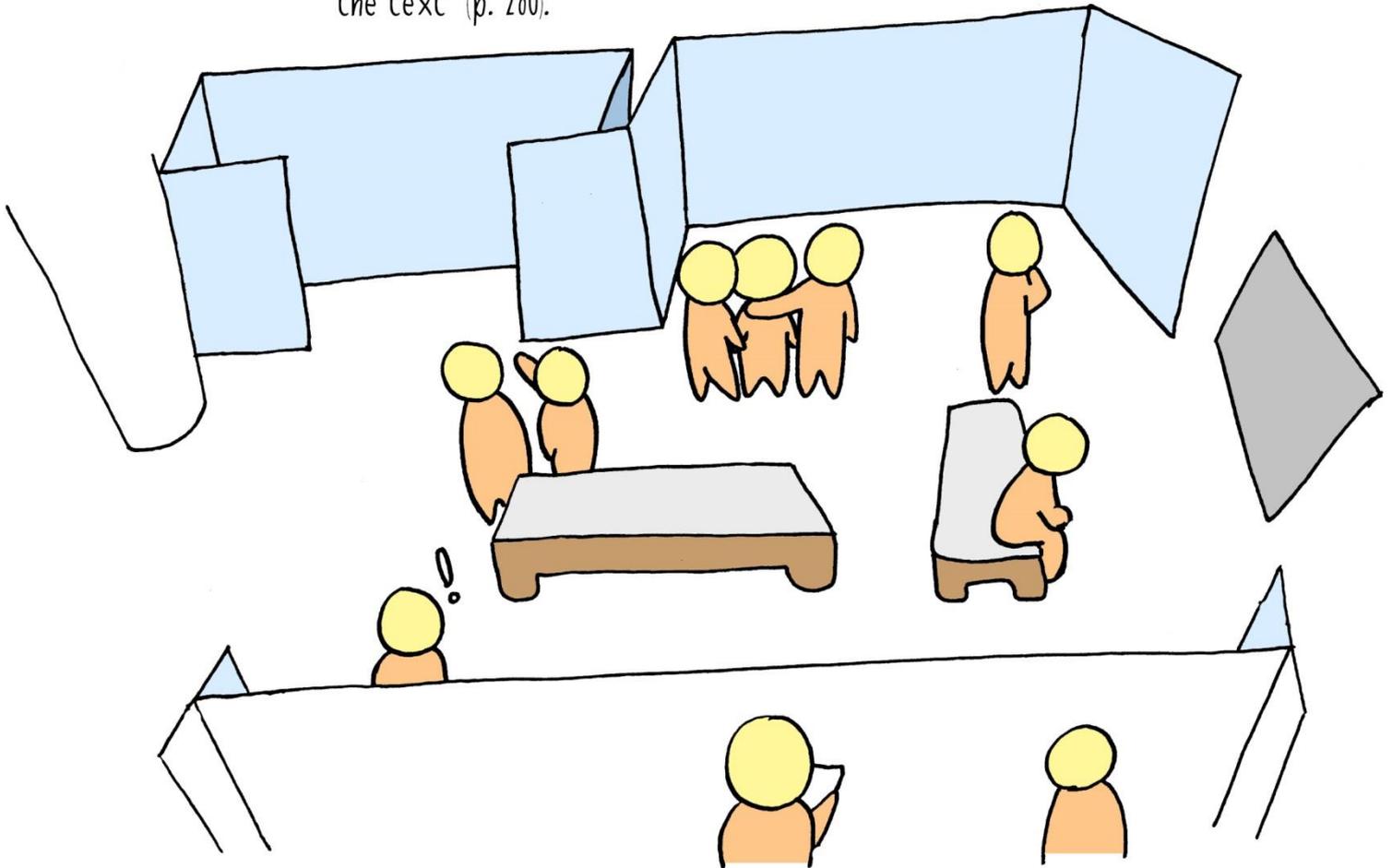
The chapter uses grounded theory to explore shared experiences and construct a collective story of visitorship to the exhibition. It represents their experiences in the context of the space, shared individual temporal reactions, and values in the socio-spatial context of the gallery.

LENGTH OF VISIT

5 — **15** — 35 — 60 — 90
avg.   with events

NUMBER OF VISITS

1 — 2 — 3 — 4

many viewed twice for the   including events
interview

LENGTH OF INTERVIEW

15 — **21** — 29 — 55
mean avg.

Time invested in the exhibitions is present in the participant's experience in the gallery and other factors. Some straightforward aspects were the time spent at the exhibition, the number of times they visited, either to view the works or to attend a public engagement event, and the time they spent in the interviews.

The interview was designed to explore temporal, spatial, and social experiences of the visitors (Haydon et al. 2017).

I was particularly interested in when and how participants' memories were used to make sense of their experiences in the gallery.
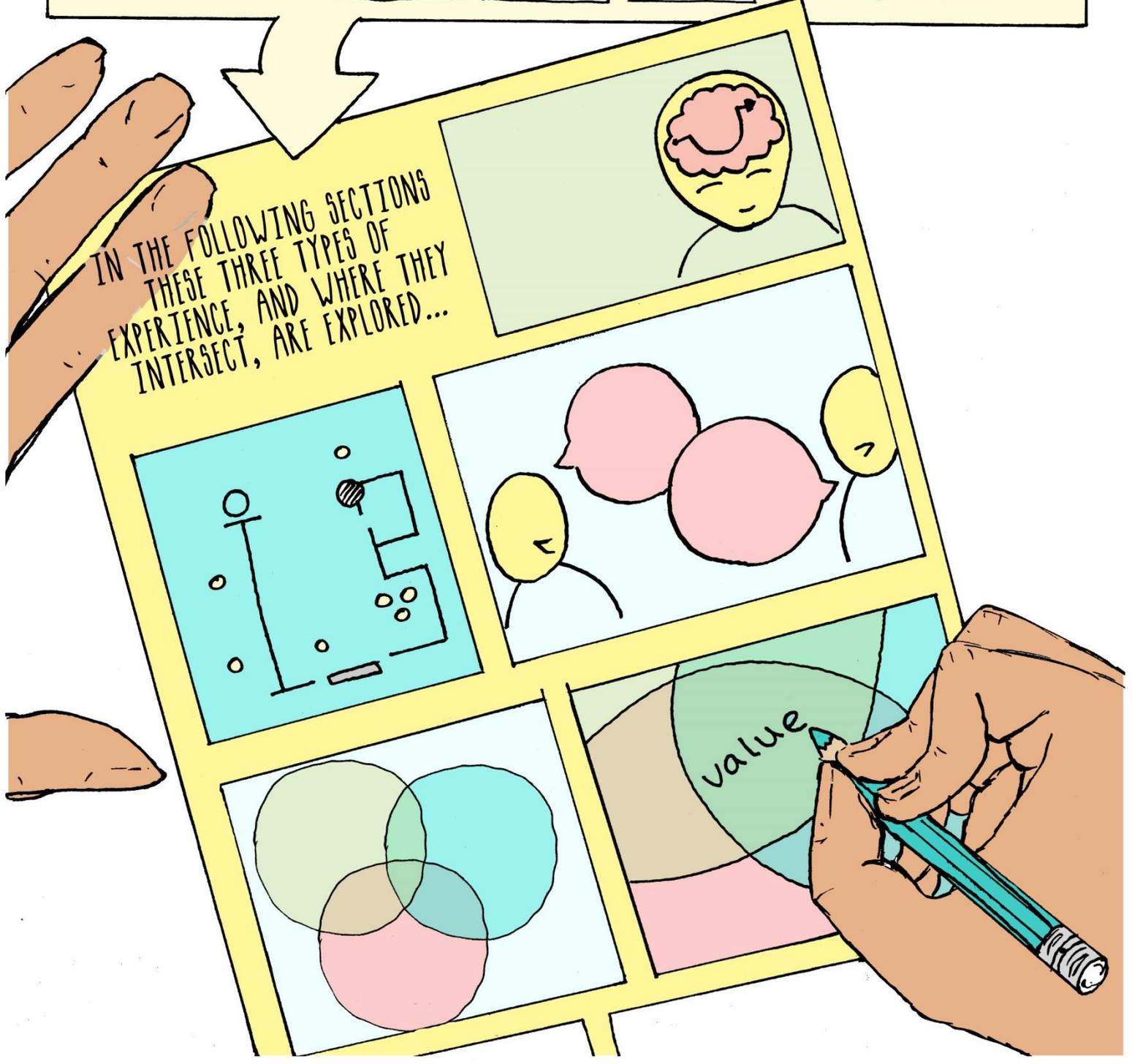
IN THE FOLLOWING SECTIONS THESE THREE TYPES OF EXPERIENCE, AND WHERE THEY INTERSECT, ARE EXPLORED...

value

TEMPORAL ASPECTS

Temporality refers to how visitors experience time in the gallery, specifically how memories inform and make sense of new experiences.

But, it also includes visitors' concepts of time and their investment in engaging with specific works and overall exhibition.

When I don't [understand the art] I get a little bit frustrated, so I don't actually spend too much time trying to understand this.

When you go to the museum you don't count time so usually I just go and look that's all.
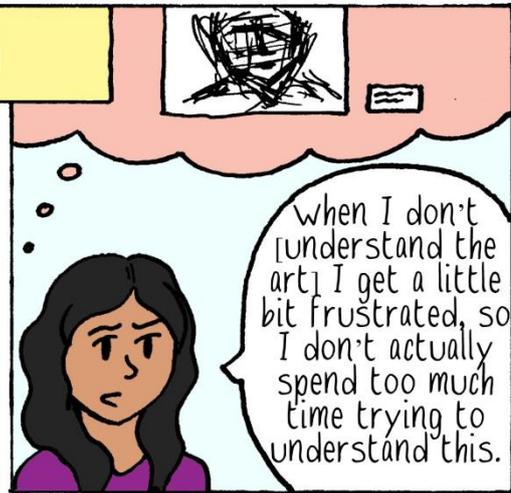
BEYOND QUANTIFIED TIME

Exploring this temporal dimension I asked about visitors' free associations during their visits. Visitors' responses were varied suggesting that a personalised reading experience (la Cour 2017), happened.
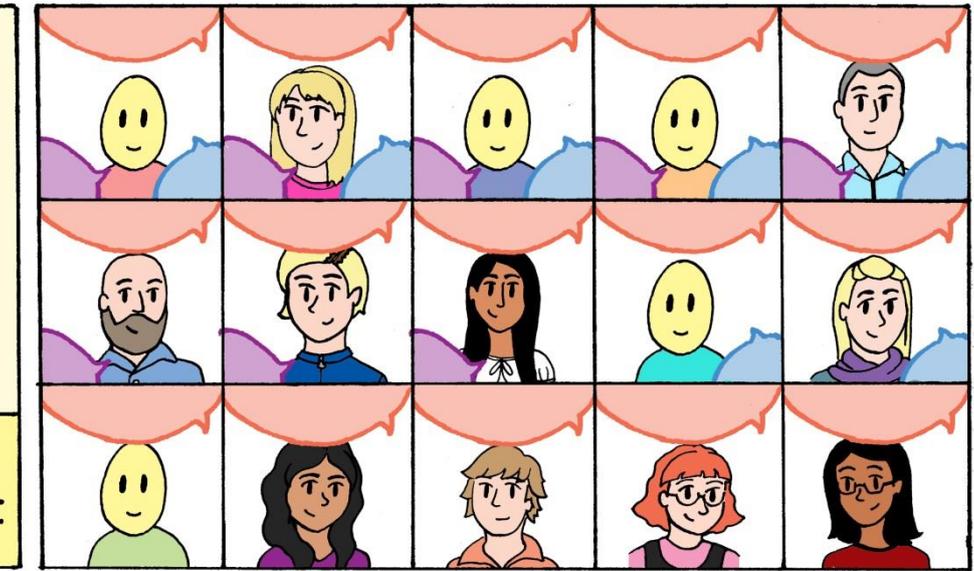
ASSOCIATIONS AND MEMORIES RELATED TO:

PERSONAL

MEDIA AND POPULAR CULTURE*

SOCIO CULTURAL AND POLITICAL*
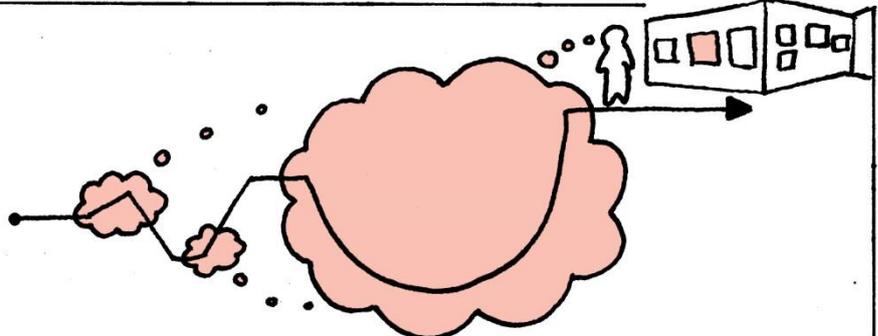
"People live a continuous narrative and the narratives are often expressed as memories from the past" (Haydon et al. 2017).

It reflected the ideas that are quite familiar to the way I live how...that is why I was into understanding what is going on in the pictures...because, somehow, they're similar to the ideas I have in my mind for this period of my life.
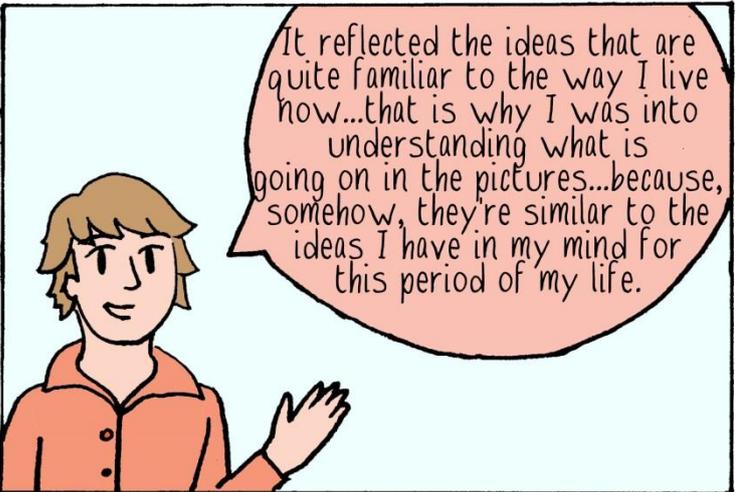
When visitors shared these stories they integrate new information to connect to topics that the exhibition presented on mental health.

Haydon et al. (2017) refer to these subtle changes as accommodating new experiences often to incorporate social changes on a topic or to evaluate expectations.

Next we will explore the personal through:

1. Memories and associations recalled
2. Reading behaviours performed

*Visitors' memories and associations with these two categories will only be presented when they converged with the personal.

PERSONAL MEMORIES AND ASSOCIATIONS

scratch
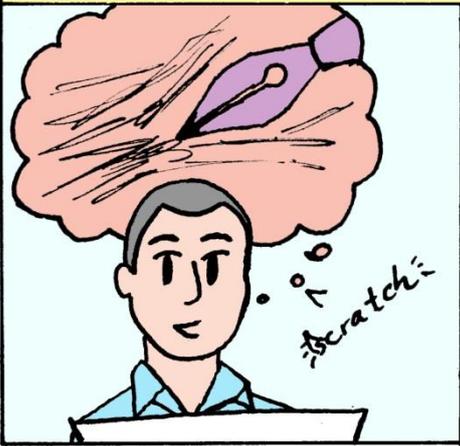
Aslan and Ranti both described memories that were evoked by the techniques of making comics. Aslan was reminded of a French artist film: "I still remember the sound when the – it's a steel nib," bringing the memory of sounds into the viewing experience. Ranti compared the storyboarding process to her own work in surgical simulations.
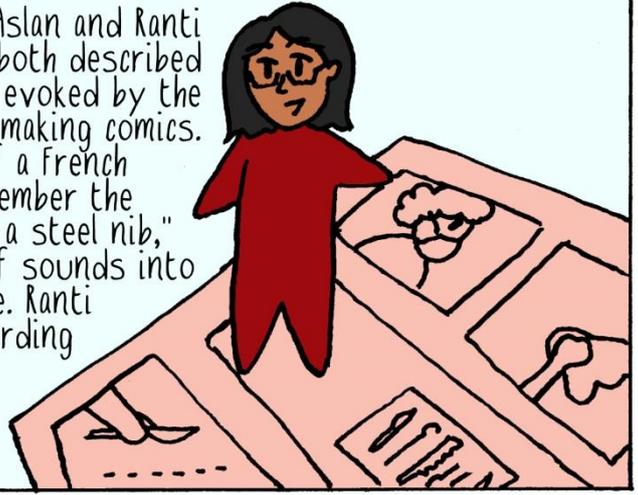
Anon A and Anon E both stated that when they used to make art they were more abstract but were surprised that they were drawn to the more conventional comics in this exhibit.

In addition to technical associations, personal memories were recalled, including childhood memories.

"I read comics as a child with my brothers, at the time this was viewed as quite a "masculine" or "boy" hobby. Thankfully, I feel this prejudice has now changed. I love getting lost in the story or world that the comic creates."
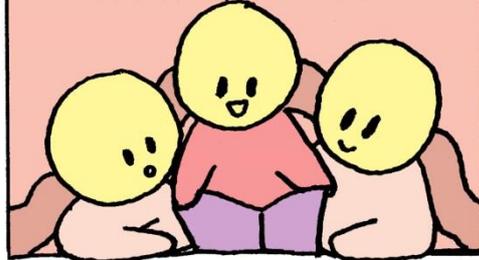
"I have an emotional connection with scavenger hunts in museums because when I was a kid in Columbia all the museums have scavenger hunts and when I was going with my parents I always did that."

"[I] remember looking at that because it reminded me of [my] childhood summer[s] and the countryside."

"I have just been rereading Sylvia Plath's The Bell Jar, so it...was an interesting synchronicity seeing that visual expression of what I felt to be a similar emotion to this text..."

Bell Jar

Anon A and Anon B both stated that they wanted their partners to read Raised on Ritalin because they felt that resonated with things their partners expressed or experienced.

Anon B and Anon E both stated they were physically creeped out by the depiction of the spider legs in Cummings' zine, Anxiety.

We are all probably sometimes like this girl. We can't express ourselves.

I had quite strong reactions to those pieces which I hadn't expected to have really because I didn't really know what I would be looking at, but ...automatically...[I thought] I didn't like looking at those.

Two visitors recalled uncomfortable memories from medical experiences. Shamhain remembered a doctor that would not listen to her, saying she empathised with "The need to not want to be where you are in a medical setting or not be understood or listened to." Anon A was reminded of clinical comics that they felt came from a place of privilege and were dismissive of the realities of patients.

Some of the personal memories recalled included abusive relationships, sexual assault, the death of a parent by suicide, and their own experiences with severe mental illness.

The language and framing they used in sharing these were to empathise with artists, to evaluate the potential impact of these exhibitions, to express their own experiences aided by the comics, and to contextualise their own interpretations for me.

PERSONAL READING EXPERIENCES IN THE GALLERY

I look more at how its...

...been done rather than the content itself

"I think if it had all been in a book I probably wouldn't have been as interested. But I think because of the gallery experience and the chance to drift is what made it engaging for me."

I found the ones without words more impactful...you have to guess what's going on in them instead of being told.

I tend not to do any of the reading and really limit it just to the visual.

VISUAL PEOPLE IGNORED THE EXHIBTION TEXT - VIEWING THE ART ONLY

THIS WAS LINKED TO THEIR PRE-EXISTING PREFERENCES

Normally I am not looking for a meaning. I am looking for impressions since I never look for something meaningful.

For these visitors, an emotional approach to analysing the works was preferred over a guided or narratised viewing, which they anticipated exhibition text influenced.

Several visitors discussed their process for interpreting confusing artworks or looking for meaning. Ranti said she preferred to view the work to try and guess the meaning before reading. Anon C. stated, "I was reading them individually and really try and understand or repeat them and remember them."

inner voices 2019

"I imagined scenarios, and then I thought ... maybe it's the sort of thing where there is no one answer and you come up with your own explanation"

I like a narrative and if I can't see a story myself I'm not the kind of person that tries to create it or interpret it, which made me wonder if I am really lazy when I viewed art

...because there were so many that resonated with me, it was easy to then not try so hard on the others

Pre-existing experiences with mental health, museums, and comics created emotive engagement...

... but they also blend transnationally to create spatio-temporal experiences when the locations, contexts, and behaviours in the places in these memories are used to make meaning from their current experiences.

draw ur own

In the next section, spatial aspects will be presented in more depth looking at...

...location, layout, and atmosphere, leading to socio-spatial experiences.

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SPATIAL ASPECTS

Spatiality refers to how the environment will "influence how the event is experienced by the person involved" (Haydon et al. 2017, p.127). Past experiences in specific environments and institutions have an effect on an individual.

In the interviews, visitors reflected on the location as influencing their experiences.
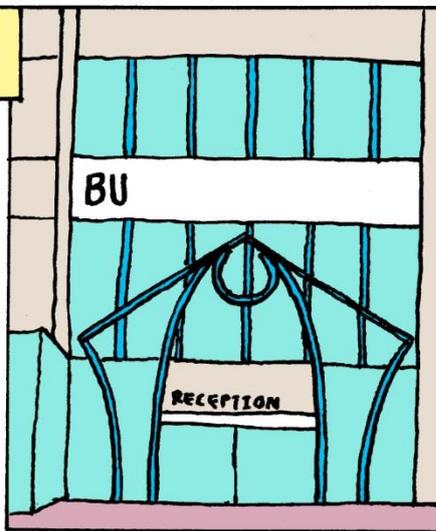
VAST/O was located in an open area of a university atrium.

BU

RECEPTION

ATRIUM GALLERY
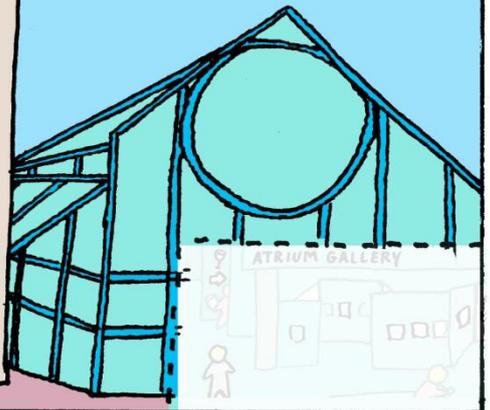
On one hand it's good because it embeds the art in more day to day experience of it in that you don't have to go to [a] guarded institution, but on the other hand it's a little bit sad I feel.
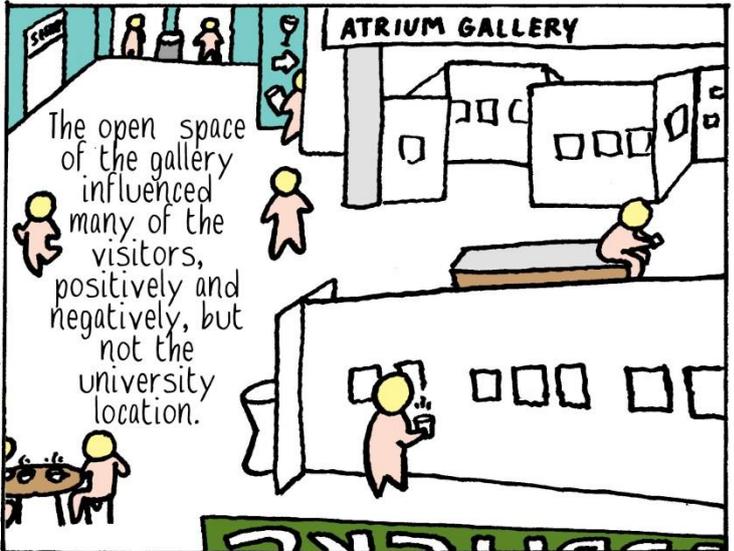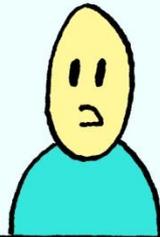
I don't think as many people would be looking [if it were not in this open space], because there were a lot of people looking at the exhibit, and that's interesting - the idea that if something is on a wall it must be worthy of being on the wall somehow.

The open space of the gallery influenced many of the visitors, positively and negatively, but not the university location.

ATRIUM GALLERY
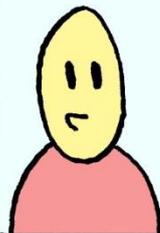
STUMBLING IN WAS SEEN AS A STRENGTH

For many of the visitors the university was a part of their daily environment, so a benefit of the location was described in relation to their ability to stumble into it. They also thought this stumbling in characteristic would be advantageous for imagined visitors, too.

I am often wrapped up in my own head, literally rushing from one thing to another... slow down, smell the artwork.

I did like the fact that it was just out of the way, and how people walking in sometimes just be to curious
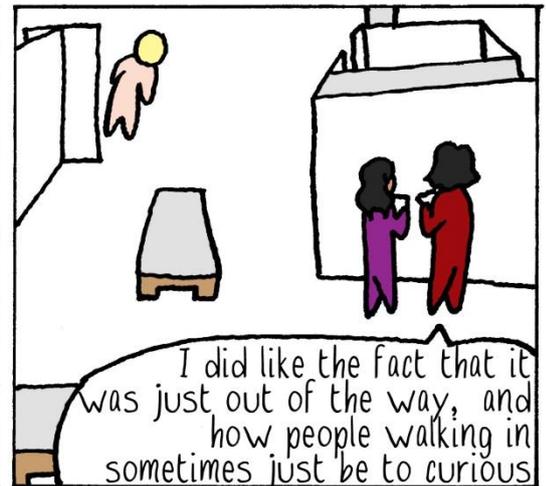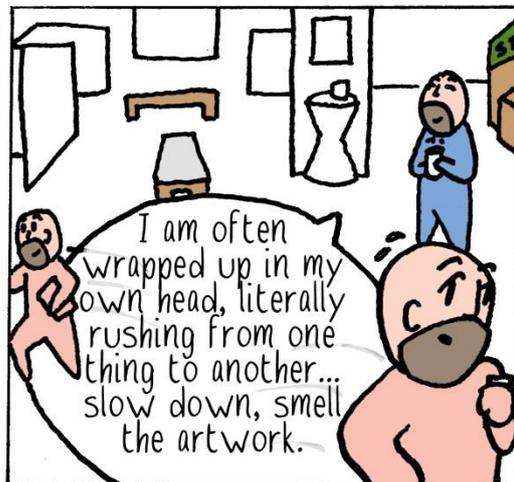
I think where the gallery was quite a good place because it brought in a lot of people who probably wouldn't've gone there to begin with...but with the openness the pieces were still quite compact and wanted to make you feel a certain way - they still did that even with the openness of the gallery.
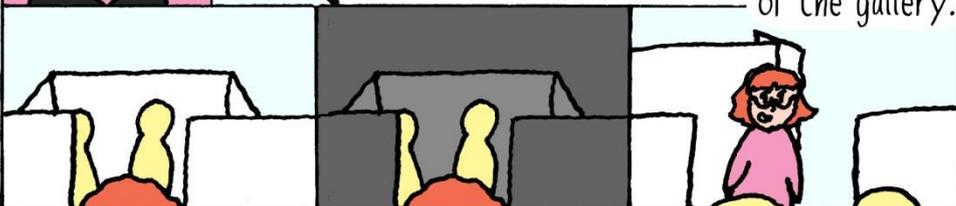
Overall, the location, in relation to the university environment, did not influence their perceptions of the exhibition. But, while not all the visitors felt that the location strongly affected them, like Robyn, the layout of the gallery walls and the works influenced their interpretations of the works as well as their own concepts of the space.

When I asked them in what order they viewed the works many said in the "narrative order." And if they didn't they started over from what many determined was...

...the clear beginning, even making fun of themselves for not realising it.

like reading a book - left to right

Visitors stated they wanted to get the right viewing, which may be reflective of the context of the place and social anxiety if they didn't interpret it correctly when discussing it with others.

"I think that what attracts me less about other medi[a], because they feel very static, they are stuck in the one place in time and space and I like the ones that feel like they are moving. I am always just drawn to the idea of we're reaching something, we're going towards some sort of climax or conclusion.

Whereas one static image, even if it's beautiful, I don't know what to do with...it looks lovely, but it doesn't say anything to me.

Whereas a story does."

Not only did they independently reference reading in the Western order...

...many described clear and similiar raising actions, conflicts, climaxes, and resolutions.

Well I viewed it quite systematically. Because, number one I was trying to fill out the trivia game ...Also, I come from an engineering background so I do like some kind of order to things.

I think somewhere in my mind the exhibition was treated not as a whole but was spilt into two parts.

These visitor reflections give an account of their interpretations of the narrative of the exhibition and their disappointment when it was disrupted.

While spatiality includes the movement of bodies in space and in the context of a certain location it also considers the conceptual, interpretive, and intangible experiences of the environment.

ATMOSPHERE

Visitors reflected on the atmosphere of the exhibition as the connection between the body in the space and more conceptual interpretive experiences, such as memories and relatability.
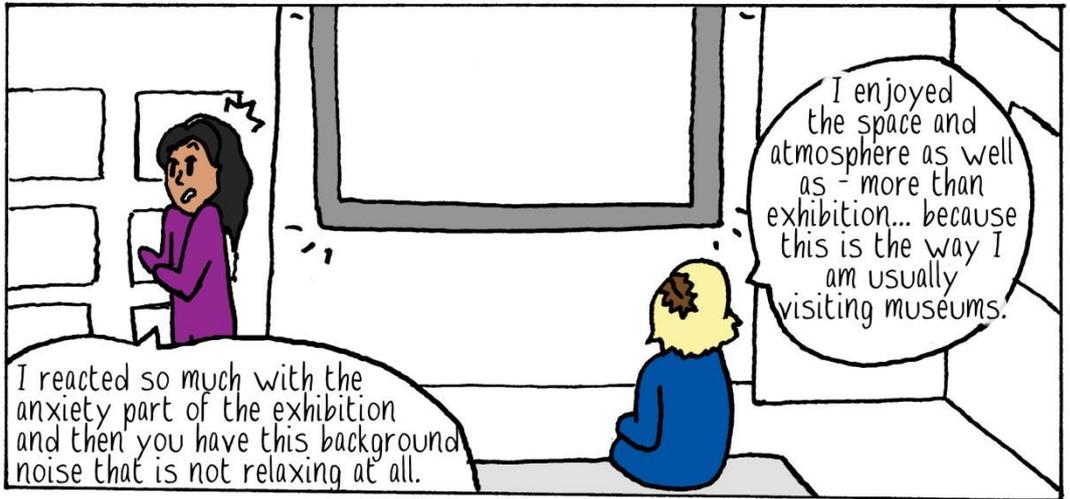
I reacted so much with the anxiety part of the exhibition and then you have this background noise that is not relaxing at all.

I enjoyed the space and atmosphere as well as - more than exhibition... because this is the way I am usually visiting museums.
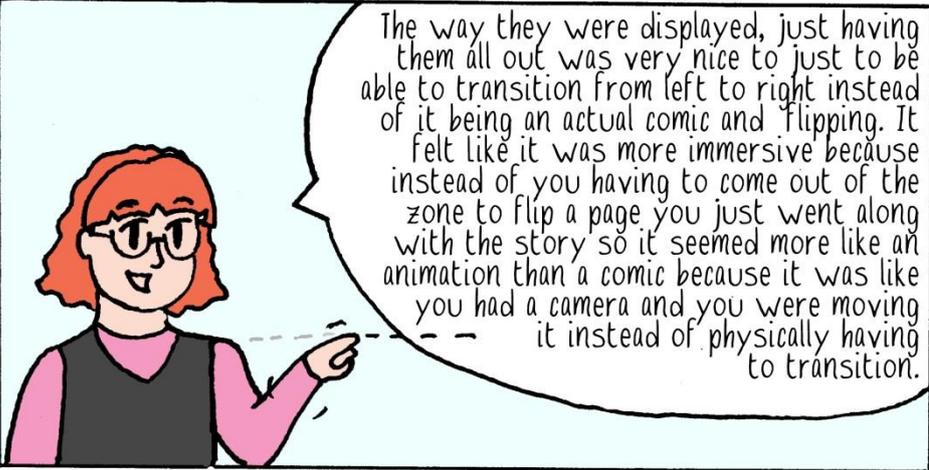
The way they were displayed, just having them all out was very nice to just to be able to transition from left to right instead of it being an actual comic and flipping. It felt like it was more immersive because instead of you having to come out of the zone to flip a page you just went along with the story so it seemed more like an animation than a comic because it was like you had a camera and you were moving it instead of physically having to transition.

Duffy (2009), as discussed in chapter four, explains the concept Robyn is referring to as reading the exhibition as a comic itself.

Visitors reflected that the act of reading involved both a zooming out, glancing across the entire exhibtion, and then zooming into works that caught their attention, re-interpreting their initial glance.

ZOOMING OUT

I went in and out a few times and then looked at the outside in the sense of the exhibition text on the left and then the exhibition text on the right.
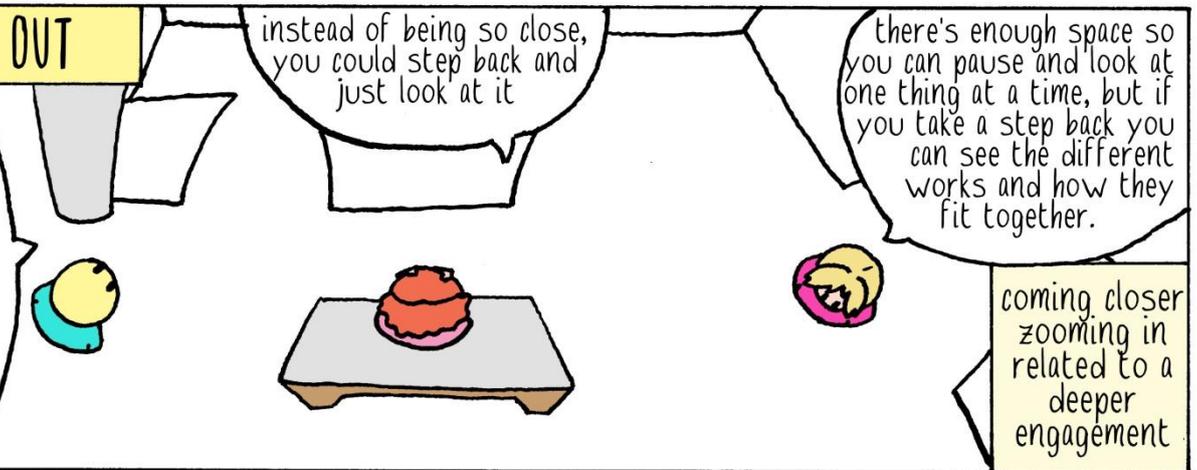
instead of being so close, you could step back and just look at it

there's enough space so you can pause and look at one thing at a time, but if you take a step back you can see the different works and how they fit together.

coming closer zooming in related to a deeper engagement

ZOOMING IN

it was quite a surreal experience in the sense that it was like I was transported for a little bit into this other little portal type thing
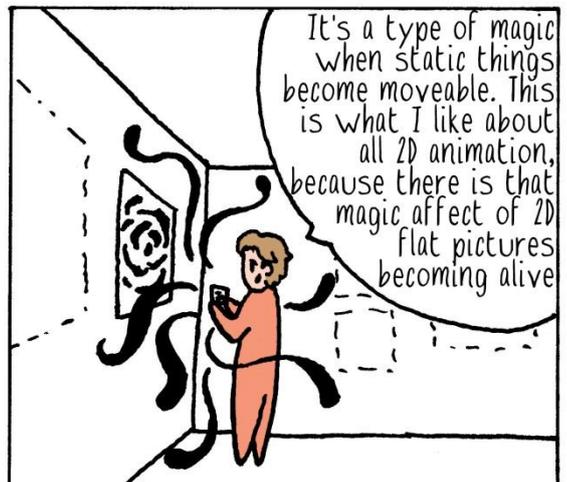
It's a type of magic when static things become moveable. This is what I like about all 2D animation, because there is that magic affect of 2D flat pictures becoming alive

THIS LEADS TO VISITORS' SOCIO-SPATIAL EXPERIENCE

Beyond atmospheric interpretations of embodied reading, socio-spatial experiences included cultural associations and how visitors perceived environments affected these. Some visitors indicated that this led to them having positive associations with the gallery as being inclusive and accessible. On the other hand, some visitors felt that the openness of the space left them, or others, namely those with anxiety, vulnerable when interacting with stigmatised and sensitive stories that are often private.

INCLUSIVITY AND ACCESSIBLITY

it is about mental health and people going out of their way to show the struggles that people have been through. I think that is quite impactful for people to share their stories in such a creative way.

The AR, not being surrounded, I was able to move it. I was able to visualize it without being too immersed in it...[without being depersonalised like with VR].

...if we're taking about being inclusive and being accessible to everyone and open and sharing your experience than I think its powerful if every single day some people walk past, or have the option to walk past, artworks that are doing that, whereas otherwise when that goes back to being a blank space, it kinda closes down those conversations that might have just started...

VULNERABILITY AND PRIVACY

I wonder if that, being so public, might put off people because they might think oh if I am reading about it, because we know it is about mental health and I am reading that, people might think you are affected...you want to keep it more private

I was a bit self-conscious to begin with, I think, because I was the only person there and a few people looked at me funny because I have my notepad.

I think it was interesting because it had different levels of privacy to it...I think it might make me feel a bit more comfortable to view them on a level you can connect with them in a different way. Because you don't feel, you don't really have to worry about what's around you.

Access again reflected their ability to understand the works but also included things like benches that enabled them to engage in the exhibition, while inclusivity was about giving a voice to a stigmatised experience.

Vulnerability and privacy also touched on stigmtisation, but in this case related to the visitor being possibly observed and judged by an onlooker.

Alexander stated, in reflecting about the works and spatial experience, that some of these feelings bubble up and are articulated through our emotions.

The body feels everything...in this case the body can reflect what I feel subconsciously...for example, sometimes when there are strange people... I can feel that my body tells me let's go from here, let's hide...I cannot talk because I don't have the power to do it.

SOCIAL ASPECTS

Sociality refers to societies' use of social interactions and cultural understandings to construct social values, and individuals incorporate changes to these into their own personal identities and narratives (Haydon et al. 2017). Environments and people influence how individuals engage socially and behave, such as in the gallery and with other visitors.
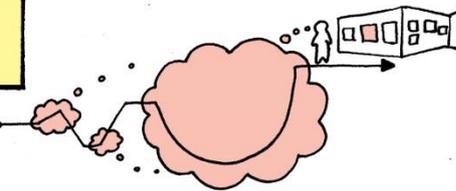
Previously sociality has been touched on in the construction of life narratives, specifically in communicating with theme in the interviews, and socio-spatial dimensions of viewing serious and stigmatised health experiences in a public, open space. Here their social behaviours and interactions are explored in this context.
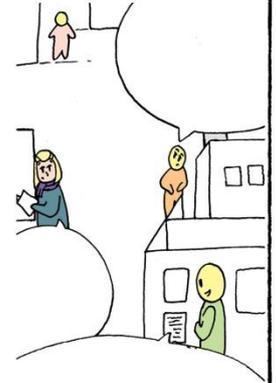
CONVERSATIONS IN THE GALLERY

The majority of conversations that visitors had during viewing related to interpreting the content and the artistery of the works, and making brief human connections acknowledging the social space of the gallery.

it's called...

tied up 2019

no, why?!
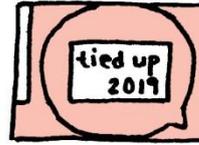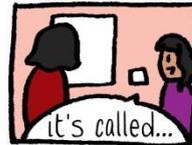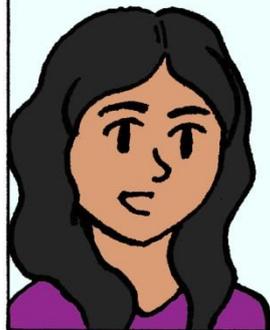
I remember Ranti told me "Oh why did you tell me the description of the picture? I was trying to understand it by myself," whereas I was trying to look for clues in the description of the pictures, so I also didn't give myself the opportunity to try and understand it. Whereas I was like, "okay, where are the facts."

Visitor's conversations in the gallery reveal their existing museum behaviours

It was quite interesting to discuss with her even though we do not share in understanding things.

As well as mentioning their different interpretations of the works visitors also discussed the nature of their conversations in the space as being brief, non-verbal, and more acknowledging others.

They were more about the technicalities
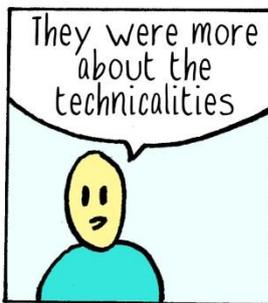
Several of the visitors were interested in the technical making of the works.

we were quite impressed by the effects of [xray images], and the medium they were made in

There was another guy looking at one of the comics and we, it wasn't quite a conversation, but we both nodded at each other and smiled. And he referenced one of them with a thumb.
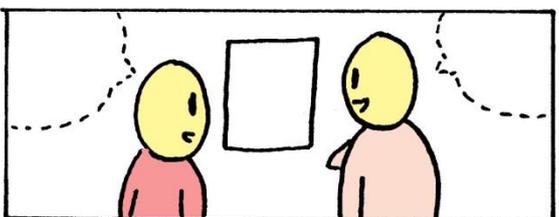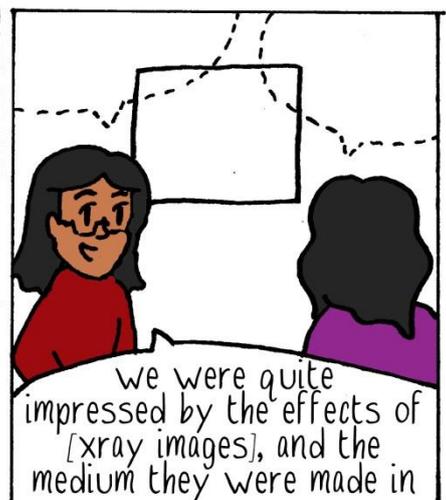
Non-verbal communications create a phatic space defined by shared understandings, also present in comics in connecting readers with artists (Davies 2016).

We were exchanging some sort of quick impressions and that's all.
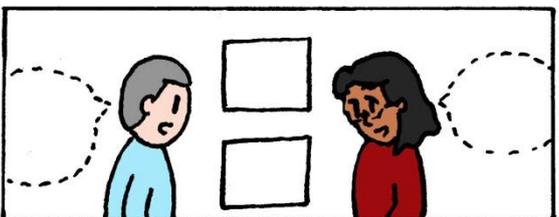
The visitors were a balanced group of individuals who were either brand new to graphic medicine or who had limited previous exposure to or engagement with the genre.

Anon B reflected on the newness of the genre in a conversation they had with their partner about the overall purpose and usefulness of the genre.

why would anybody want to look at that stuff? what relevance [do comics] have to medicine?

I don't think that's the point.

well if I was ill I wouldn't go look at loads of cartoons, would I?

I believe it is used more in a public health context for education and for wellbeing.

It was quite surprising, but it did make me think about what relevance it does have to medicine, so it was quite useful.

Newness to the genre resulted in a couple visitors wondering about the practical use of graphic medicine in a health context, though its communicative power was recognised.

Others articulated that this was about empowering through introducing new works.

It's a very powerful way of taking someone through a conversation about mental health or about any type of condition actually.

They were brave pictures to put up and the artists as well. There's some big stuff on the walls, there is some really big feelings

Values of the potential empowerment of graphic medicine works was linked to empathy and education.

Along with those individual visitors that have previous experience with severe mental health the potential of these exhibitons to start conversations was seen as beneficial for individuals that do not have these conditions.

it kinda makes you feel empowered to do the same, you know "they did it, I can do it," like if you have seen someone jump over a gap you feel as though you can as well, whereas being the first one to jump is really difficult, and with those artworks ...

...it's one thing to have a strange ethereal concept of inclusivity always talked about, its another to actually tak[e] something imaginary and ethereal, physical and real, and...

...intangible to tangible. I think we need to make things tangible for people in order to have these conversations, cause otherwise it feels like a lot of words, but not a lot of action.

I wonder how many people do feel this way and don't talk about it. That a lot of people probably feel this way. So potentially I think this one could be quite relatable.

I was actually relieved that there are other people that feel what I feel, especially on the [graphic medicine] wall. That was a relief to me... I am not alone.

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are you okay?

yeah I am fine I just really connected with this

okay.

Despite that fact that I am a mental health first aider [graphic medicine] is not mentioned in the course...that could have been a good support or thing to have added to the course...Because it's less standard and it's a different approach...it's not coming down from the government or an authority, but it is from your peers...It seems like a more approachable way for an audience, younger audience, of people who maybe don't want to read through a whole booklet or manual on this...

With my housemate and boyfriend we kinda all connected on the when your body becomes a place piece, because they have both been there when I've been struggling with depersonalisation and like derealisation. So they have all been there in an episode. So they saw that I saw it they gathered around...It helped them realise what I go through because I always find it so hard to describe it but when I got to that piece it just nailed it for me.

VISITORS STATED IT WOULD BENEFIT THOSE WHO HAVE STRUGGLED WITH MENTAL HEALTH...

Mental health awareness is important for everyone...because I do get that sometimes it can be, you have to be careful not to trip* someone's anxiety when seeing these things, but I think maybe if someone would have these disorders and they are looking at a piece that is allowing other people to understand how they feel then maybe they would also find it beneficial.

Because sometimes it might be hard for people to express how they feel and then there is this piece doing it so clearly and everyone is able to step in their shoes. So I think it is great. I know, I am not an expert in how to take care of these kind of ethical things, but I do think it is great that one is able to understand fully the sentiment and all that is happening in people with these mental disorders.

I really enjoyed it. I think for people who suffer with mental health and people who don't it can be still impactful. It tells multiple stories and even with the main focus being anxiety if you have had mental health issues, like my depersonalisation where it still has traits in there, I think you can still relate even if you don't have anxiety.

I don't think a lot of people know the difference between anxious and anxiety ...and that's why sometimes it can be down played. But because some of the pieces showed the extremeness of what anxiety can be ...that is great for people who have mental health issues. And those who don't can all get the same message but also can put their own experiences with it.

Public Engagement also offered opportunities to engage in lengthier conversations...

*for Robyn she reflected that in other mental health exhibitons space had been used to convey to general publics the lived experiences of certain conditions which certain immersive experinces could result in triggering a visitor so openness is needed.

PUBLIC ENGAGEMENT

"I think that it is an excellent form of public engagement, a way to connect research and findings of research, and the execution of that research into some sort of policy or impact..."

...I think a lot of people find art inaccessible, don't make time or don't even know where to find it. And putting it in a very accessible place gives an opportunity for people who may never have gone to an exhibition before an opportunity to do so.

ATRIUM GALLERY

Without the lunches I wouldn't have gone on and looked up the artists to see if there was anything I can read about them...

Wild Child by Zu

...It makes you think more about the exhibition...the fact that you are there for a reason it makes you "okay now I am here. I actually need to think about it more."

[Going to the talks were] quite critical to understand anything, and when you listen to the talks about it you begin to understand something.

Today I didn't actually look at the exhibition. I was just here for the talk.

For participants that attended additional public engagement events located in the gallery they often stated that they were glancing, listening, and conversing, but that they did not consider themselves to have engaged with the works.

Rather they were engaging socially and more conceptually in the space.

TRIP 2

i have to go back

I would say the first time...

TRIP 1 ...I was focused on the scavenger hunt, so I wasn't observing it.

But this time I really wanted to understand every piece of art.

Ranti, I won!

1ST
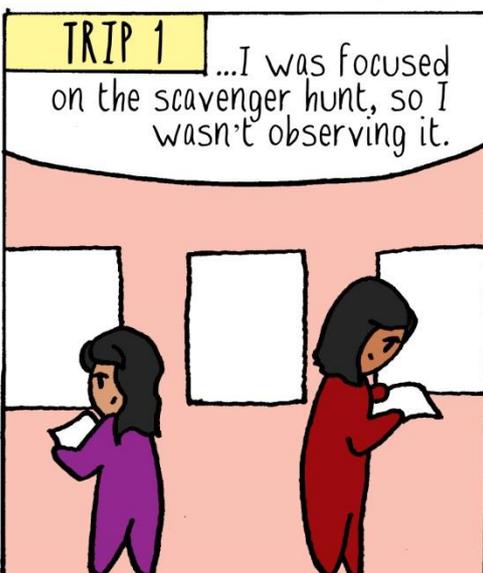
Social interactions, had or percieved, led visitors to contemplate the purpose of graphic medicine and propose values it offers in public engagement.

The intersection of these three types of experiences, temporal, spatial, and social, and their own behaviours and conceptions are explored through these values.

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CULTURAL VALUES

Visitors stated that these exhibitions were tangible, accessible public conversation starters that were different from more clinical work. By being a self-led activity it allowed for visitors to shape their own meanings, question the works, choose what and for how long they engaged with it, and fit it into their schedule.

I don't find it of great relevance to me personally, I must say. I'm a bit like "well what is it for?" It's kind of art and so art is always good to have but how does it relate to medicine and wellbeing?
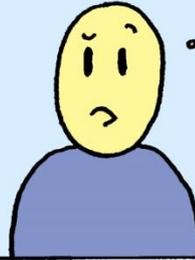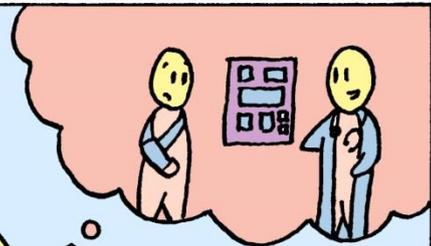
I am not entirely sure either, although looking at any kind of art does make you think about things.

Hanquinet and Savage (2012) assert that educative leisure reflects the expectations of contemporary visitors and their motivations for engaging with exhibitions both to learn and to be entertained.

Both Anon A and Amy described that they were not sure what exactly a graphic medicine exhibition would be like, wondering if it would be more sanitised or clinical informational comics. But, they stated that they were "powerfully" affected by the personal stories they read.
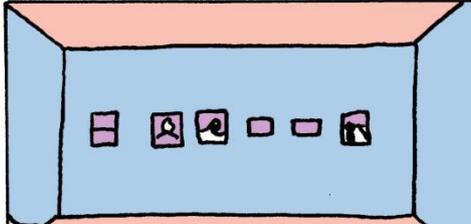
I do admire the people who have put their works there... because it's an emotive thing.
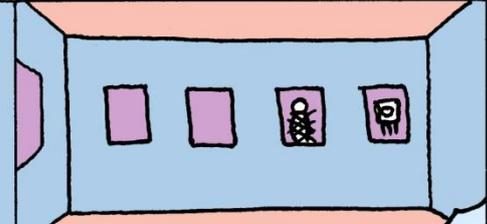
I was having reactions to the comics. I was reacting to them personally and I hadn't expected that.

For these visitors the comics medium had an effect on their perception of the exhibition.

However, some visitors described their interactions with the works as more general to their existing museum behaviour and approach to viewing fine art. In general, visitors referred to all the works as art.

There was no thought..."oh look there's comics here"...I didn't really register them that way... just as more pieces of art.

Comics? Do I remember any comics there? I am not sure that I do.

Brian, who is "a huge comics fan," stated that his approach was one that was more aligned with a performance influenced by the space.

For Aslan, he only briefly viewed the GM wall and spent most of his time in a close viewing of Wild Child trying to get an in depth impression of the technique used by Zu Dominiak, the artist.

HOWEVER, VISITORS STATED THAT EVEN THE MORE ABSTRACT COMICS AND WORKS ELICITED STRONG REACTIONS AND ASSOCIATIONS...

Well I think the body becomes a place struck me because my thesis was on elegy and the geographic imagination. And the things I looked at is how in poetry the body becomes a site of death and memory and loss or whether it is the survivor's site of mourning, grief and the attempt to embody that. So, I think that's why that particular text and image spoke to me.

GRAPHIC MEDICINE VALUES

As explored, visitors emotively engaged with the works on display and in additional public engagement to gain deeper understandings of the work. When directly discussing the value of these works, visitors stated that they enjoyed reading a story and found the medium to be powerful providing access, as well as the space, to un-sterile and personal narratives.

I thought it was interesting because most exhibitions you find are just singular pictures where comics tell a story in each page and each panel. And, there was one where someone was reaching out of their panel onto the gutter, and that alone told more than just one painting would tell, I felt. So, I thought using comics was an interesting way of telling a larger story in same amount of space.

I liked that fact that it was panelised...if you wanted you could change you could change the structure. How they really want to be...

Because visitors can't physically move the works this becomes a conceptual and interpretive action, similar to Rebecca's drifting and Robyn's flip-free and unbound scanning. The nature of the medium, being more explicitly constructed, was also enjoyed by individuals who didn't feel they were familiar with fine art.

Visitors, in telling these "larger stories," that could be interacted with based on personal taste, interest, and engagement, discussed the comics medium as providing access into complex lived experiences. They stated this was due to the medium's clarity, versus art that is inaccessible that typically are the objects in galleries, excluding comics from this.

I feel, for people that are not related to art, and don't have a lot of experience taking in what the artist is trying to express with the strength of the...

...lines, the colours, or the composition, comics were the best, I mean I understood everything way clearer, it was way easier to relate to these people.

It allowed for a good representation of what [anxiety is] like... I don't think you could have pulled it off with photos

I thought the artwork might be inaccessible to me... you need a certain amount of training to fully get the nuance.

I have written here "will I understand it?" that was my main thought when I started it

In addition to visitors stating that comics are a clear and accessible art form in the context of the gallery, they were also seen more generally as a good medium for communication of complex subject matter. While some wondered and discussed its potential in healthcare services and academia, others reflected on it as a creative intervention into health communications, social relationships, and illness narratives.

Comics are used for all sorts of literature and ideas and concepts now... it's a good way of communicating...

...So I think its an interesting concept, but how do you use it practically?

graphics facilitate comprehension, comics maybe more facilitate this comprehension and communication [than academic writing]

It tied into a lot of texts and associations I already had...but it broadened my idea of what comics can do, what graphic art can do.

Robyn, Anon E, and Alexander stated that the exhibition made them think that this was a new medium that would be really helpful for relating lived health experiences, both in the creation and reading.

...using [illness narratives] in a creative medium is a chance to expose more people to it and especially if you put up an exhibition...you are showing more people how these narratives can be done rather than "here's a bunch of writing."

Visitors also related accessibility to the gallery's location as adding some benefit, though both Anon C and Anon D stated that it was a shame it was so close to a cafe.

However, the openness and egalitarian placement of the gallery read as inclusive and publically supportive of destigmatisation.

...you don't have to go to [a] guarded institution...

I've never seen an exhibition of new comics with a theme. And to know that these comics exist and that you can extrapolate a bit...

...just trying to help people and they can be exhibited as art...I think they were quite powerful...the ones expressing their own experience.

...it's a free exhibit, and its open to everyone, and I like that because I am always put off by things that feel as though they are only aimed at a certain type of person or you have to pay to go in.

Visitors' overall value of graphic medicine exhibitions included learning about a new genre, getting the chance to engage with it outside of traditional reading and in a social space, getting to interact with me at events, and personal connections that they made to the artists or their experiences.

Visitors shared their experience, behaviours, and personal memories during the interviews to contextualise these values and connect them to their own storied lives and cultural values.

They seemed to share the opinion that these health experiences were complex and, for some, uncommunicable. Comics they felt bridged this.

IN CONCLUSION

Visitors viewing in narrative order, expressing in narratives, and some basing their value of hope and potential positive impacts of these exhibitions to this linear, embodied, reading experience, leads to one conclusion that graphic medicine exhibitions provide opportunities for visitors to immerse themselves in the artist's or exhibit's story.

FULL DISCLOSURE

And while conceptually that was an aim, the linear reading was not something we intended.

VAST/O INSTALL

However, it seemed important to many of the visitors' experiences.

NOT LINEAR BUT INTERRELATED

WILD CHILD

GM WALL

WILD CHILD

I selected Zu's work to try and give visitors the chance to engage with a longer work, experimenting with how layout affects this.

No doubt the linear narrative in this work influenced visitors' concepts of linearity in the greater exhibit.

VAST/O INSTALL

The installation was an early iteration experimenting with conveying spatial anxiety and augmenting reading.

there's this interesting kind of cultural mix there but it was still kind of quite universal.

One challenge in curating an exhibition about mental health with an international team was trying not to reinforce cultural dominance, allowing for different voices, but also not confusing and disrupting the visitor due to curatorial mal-practice.

GM WALL

This wall was designed to give a breadth of the field, focused around anxiety.

INFO-COMIC

STUDENT ZINE

WEB COMIC

MEMOIR EXCERPT — HUMOROUS ZINE

A linear narrative reading of the show is a fascinating behavioural trait that seems encouraged by the comics medium.

The prevalence of the comics medium in influencing visitors' experiences, interpretations, and behaviours in the gallery distinguishes graphic medicine exhibitions from those of other media to some degree.

Future graphic medicine curators could explore this narrative experience in their own curatorial practice to increase the impact of the work on visitors.

While some findings aren't surprising, the individualised experiences, values, and recalled memories of the participants were used to connect graphic medicine to their revaluation of pre-existing behaviours and knowledge on health.
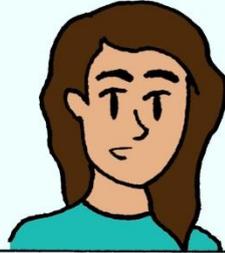
Personal memories, and how they related to visitors' current view of their life narratives, were evoked by relatability and produced an empathic visitor, who engaged with works and topics dependent on their emotive connection.
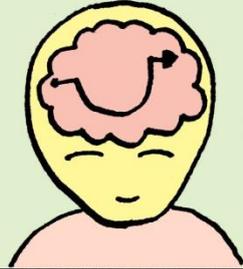
Spatial experiences evidenced an embodied reading, conceptualising the gallery at times as a metacomic, both private and social.
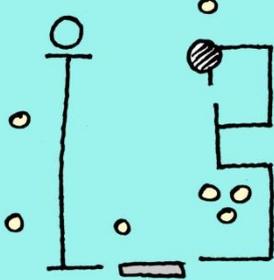
Social experiences, aided by the narrative of the comics medium, were regarded as empowering, relatable, and able to help start conversations through the language it provides.
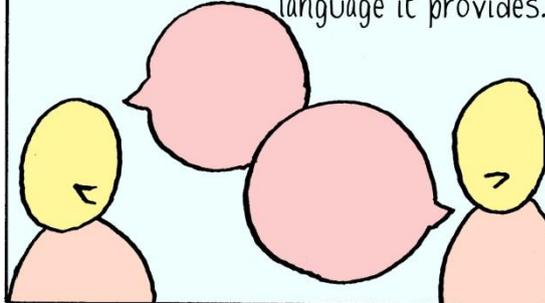
Combined, visitors' overall experiences showed that the impact of the exhibition was influenced by the location of the gallery, notions of inclusivity and access attached to it, the emotive quality and communicative power of the comics medium, and the intervention these have to more traditional models of medical information.
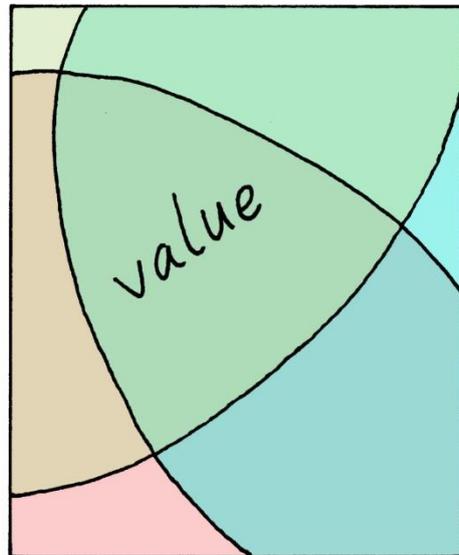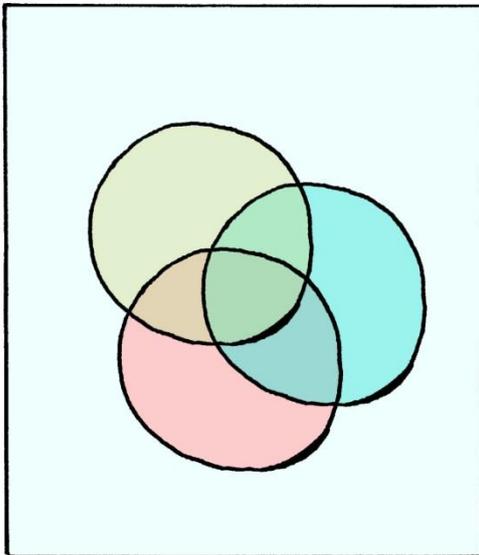
value

Where these three types of experiences blended and became inseparable visitors' indications of the value of graphic medicine exhibitions was the clearest.
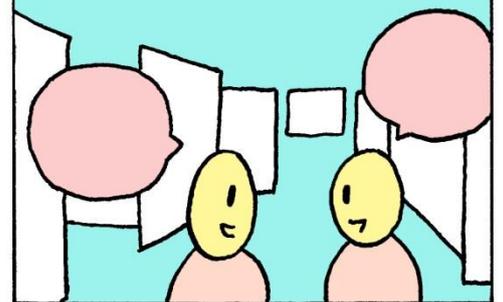
This is because visitors' own memories, cultural values, and personal connections were evoked, and for some it was quite "powerful"...
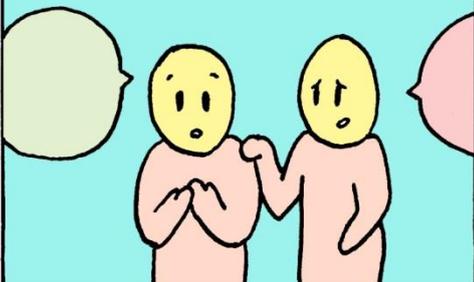
...both in how it gave some words or visuals to articulate their experiences and others the knowledge needed to "step" into those and gain a deeper understanding.
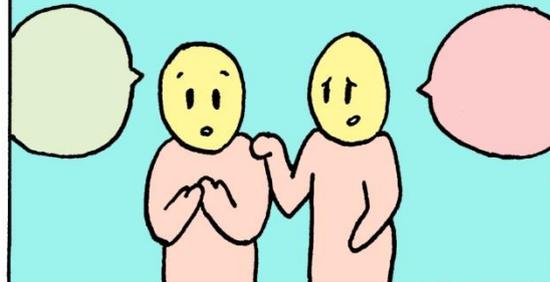
The personalised nature of the visitors' experiences remains key to the impact of these exhibitions to reach an emotive and empowered connection.

Additional public engagement events aided in continuing these by giving visitors a chance to ask questions and tell their own stories, as well as share their own meaning-making,

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Here, visitors' interpretations of places and experiences exhibited are socially understood as being transnational and fluid through memory. They reinterpreted these memories into a new place contextualising them and the medium as a new means of expressing experiences of health.

Across the interviews, visitors seemed to share an understood normal or sociocultural stigma towards mental health or the inclusion, purpose, or power of the patient lived experience of health that these exhibitions disrupted by stimulating conversations that challenged these.

In presenting hidden and tacit voices in research in the comics medium, the researcher was able to represent visitors' experiences more dynamically. Beyond the quotes, the researcher's illustrations are visualised concepts directly from the interviews moving beyond embellishment to purposely presenting more from the visitors' reflections, which may have been outside the scope of text alone. The body, through the comics, becomes a space on which places, from personal memory and spatial associations, interact. Thus, visitors' conceptual interpretations of the body of the artists in the exhibition and reflects on their own experiences with anxiety result in impactful public engagement.

In the following concluding discussion chapter, the dissertation analyses how visitors' values, graphic medicine exhibitions, and curatorial experiences more broadly contribute to positive experiences with the comics medium in spatial contexts and social programming. Visitors' interwoven emotional, cognitive, and physical experiences presented in this chapter will be used to critique curatorial practices and explore potentials for these medium-focused exhibitions to stimulate, empower, and co-create conversations and engagement.

Chapter 5

Graphic Medicine in Exhibition: Institutional Realities and Curatorial Humility

Introduction

This research has demonstrated that graphic medicine exhibitions are more egalitarian spaces for starting conversations and a dynamic method for introducing the genre to new audiences. Curators and visitors have attributed this dynamism to the emotive power of narratives, presented in the comics medium, which they deemed to be relatable and accessible. Curators and visitors also view these exhibitions as opportunities for co-creation amongst experts, professionals, and publics to deepen understandings of health experiences for the betterment of quality of life. However, as many graphic medicine exhibitions take place in unmonitored spaces, curators express a need to examine their exhibitions in accordance to the ethics of representation so as to not trigger audiences with similar illnesses or to unjustly represent these lived experiences. While many graphic medicine exhibitions are curated by one or two individuals a majority of the interviewed curators discuss that a validating team or museum committee board had an influence in organising the exhibition. These teams display a preconception of the value of public engagement with graphic medicine in their aims and remits for the exhibitions, which this thesis has discussed in relation to barriers that they create when their objectives do not consider visitors' expectations.

Visitor comments indicate a shared excitement around the potential of these shows (as discussed in chapter 4); however, comments about the limit regarding public conversations sparked by the exhibitions indicates a need for the development of graphic medicine exhibitions as a methodology. This thesis has asserted that this should be led by a transdisciplinary epistemology and dialogic design. For example,

Duffy (2009, p.9) states that, "comics narrative design can inform art exhibition curation which in turn can increase engagement with the museum much like comic books and graphic novels increase engagement with multimodal literacy." As discussed in chapter three, this research prompts curators to use a methodological approach to create an exhibition narrative as a metacomic, "a comic about comics" (Duffy 2009, p.6). This type of exhibition engages in discussions of ethics of representation, personal health iconographies, cultural capital of illness, and reconstructs its validation structures to achieve a transdisciplinary approach. This approach needs to give voice and value to lived experience and publics, as well as experts and professional collaborators. Multi-disciplinary approaches to graphic medicine exhibitions, as explored in chapter two, do not actively displace the needs and power-knowledge privileging that is tied to paternalistic injustice (Bowman 2017). Transdisciplinarity promotes epistemic humility by including a circular critical reflexive process that starts from a place of power disruption to promote more meaningful engagement with and for publics, as well as for all collaborators. Noe (2019) states that its practitioners need to be critical of it to avoid reiterating inequalities despite good intentions as the field continues to emerge.

The intention of this final discussion chapter is to demonstrate: firstly, why current museums and other public institutions would benefit from hosting a graphic medicine exhibition or consider having a more permanent exhibition, and secondly, to what extent they would want to challenge institutional injustices discussed in this research by changing their practices and spaces. The chapter does so by examining how graphic medicine has developed as a field that is reflected in the exhibitions, alongside how these curatorial practices can be applied more generally and medium-specific. As discussed in the introduction, museums currently face challenges with funding cuts and re-orientating their value in the communities within which they are situated (Joshua et al. 2020). Joshua et al. (2020) find that contemporary museums have shifted from education-oriented to entertainment-orientated services in their struggle to overcome recent barriers. Nearly three decades from Jameson's (1991) warning that museums will become aligned with theme parks, scholars, like Joshua et al. (2020), still view museums as adapting to these changes in expectations and services and exploring

organisational models that can balance these concerns, such as edutainment or educative leisure.

Desvallées and Mairesse (2010) define museums as being both concerned with theory and practice, but that they often are consumed with the latter in terms of current barriers and challenges. This chapter considers current museum, curatorial, and exhibition theories that relate to prevailing injustices that organisers need to focus on to address concerns with sustainability, epistemic violence, prevailing paternalism, and silencing. This chapter focuses on examining how institutions and exhibitions enact these issues. It does so to establish a process of site-specific reconciliation that affects broader change. Thus, it argues that organisers can actualise these changes through the representation of personal knowledge in these exhibitions and institutions' accountability of harmful historical and current agentic practices in health curation. Curation is often an agentic practice as it is the role of the curator to represent artists, populations in the public or patient groups, and the museums or other public institutions to larger publics through exhibitions. As agentic practitioners, curators are organisational actors and prominent figures that provide and fulfil the societal need(s) ascribed to the institutions exhibitions take place in.

This chapter examines the socio-spatial environment of graphic medicine exhibitions as a nexus of cultural, social, political, creative, and academic praxis. As such, it asserts that the context of these exhibitions is a convergence of turbulences and complexities present in power imbalances and prevailing injustices, namely the 'white cube,' canonisation, and curatorial silencing. Curatorial silencing is a concept that describes practices that favour the knowledge and needs of museums and may cause harm through devaluing the agency of the visitors and peoples represented through the exhibitions. For this thesis, relevant examples of curatorial silencing include that organisers do not confront the charged histories of a place and consider it objective, or empty, that may affect visitors (e.g. artefacts taken during colonialism), limit the agency and voice of the visitor or creators (e.g. paternalistic privileging in additional events or epistemic injustices linked to testimonial injustice), and present their knowledge and opinions as objective or backed by canonical realities. This final

discussion chapter examines the interplay of curation with lived visitor experiences to determine how graphic medicine exhibitions can aid current changes in social demands for exhibitions. In doing so, it argues for an epistemology and methodology that enacts curatorial humility and reconciliation, critical reflexivity, and reciprocity.

This chapter proposes 'curatorial humility' as a term that describes an approach and reflects current curatorial initiatives and models that intend to bring social change to museums. This thesis devises this term to juxtapose curatorial silencing and reconcile practices that reiterate epistemic injustices and paternalistic privileging in the museum or gallery. Curatorial humility, as an approach, seeks to reconcile past institutional injustices and silencing practices, facilitate stronger and more sustainable relationships with visitors, and explicitly engage a self-reflexive and dialogic model in facilitating knowledge co-production. The following section places reconciliation, humility, and graphic medicine exhibitions within the larger concerns of museum and curatorial practices; the chapter concludes with the application of curatorial humility in two specific areas of graphic medicine exhibition practices that reiterate curatorial silencing through epistemic injustices and paternalistic privileging, which are: canonisation practices in the selection of works and public engagement approaches that limit the voices in these events. In the latter, the thesis proposes a three-level polyvocal comics engagement method to aid organisers in conceptualising how multiple voices can be enabled and why this is important for graphic medicine exhibitions wanting to enact a curatorial humility approach. These two areas were identified as important because they are present in the analysis of findings across the thesis's integrated mixed-methods methodology.

Reconciliation: Curatorial Silencing to Curatorial Humility

Contemporary museum debate evidences a state of reconciliation both with past practices that stimulate injustices and exclusion (curatorial silencing) and with the changing expectations and needs of the communities museums reside in (curatorial humility). Curatorial humility encompasses current cultural institutions work to remain relevant to publics and grapple with changing environments, demands, and limitations.

These changes are part of a larger consciousness and shift in curatorial practice that reflects the changing expectations and experiences of exhibition audiences, across different locations and institutional spaces, which graphic medicine exhibitions operate within. Recent museum debates call for reconciliation on the part of museums with the populations they represent through their collections, publics they serve, and those who have previously been excluded from museum collections, programming, and employment (Joshua et al. 2020; Bharucha 2000). For example, Levine (2017) defines a curatorial intervention theory that replaces hierarchical and authorial structures. Levine (2017) does so by proposing a bilateral and bi-directional tri-nodal structure that promotes transparency in knowledge exchange and interactions between curators, artists, and visitors. Levine (2017) uses reception theory and states that curatorial intervention not only exposes the binary relationship between artists and visitors in museum experience but it also positions interventions as essential to how curatorial practice exists in relation to artists' intentions and visitors' reception of the work. However, Levine (2017) positions architecture and location as a function or frame in which these groups interact rather than acknowledge these as a spatial embodiments of actors that may no longer exist in the location but none-the-less affect visitor experiences. Visitors' reflections on the institutional space and value of graphic medicine exhibitions reveal that existing tensions, social and spatial, with health stories and understandings are in need of reconciliation efforts. These visitors acknowledge that exhibitions are one way of having conversations about sensitive topics and some value graphic medicine works for communicating these lived experiences more easily than other two-dimensional static fine arts media. Previous chapters of this dissertation have shown that the graphic medicine works themselves provide visitors with a deeper emotive engagement with health experiences, however the curatorial practices and the spatial contexts framing these exhibitions need to be examined in more depth to uncover how these reflect epistemic injustices.

Graphic medicine exhibitions in public and non-museum spaces contribute to audiences' perceptions of the socio-political identity of these locations and institutions. As defined in the introduction, exhibitions are simultaneously an action, a collection of

objects (that reflect a concept, reality, or person or people), and a place, and they are the main function of museums (Desvallées and Mairesse 2010). Organisers can view graphic medicine exhibitions as a productive method for inserting unheard voices into public consciousness. However, these exhibitions can be negative when they practise curatorial silencing, such as when organisers privilege the agenda of governing bodies that hold imbalanced power over the publics they position as collaborators or beneficiaries. Curatorial silencing encompasses curatorial practices and privileged histories that enforce institutional injustices and power imbalances through exhibition spaces and is not limited to museums. However, some scholars view silence as positive in the gallery because it provides other voices the chance to be heard. Burnett (2005), in a feature for *Art Monthly*, states a modernist curator is at their best when they focus on artists and the ideas present in the works than overall ideas. Museal silence, defined thoroughly by Mason and Sayner (2019), considers the harmful and productive uses or occurrences of silence in museum individuals, institutions, and contexts. While Mason and Sayner's (2019) focus is primarily on museum institutions and places, the etymological relationship of their use of the term museal is a root of musealization (Desvallées and Mairesse 2010). Osterlund (2013, p. 2) defines musealization "as the process by which an object is removed or detached from its original context or setting for its exhibition in a museum-like manner and environment", and this includes its presence in other spaces.

While these scholars discuss musealization in contemporary society as the move of museum ideologies and practices into other public spaces, its historical formulation has traces of private collections. von Roth (2018) discusses musealization's origin as being acted out by private collectors whose collections often were donated to formulate the objects displayed by the first public museums that also influence the professionalization of museal practice over a century ago. Today, Osterlund (2013) examines the contemporary concept of musealization in urban initiatives in Istanbul where powerful public and government figures use this process as a means to side-step publics' consent and participation. These projects alter the socio-political identity of a public space (Osterlund 2013). Visitors of graphic medicine exhibitions may have

existing socio-political associations with the institutions that host these events which frame their expectations for the exhibits. However, the analysis of the visitor interviews for this thesis supports that curatorial practices, such as display, exhibition texts, and activities, can lead visitors to reflect on the institution's relationship to the exhibition messages as well as critically interpret the exhibition as a single narrative. Researchers can consider Osterlund's (2013) point about side-stepping publics' consent and participation in the musealization of public initiatives when examining curatorial practices of graphic medicine exhibitions. Specifically, they can analyse public's consent and participant against silencing practices that limit visitor engagement that curators adopt from museums to consider better methods. These silencing practices subtly cause harm or create friction between experts, exhibitors, and publics. For example, curators can use anticipatory methods, because they require collaboration with publics prior to their visits or the creation of the exhibition. These methods are not common in graphic medicine exhibitions currently, but they can provide publics pathways to share their voice in exhibits.

Broadly, curation is an act of creating ways for publics to encounter truths and knowledge. Counterintuitively, exhibitions' silencing of personal narratives in favour of an institutional narrative is an act of epistemic injustice against the validity and usefulness of lived experience. For example, Joshua et al. (2020) distinguish a difference between silencing and absences that exist both in exhibitions (collection and place) and in the conceptual formation of the knowledge they contain. It is important to acknowledge that silencing is a verb that requires action to happen while absence is an existent state or the result of silencing. In some contexts, visitors might regard the truths and knowledge present in the gallery as being scientifically objective, entertaining, or unsettling and sensitive, which may be misconstrued when certain experiences and expertise is absent.

Beyond curated galleries, collections are also the "invention of museums, not the original communities" the artefacts originate from (Lacey 2017, p. 57). However, collections can be more reflective of their communities when their voices are brought

in through a collaborative approach (Lacey 2017). Leahy (2016) places this alienation in the context of visitor experiences:

> "…the British Museum scene in *Maurice* reminds us that the institution can never predict or manage the diverse and private social and physical encounters that it accommodates. Like thousands of other visitors before and since, Maurice and Alec walked around the museum 'as if in search of something', even if what they sought could only exist elsewhere." (Leahy 2016, p. 183).

Thus, visitors feel dissonance in museums when they cannot locate lived experiences and knowledge in the public exhibitions through fragments of these might exist in the collections vaults of un-exhibited works. Lacey (2017) points out that hidden collection spaces are relational places that are imbued with privilege and silence that primarily or exclusively only museum staff access and know. Graphic medicine exhibitions can challenge homogenised or hidden privileged knowledge acquisition and narratives because they contain stories about health and illness experiences that have a high emotional and personal quality. Also, curators can organiser reading corners, lists, and library collections since these works are normally available to the public in other formats, such as graphic novels or web comics. This availability enables curators to prompt visitors to additional experiences that cannot be contained in one exhibition or contain highly sensitive, but authentic, experience of health.

It is important for curators to adopt a practice of care that includes evaluating the presentation of the individual works' integrity and the curatorial narratives associated with the exhibition to safeguard visitors. Andrä et al. (2020, p. 343-344) examine their curatorial practice exhibiting conflict textiles as a way to care for personal knowledge and create "an embodied, affective form of knowing" to counter epistemic injustice, or violence. They do so by "unsettl[ing] entrenched regimes of sensibilities, challenging what is legible, visible, sensible, knowable as experiences of war and militarized violence and enabling the unstitching and restitching of political imaginations" (Andrä et al. 2020, p. 343-344). Importantly, their careful curation considers visitors' emotive and critical responses to unsettling works as relational and not simply isolated or linear cognitive reactions (Andrä et al. 2020). Similar to conflict textiles as object witnesses (Andrä et al. 2020), graphic medicine contains unsettling

knowledge that may conflict with socio-political understandings of health and healthcare experiences. It may also reveal publics' previously un-encountered truths that challenge authorial, objective, and scientific knowledge that (mis)informs public understandings of certain conditions and realities. Public engagement with these types of works can provide publics with opportunities to reconcile misinformation on an individual level. Oli Williams stated that misinformation is often hidden, as common sense is most effectively disrupted with knowledge that is also presented as common sense, which is problematic as common knowledge is established socially over long periods of time (personal communication/Oli Williams interview, 18 October 2018).

Ill others in graphic medicine complicate hegemonic and clinical understandings of normalised health realities by representing complex experiences that challenge the elusive notion of idealised health and common sense. Institutional silence and master narratives in exhibitions operate differently, but they both create marginalised voices which reinforce unbalanced-power to governing bodies to determine histories and common knowledge in public spaces:

> "Thinking of Chantal Mouffe's idea of the "agonistic" nature of the public space (Mouffe, 2005, p. 152), museums such as [the Musée National de l'Histoire de l'Immigration] can be read as composite sites in which opposing views and agencies emerge, often without the possibility of resolving their conflicts and find[ing] a shared vision." (Scarabicchi 2019, n.p.).

In exhibition, stories of ill others challenge institutions' previous dissonance in museums and create what Scarabicchi (2019, n.p.) describes as "a more complex and "polyvocal" narration" to publics. As presented in the last chapter, one visitor states that comics can show and do more in the same amount of space as other two-dimensional art objects, such as painting or photography. Graphic medicine works, and comics art history activism more broadly, might facilitate polyvocal narration and embrace complexity ethically, safely, and humbly through galleries. This potential is due to the fact that many of the graphic medicine works contain clear yet complex narratives themselves that add diversity to existing museum narratives.

Museums can be thought of as having multiple hierarchical and parallel narratives that compete to inform visitors. Hierarchical narratives exist in the museum

as a whole, wings, galleries, and then displays and individual artworks or artefacts; parallel narratives, or associations, of the overall museum might include new initiatives, the history of the building or location, or individual visitor's memories of the location. Yanow (1998) discusses these as "space stories" both authored (by the museum architecture or staffs) and constructed (by the visitor or other groups) and built spaces are texts that are read by multiple audiences interpreting from personal angles. These visitor interpretations may not align with authorial narratives. "When these attributed (constructed) meanings of spatial texts are at odds with intended (authored) meanings, it may be difficult for organizations to realize their desired and intended programmatic objectives" (Yanow 1998, p. 217). On wing and gallery levels, Scarabicchi (2019) also discusses these as pouring between adjacent spaces and objects or as collection histories that museums do little to challenge or disavow. These narratives and their relationship to each other are complex and have a presence that is physical and conceptual, individual and shared. In analysing these narratives it is important to address that while these problematic histories are related to one location they are not necessarily written by or harmonious with current governing bodies' ideologies, and some narratives are entangled in past legal agreements problematizing how curators can legally address issues. In these cases, authored narratives limit their own voice by hiding problematic pasts that visitors include in their constructed space stories, and, thus, institutional silence stimulates dissonance.

Museums that preference the agendas and voices of the already powerful create one directional engagement with visitors. However, these agencies are subject to present distinct stakeholders (i.e. museum professionals, artists, and visitors), as well as entangled with past, present, and future individuals that may move between different stakeholder identities. Some of these spatial narratives and intentions outlive past clients, visitors, and staff's active engagement with the organisation and remain a part of its complex space story through the architecture and individual's previous associations with the museum (Yanow 1998). Graphic medicine's world building, or reality building as many of these works are constructed from lived experience, creates spaces in the gallery that can transnationally bring in locations and experiences that do

not otherwise exist in the museum or institution. These might not exist due to architectural limitations or permanent collection donor agreements. Visitors' interpretative engagement with these two-dimensional representations of ill others combine with their own associations with health and illness, so effective curation can use this relationship to challenge existing dissonance in museums and healthcare.

Graphic medicine exhibitions can create and benefit from friction in these complex environments' and realities' existing narratives and dissonance. Curators design these exhibitions to start conversations by extending the graphic medicine community into the musealized spaces of fine arts, libraries, universities, and other institutions. They do so for the purpose of making noise where there is silence, either because there is no patient voice or only a single homogenised voice is asserted in these contexts. Džuverović (2016) describes this practice as creating useful friction in order to disrupt existing injustices:

> "For us, the "visual arts establishment" became synonymous with patriarchy, with the canon, a stubborn remainder of "high art" and class difference so prevalent in the UK and an embodiment of the dominant social order that was to be infiltrated and pierced. *Her Noise* was therefore never an attempt to rethink music history, because it did not position itself within that community, but it was a deliberate infiltration that adopted methods and politics of its protagonists, not in the discourse, but in the tactics and in its infrastructure." (Džuverović 2016, p. 94).

However, Džuverović (2016) reflects that during their project they had to silence their feminist political aims in order to make the exhibition proposal more palatable for early twenty-first century museums and galleries; graphic medicine exhibitions also have to navigate current socio-political associations with healthcare institutions, big pharma, and governments. In the above statement, Džuverović's (2016) "*Her Noise*" and "music history" could be replaced with "graphic medicine exhibition" and "art history," respectively, to demonstrate how the aforementioned could operate methodologically in fine arts spaces. Graphic medicine exhibitions can create useful friction with political and institutional master narratives or silencing practices, but they can become complicit and entangled in the injustices of these establishments in adopting existing practices and frameworks not transforming them. Proctor (2013) argues that individuals

aiming to stimulate radical transformation in museums need to simultaneously empower new and previously marginalised communities. This empowerment creates conversation while dismantling and addressing "the very structures that produced that marginalisation and silencing in the first place" (Proctor 2013, p.51) to avoid recreating new excluded others. These harmful practices are not subject to museums only as the canon and patriarchal structures of this institution reach out into public and private spaces through musealization. Therefore, a graphic medicine exhibition methodology needs to politicise a voice for humility and reconciliation and be cognisant of how spaces embody patriarchal injustice, the canon, and dominant social order.

The places and space in which exhibitions exist convey political statements and associations to visitors and stakeholders (Yanow 1998). Yanow (1998) states that publically funded exhibitions or museums are itself a political statement and value that can be comparatively measured in the space organisers give it and the space story they construct. Like Džuverović (2016), graphic medicine curators may not explicitly address political themes in the exhibition's authored texts; however they still may be resonant in visitor's interpretations of their experience, the work, and the host organisation. This is important since museums and institutions take into consideration funding structures, the content they exhibit, and their stakeholders. Publically funded organisations, in their general remittance to serving and reflecting needs in their immediate communities, make a statement that these projects fill a need identified within their community. Privately funded organisations that other graphic medicine exhibitions are hosted in make these statements, but their funders and their audiences may not be perceived to be the same, whereas publics tend to be perceived as the funders of publically funded institutions. It is still important to consider this even when this financial relationship is not quite as straightforward. Thus, organisers might want to consider the benefit of communicating their value to audiences that reflect community needs in order to build trust with audiences as some members might consider themselves reluctant or forced funders.

Silent institutions still assert colonial, hegemonic, and imperialist narratives to publics through acts of curatorial silencing, but even temporary exhibitions and

additional events in these places can disrupt these injustices by shifting the museum from temple to forum (Scarabicchi 2019). Scarabicchi (2019) traces the critique of museums' need to shift from temples to forums back to Duncan Cameron's work in 1971, and argues that museums have taken limited action to de-colonise themselves in their curatorial practices, narratives, and their own histories since. These histories still pour from the walls of the institutions' buildings, beg to be addressed in missing curatorial text, and sit uncomfortably in the displays of certain artefacts (Scarabicchi 2019). In health galleries, out-dated curatorial practices hark back to Victorian "freak show" displays of the late-nineteenth century that made a spectacle of past ill others (Hsu and Lincoln 2007), though another argument is that these provide bodily and scientific knowledge (Durbach 2012). Kirkwood (2017) argues that counter-narratives in individual artefacts can replace fantastical and reductive portrayals which combine with the medicalisation of narratives and other events to disavow reliance and use of negative stereotypes. Graphic medicine excerpts can be individual counter-narratives that do not present an ill other or specimen separated from healthy in-groups, because of their relatable and recognisable shared experiences that connect with viewers through the parts that convey the everydayness of these experiences.

In addition, curators are unable to present the medium of comics is to some degree in exhibition in the same way as medical artefacts that are in famous, but controversial, medical collections (e.g. comics in glass display cases are difficult to read). Graphic medicine exhibitions primarily display unframed reproductions on gallery walls that have a modern white cube aesthetic, which creates a visual separation from previous health and medical curatorial aesthetics. However, it does not separate them from toxic silence and narratives associated with these places and museums. Curators can design graphic medicine exhibitions to confront the loaded emptiness of "white cube" and audiences' negative associations with cultural privilege and elitism. The 'white cube' refers to contemporary white and smooth gallery walls that came with abstraction in the early twentieth century, influenced by the artists from the Cubist, De Stijl, and Bauhaus movements (Tate Modern n.d.; Cain 2017; O'Doherty 1976), and it also hints at the canon that is often displayed within these hallowed halls in the fine

art museum. However, the white cube and canon are Western in their development and elitism and as such are not as empty as some frame them to be (Buurman 2016).

Paul Gravett and Damian Duffy are comics curators and scholars who play with the white cube and the affordances this "wide-open" space provides for "multicursal" and immersive gallery comics, or exhibitions designed as comics (Gravett 2013, p.131 as cited by Goodbrey 2017, p.98; Duffy 2009). Goodbrey (2017) particularly draws attention to how these approaches to comics exhibitions share similar characteristics with more general installation art, spatially and narratively. For example, Buurman (2016) critiques Christov-Bakargiev's models of curatorial modesty and curatorial hospitality that do not fully acknowledge how the white cube is a neoliberal space that can hide injustices and authorial power in its false emptied aesthetic. A curatorial model that seeks to disrupt these must include a confrontation of this paradoxical empty and loaded spatial aesthetic to co-create a more impactful approach. For example, curators can include curatorial text that addresses the history of the white cube or the institution.

New models can be idealistic and individuals will always encounter compromises in acting them out (Triscott 2017), but it is the role of the curator to embrace idealism over cynicism in trying to affect change and strive for betterment. Temporary exhibitions and additional public engagement events vocalise and address these issues and, as evidenced in the visitor interviews, can engage visitors' in critical reflection of the host institution (Scarabicchi 2019); however, Yanow (1998) states that othering can be implied or inferred from the spaces that museums and institutions delegate for temporary exhibitions. So, graphic medicine curators need to address and explore the spatial contexts in which these exhibitions sit in order to effectively use temporary shows as a means to facilitate productive change.

Particularly, graphic medicine curators need to consider how new spatial contexts for the genre can influence different meanings and engagements. Austin (2010, p.43-44), in analysing graffiti art, discusses how this work "disrupts the coherence of common-sense aesthetics" and "performs a re-writing of foundational cultural symbols and materials." In the space of any white cube gallery, museum or

otherwise, graphic medicine can similarly disrupt viewers' ideas of common-sense or prevailing exhibitions aesthetics and objects through discomfort, confrontation, or diversifying privileged health aesthetics. They call attention to the construction and authorial power underlying common-sense knowledge, which are enacted by what canons, spaces, histories, and authority figures choose to amplify and also what they silence.

Graphic medicine exhibition visitors display a heightened sense of critical performance when engaging with the works regardless of their locations' context. While the curators state that an institutions' reputation adds a sense of prestige or legitimisation of graphic medicine to audiences, it was the familiar museal curation of the space and objects that influenced visitors' behavioural performances. Yanow (1998, p.218) states that museum buildings are comparable to other civic spaces in that they use architectural and design elements to distinguish to publics that their experience is set apart from that of daily life, "thereby creating a "heightened sensitivity" (Edelman, 1964, p.64) to the actions contained therein and to their associated meanings." This experience is the spatially facilitated transformation of an individual into a visitor. *VAST/O* visitors recognised the museal context of the curated space even though it was located in a university atrium and performed interpretative approaches to their experience imbued by their pre-existing cultural understandings of what an exhibition visitor does. However, visitors' approaches were also individualised based on their unique combination of values, beliefs, and personal memories and associations with an institution or visitorship and, specific to this research, comics. This thesis argues there is importance in considering this museum-motivated performance that combines preferred and learned behaviours in these curated spaces in order for graphic medicine exhibitions to strive for curatorial humility.

Curatorial humility seeks to inform how reconciliation can become integrated into curatorial practices, specifically in the contexts (general and field-specific) that graphic medicine exhibitions are located, and draws from current models. Triscott's (2017, p.118) co-inquiry model expands curatorial roles to include "research platform and strategic context creation," becoming a "transdisciplinary researcher" and "inquiry

network builder," and a diplomat that negotiates the different "conflicting versions of reality" that exist in the museum beyond traditional authorities of knowledge. Scarabicchi (2019) refers to the latter as the polyvocal nature of the museum. Triscott's (2017) model seeks to bring together new knowledges that are not traditionally the focus of museums, and favours long-term changes over temporary ones. Curators can consider this in relation to their institutions use of temporary shows to create new knowledge; Scarabicchi (2019) states that these shows can have a large impact on publics, but calls attention to how the curator plays a part in transferring this new knowledge to larger institutional contexts, locations, and practice. Even when a marginalised voice is given a platform, other silencing and politicised practices contribute to its silencing thereafter if temporary shows have a momentary impact on the institution overall. Curatorial humility not only gives the marginalised a voice, but breaks down the existing practices, programming, validation structures, and aesthetics that act as barriers to reconciliation attempts.

Curatorial humility first requires dominant authorities in institutions to explicitly confront how their practices and structures (physical and conceptual) convey past and present narratives on current social concerns. Current interests and concerns that relate to curatorial practice include examining how museums and museal spaces produce knowledge, facilitate meaningful participation and activities, convey sustainability to communities, reconcile individualistic approaches to voice for collective shared ownership, and continue efforts to decolonize collections, narratives, staffing, artefacts, practices, and organisational structures (Neale and Kowal 2020; Brown 2019; Scarabicchi 2019; Triscott 2017; Lonetree 2012). For example, Neale and Kowal (2020) examine decolonisation efforts in museology and challenge an important distinction when they question if museums and scholars are discussing epistemic or reparative decolonisation. They define epistemic decolonisation as aiming for "horizontal relations between dominant and marginalized knowledges and knowers" (Neale and Kowal 2020, p.411), and reparative decolonisation as returning to Indigenous peoples what was and is taken from them in (continued) colonialism. Neale and Kowal (2020) argue that in epistemic decolonisation representational power stays with dominant authority figures

as Indigenous knowledge remains subsidiary to existing validation and knowledge structures, while reparative requires a more confrontational and explicit critical analysis of these historical authorities to allow for cultural decolonisation to happen. This distinction is relevant for graphic medicine exhibitions and the subversive or introductory objectives of individual curators as decolonisation can be replaced with the word reconciliation to expand Neale and Kowal's argument to museum marginalisation and injustices more broadly. In trying to create long-term affects for visitors, curators should critically and humbly examine their practices, institutional voices and histories, and museum education design to understand if they are working towards epistemic or reparative reconciliation.

The graphic medicine exhibitions examined for this research tend to work towards epistemic reconciliation as these are temporary exhibits in an institution and the curators who organise them often are guests. However, curators are able to achieve reparative reconciliation more easily when they are associated with the institutions where the exhibits happen, such as the conference exhibitions or exhibitions where artist-patients have greater control of the narrative. Both of these approaches have their place in reconciliation efforts, however reparative efforts exhibit more humility as they require a relinquishing of power and a restoration of agency to those with lived experience. To do so, curators need to develop their own reparative process that engages critically and explicitly with the histories and practices of the institutions they exhibit in. Their process will be most obvious in their curatorial texts, co-participation planning or activities, and in the additional public engagement events that run alongside the exhibition. It may be more realistic to consider these as steps for curators implementing institutional change: first working towards epistemic shifts and then trying to develop how each unique institution attempts to achieve reparative reconciliation.

Secondly, organisers who engage in curatorial humility self-reflexively need to focus on the greater epistemic injustices that affect their populations outside of their walls. These efforts will foster a stronger connection between institutions and publics if they are related to collections, histories, current remits, or services, but institutions are

encouraged to expand their own concerns in new directions if they identify a need through co-production and co-participation with publics and other stakeholders. Otherwise, institutions become locked in a responsive cycle that consistently looks inward to reshape themselves in reaction to new dominant sociocultural and political attitudes and pressures, which to some degree will always be needed, rather than becoming active and equitable co-participants with their publics beyond the regular population of visitors. In order to achieve this second level of curatorial humility, this research argues that reconciliation needs to be thought of not just as an intervention on curatorial and institutional practices, but needs be reflected in a permanent space within the institution that has a physical and online presence. In reference to decolonization, Neale and Kowal (2020) note that any epistemic shifts or reparations will not lead to total erasure of past injustices or power-imbalances held by historical authorities; Yanow (1998) states that these cannot be erased completely because institutions' pasts exist in the personal knowledge of publics, staff, and stakeholders. Thus, curatorial humility aims for reconciliation and considers personal knowledge on the same level as authored institutional knowledge in the epistemic shift it proposes.

Scholars discuss reconciliation and museums often address the role and morality of representing traumatic and violent pasts in memorial museums (Bharucha 2001), or decolonization efforts (Neale and Kowal 2020; Lonetree 2012). However, larger social and communal contexts of museums can also reconcile and call attention to realities just outside their doors. Graphic medicine exhibitions in non-museums spaces tend to be a physical, and partly musealised, manifestation of these realities and act as an intervention to an identified need. Dziekan (2012, p.39-40) places art objects as components in "living space" where real and virtual spaces overlay each other in "an expanded sense of the dimensions (curatorial, exhibitionary, museological, architectural and multimedial) in which [art] operates". Therefore, from the standpoint of curatorial practice, an exhibition "mediates the relations operating between artefact, gallery and museum" (Dziekan 2012, p. 34). To apply these concepts to reconciliation, curators should not consider the art object (graphic medicine) as an isolated piece that individuals encounter, but rather a component of a fluid space that shifts with

conversation and with the entrance of the visitor. The roles of the curatorial design and exhibition are to weave spatial narratives that have authored and constructed origins, even if authored (curatorial) narratives in exhibitions fail to acknowledge certain aspects that constructed ones may fill. However, if this gap relates to past injustices or malpractice associated with the space than these exhibitions act instead as barriers to the reconciliation process.

Reconciliation is not an end goal but a process. Reconciliation of silencing calls curators to bring groups together and to facilitate space for these individuals to produce personal meaning-making in order to relate to the group or institution. Bharucha (2001, p. 3766) challenges the "imagined comfort and endurance of reconciliation" and argues that it is more possible to occur between individuals rather than across religious, political, and cultural communities. Bharucha (2001) does not provide much resolution on how museums might overcome this, but does call for readers to conceptualise reconciliation as a process that is constantly working for resolution and facing new conflicts. Bharucha (2001) bases these claims on his experimental theatre workshops with 15 actors in rural India that focus on truth, reconciliation, and caste violence. For example, they improvise transforming a glass of water, the only object in the room, with different meanings and at the climax of the workshop it became a *saligrama*, a sacred stone that embodies the godhead (Bharucha 2001). The actors' different reactions to the metaphorical and transformed object expose the individual privilege and trauma within the group:

> "When truth is exposed in theatre at very personal levels, you can't retreat from it. You can't stop the process right there because it would be too painful. You have the responsibility to transform that moment of pain into something else, or you risk disrupting the possibility of reconciliation. Entering the narrative of the actors as an actor in my own right, I thought aloud: "This was a glass which we took entirely for granted. At some point it became a bomb. Then it became a *saligrama*, in which some of you believed, and others didn't. But now, when I look at the '*saligrama*', I realise that it's only a glass of water, from which we can all drink in a ritual of our own making." We pass the glass around, and when it returns, I ask: "Does the glass feel different from the time when you first started the exercise?" And from the smiles and intimate solidarity of the group, I could feel that it was very different, because *we* were different. Something had happened to us as a group. We had travelled from a rather painful exposition of

individual truths to a reconciliation as to how we could relate to each through an acknowledgement of difference." (Bharucha, 2001, p. 3766)

The actors' performativity in this constructed space exposes the complexity and multiplicity of individuals within a group despite having shared interests; here the shared interest is theatre and acting but we can also consider publics and museums shared interests in addressing and responding to larger sociocultural concerns. As explored in chapter three, museums and curators have a responsibility to consider publics as co-creators of engagement and narratives and to allow for models of civic engagement to facilitate this. However, curators need to reflect on their social and identity dynamics with publics in order to provide participants space to process the pain, discomfort, or different meanings shared, especially when they try to resolve museums own past malpractices. Bharucha (2001) calls for examination of the pathways to conflict resolution that absolves tensions in one group but may create them amongst others; museums display and memorialisation of trauma and stories position themselves tenuously between giving a platform to silenced voices and histories to deconstruct toxic hierarchies for reconciliation and run the risk of inscribing new injustices. Curators of health, graphic medicine, or other sensitive topics cannot avoid processing these tensions if they want to achieve reconciliation and curatorial humility; however since these are processes resolutions will not be absolute. Just as reading comics denies the concept of absolute closure, here reconciliation is a part of a process and culture, not an end goal. Thus, it is a culture of reconciliation that organisers can formulate and enact, and graphic medicine exhibitions have the potential to stimulate this process for stigmatised and silenced illness populations. Graphic medicine exhibitions become a part of the process that reconciles social misunderstandings, power-imbalances, and stigmas due to the personal empowerment of artist-patients' voices and the "equitable access," relatability, and the storytelling quality of the medium that evokes visitors' emotive engagement and memories.

Graphic medicine exhibitions can contribute towards curatorial humility and reconciliation of the institutional realities and spaces they occupy through destabilising canonisation and facilitating polyvocal comics engagement. Curators can achieve these

two areas since these are cognisant of what an exhibition is able to do across the different institutional contexts that graphic medicine exhibitions exist in. However, these growing areas of concern call curators to more methodologically reflect on adopted curatorial and museum practice. These concerns become revealed in graphic medicine exhibitions when they are examined in unison and placed in conversation alongside exhibition characteristics, themes of risk, and the in-depth analysis of *U;REDD*, as well as interviewees' reflections. Visitors partially imbue and read graphic medicine exhibitions through larger field objectives of subverting, destigmatising, and de-marginalising clinical and professionalised health narratives and messaging. However, some inherited curatorial practices, whether actioned through the curator or validating committees, do not confront existing spatial narratives, privilege, and injustices that publics and visitors know through their personal and expert knowledges. Organisers who address these areas can more impactfully introduce the genre, start conversations, empower communities, and communicate health experience than if they do not.

Canonisation of Graphic Medicine: Empowerment and Community to Challenge Inherited Paternalistic Practice

Graphic medicine as a wider field is facing challenges due to the emerging establishment of a canon of these works through library collections, published voices, scholarly attention, and exhibitions. Prompted by curator reflections and analysis of exhibition characteristics, this research finds a growing trend of curators representing a similar basis of works and artists in group exhibitions that seek to introduce the field. This emerging graphic medicine canon can be an important reference for individuals, however, like any canon, its physical manifestation is enacted through paternalistic practices and conceptions that are exclusionary, privileged, and limited. This analysis is not a completely unique critique of the expanding field or the field of comics more generally. Unlike personal lists of favourite or important works "the canon is the one backed by institutional power" (Beaty and Woo 2016, p.4; as cited in Noe 2020, n.p.), and therefore communicates symbolic capital with these canonised works that

translates into collective economic and sociocultural associations (Beaty and Woo 2016). As mentioned earlier, co-curators Brian Walker and John Carlin's 2006 "Masters of American Comics" exhibition, which presented fifteen male creators only one of which was non-White, was heavily criticised for its exclusionary presentation of *masters* and for their excuse that building a canon was *meant* to be controversial and start debate (Munson 2020; McGurk and Robb 2019; Chase 2009). Their claim that starting a canon is beneficial for fields is a harmful and privileged outlook as it is made by and in benefit of individuals who already hold significant power. In examining invited artist-curators who curate comics exhibitions from existing museum archives, Crucifix (2020) asserts that these comics exhibitions can be examined as displaying personal authorial canons and not explicitly trying to establish a collective canon. As discussed, museums assert a sociocultural power over canons through their permanent displays and collections. However, Crucifix's (2020) argument uses the work of Art Spiegelman and Daniel Clowes and does not engage with the authorial power of these curators within comics communities and other publics. Visitors can interpret these authorial powers through their pre-existing or newly acquired (through exhibition text, promotion, events) knowledge that the invited curator provides. Graphic medicine invited-curators also carry a level of authority in their exhibitions, many of whom are invited artists and who curate from their existing networks. Several of whom reflected in the interviews that they needed to be creative to displace this. These circumstances and the limited and emerging nature of the field complicate seeing these exhibitions as distinct personal histories or canons of the genre when they have yet to exist in museum archives or major permanent exhibitions. Individuals have started to critique the harm canonising practices cause in the emergence and establishment of graphic medicine more generally.

Graphic medicine scholars, curators, and creators are becoming increasingly critical of canonisation practices already existent in the field that limit voices and privilege certain practices and formats. Noe's (2020) presentation for the New England Graphic Medicine Conference, titled "Graphic Medicine & Canonization: Are We on a Worrisome Path?" poses an important question to the field of graphic medicine and

speaks to his findings from a joint scoping review of health education literature (Noe and Levin 2020). At the conference, Noe (2020) states that this question is important to ask now due to a growing trend in articles that rely on analysing a set group of "core comics," some of which this thesis finds present in several of the group exhibitions. He calls for broader representation and categorically sets out "ways to resist" that librarians, educators, scholars, and creators can consider (Noe 2020, n.p.). Like these other environments, institutions, and players, graphic medicine exhibitions are a physical manifestation of the community that can be a contributor, along with their curators, to the canonisation of the genre. Therefore, this penultimate discussion focuses on the role of graphic medicine exhibitions for resisting and challenging the canonisation of the genre, specifically in its silencing that is contradictory to larger field and community objectives and needs reconciliation.

Canons become entrenched in the histories and narratives we tell about a phenomenon or area of study through silencing realities. The danger of a canon is that it disguises these values and taste as "natural or reflexive" rather than "socially produced and performative" (Beaty and Woo 2016, p. 3). So much so, that feminist critiques have had to work to even assert that diverse creators have existed into social and expert consciousness across multiple fields (McGurk and Robb 2019; Chase 2009). Graphic medicine curators and exhibitions can challenge, and as Noe (2020) states "resist," canonisation practices through empowering individuals, focusing on community participation, and critically reflecting on personal practices and approaches. Practices that influence canonisation are curator's parameters for selecting works, subjective notions of representation and diversity, access to creators, and personal definitions of what counts as a work of graphic medicine. These were primarily analysed in the practices of group exhibitions of existing works and not in shows that contain commissioned or patient testimonial works. Though, organisers and commissioners should also evaluate how they ask to create new works and consider how their access to funding could eliminate barriers that exist for underprivileged creators. Commissioners can enable underprivileged creators to share their experiences

and comics, and provide resources to create longer works and pathways to major publishers.

Challenging canonisation for curators of exhibitions is not only about being diversity-conscious in how works are selected but also about methodically designing the much larger public engagement programming that exists alongside the exhibition to further disrupt this. Ellen Forney discusses that she had to change her parameters to what could be included in the exhibition as graphic medicine to overcome publishing barriers for marginalised voices, and Adam Bessie discusses how he represented diverse experiences by amplifying the voices in his local zine and comics community. Future curators can consider both of these practices as pathways for challenging the growing canonical trend that Noe (2020) observes centred on twelve published memoirs. Canons convey a sense of mastery or importance of certain voices, which, in the case of graphic medicine exhibitions, can produce a "Masters of Graphic Medicine" canon where the same published works or existing networks are relied on continuously. That is not to say that exhibition should only contain these published works once or that they are not beneficial for visitors, but rather it asks that curators approach each exhibition to include new voices and challenge their own curatorial practices. Curators can use transdisciplinary and participatory methods to commission or source new comics and challenge the canon through local community empowerment.

A transdisciplinary community-based approach is one way to strive to design the exhibitions and works to be relatable to local publics, include underrepresented local artists, and empower non-professionals' involvement with the institution. A team that implements a transdisciplinary approach also functions with more epistemic humility amongst each other. They do so by rewriting their own validation structures specific to the project, which may borrow from a multitude of existing frameworks, and gives the chance for varying expertise to co-mingle. This is because transdisciplinarity is a step beyond interdisciplinarity (Austin et al. 2008) and they both have reciprocation as an objective (Callard and Fitzgerald 2015); in addition, transdisciplinarity is fluid and not contained by the start and end of a project lifecycle because it continues to develop beyond it through circular critical reflexivity and privilege displacement. Curators and

teams can use this approach, in short, to become better communicators and collaborators, including with publics, through learning from each other and taking that knowledge forward into their own concept of themselves unrestrained by privileged overarching validation structures. Challenging canonisation practices is one pathway towards displacing privileging and exploring diversified representation with participants and publics.

Curators and teams use a transdisciplinary approach to work towards breaking down paternalistic injustice, such as canonisation, through acts of epistemic humility and circular critical reflexivity. Interdisciplinarity can still be a goal for individuals and those amongst diverse teams working all within a similar organisational framework (i.e. universities, hospitals, museums). However, organisers who wish to meaningfully engage with publics, including other professional experts, must disrupt their own epistemic privileging. Organisers operating with epistemic privilege place their own needs, professionalised language and values, taste, and egos at the centre of the project through an imbalance in power. In resisting canonisation, the curator facilitates visitor participation to stimulate an active and co-creative relationship (Skydsgaard et al. 2016), and acknowledges that publics need to be in conversation with the experts and curators to share power-knowledge (Verhoeff and Waarlo 2013). Paternalism and injustices are difficult to dismantle without critical reflection and institutional support because they are already present in an institution's validation structures. Chapter one frames the thesis by examining the curatorial characteristics and themes of risk that underlay graphic medicine exhibitions in order to understand how frameworks affect visitor and curator relationships. Trust and humility are at the heart of any relationship and are specifically important when analysing public engagement with biomedical expert knowledge and illness narratives because of existing relational power imbalances (Carel and Kidd 2014; Bowman 2017; Camperosi et al. 2017), as well as curators who perceive themselves as cultural stewards of knowledge (stewardship). Curators reiterate and challenge relational power-knowledge imbalances through their curatorial practices, whether they are aware of it or not and directly impact visitors' expectations and ability to meaningfully engage with exhibitions. Canons limit a

phenomenon to the "greatest" works or individuals which automatically will silence some voices, and, if those that are included are all similar to each other, the canon not only silences it also amplifies a dominant and homogenised voice.

Visitors will be able to ascribe stronger associations and values to graphic medicine if they find relatable stories, feelings, and identities. Curators of many graphic medicine exhibitions curate example excerpts of many artists' work in a group show. As revealed, visitors read these as exhibition narratives, or space stories, as well as representations of the genre to build an understanding of the larger field. In this case, curators should conceptualise themselves as editors and publishers of a spatial work and the act of curation influences the context and representation of the field and its canonisation. They need to actively reflect on how their choices adhere to an ethics of representation that is self-aware and does not play into harmful canonisation practices that exclude voices from the field, which publics may interpret when they engage with the exhibitions. Curators' also need to evaluate aims and objectives against these in order to curate an experience that does not exhibit demoralising content that could cause harm to visitors. It is unrealistic that even with these conversations every visitor will have a purely positive interpretation of an exhibition, but curators need to include self-reflexivity into their own practice to minimise or eliminate unjust canonical representations as perceived by publics. In doing so, they engage in social change, sustainability, and civic engagement related to contemporary concerns with cultural institutions.

Curators should also consider exhibitions as a nexus to larger community social change and use the standalone exhibited works as one component to disrupt canonisation. Canonical practices in exhibitions are not delineated to the works hung on the wall but have a presence in additional events and resource materials, as well. Organisers might also consider reaching out to other institutions or entities in their existing networks when allocating funding that could provide further reach for the exhibition and different ways to include new voices. This could include reaching out to librarians and donating works to the collection so publics can access comics, inviting scholars to write entries on marginalised creators for a catalogue, inviting speakers that

are not necessarily prominent graphic medicine names, and facilitating targeted workshops as outreach to underrepresented creators. As described above, graphic medicine exhibitions are often ephemeral and in public institutions other than museums, so, in order to have longer term impacts on publics, organisers can plan for these additional events and resources to empower publics and creators. A graphic medicine canon is partially counterintuitive to certain field objectives that aim to subvert homogenising and medicalised views of health through promoting lived experiences. The canon still provides lived experiences, but it limits whose voices get to challenge rigid healthcare notions and concepts. Disrupting the canon should be a major priority of all those who curate them and also those who create them through analysis. Curators highlighted that because exhibitions typically cannot exhibit whole memoirs and they are suited for shorter works. This capability affords them the opportunity to include many different forms and voices that publics can encounter. Curators who challenge canonisation are also active in reconciling paternalistic injustices associated with exhibitions that could result in a need for reparative reconciliation due to the harm this causes.

Polyvocal Comics Engagement: Pluralising Publics, Humanising Experts, and Creating Space for the Individual

Curators of graphic medicine exhibitions should consider confronting the cacophony of voices that exist in museum and institution galleries when they strive for a more humble approach to engagement. Curators discuss the annual graphic medicine conferences' exhibitions and existing audiences as a materialisation of the field's community. Thus, scholars can interpret these exhibitions as sites for collective empowerment and vocal pluralisation of the field. With elements that are specific to the medium, a three-level polyvocal comics engagement is a method for graphic medicine exhibitions that has emerged from the thesis findings and exists in literature, namely Scarabicchi's (2019) and Yanow's (1998) work, examined for this research. This thesis combines Scarabicchi's (2019) concept of museums as polyvocal spaces with colliding agencies with Yanow's (1998) notion of expert and personal knowledges that

visitors bring to a space as a major challenge for reconciling a place, practice, or institution in order to develop a polyvocal engagement design. The three levels include: the exhibition as a static space and collection of objects, institutional narratives, and stories included through additional public engagement events. While there are more than three levels that could be considered in polyvocal agency, what Yanow (1998) calls space stories, these recognise the limitations that temporary exhibitions face, especially in musealised public spaces (non-museums). This research takes this one step further and considers how the medium of comics might result in unique affordances in a polyvocal comics engagement approach. One of the main values of graphic medicine exhibitions that curators and visitors share is its ability to evoke conversation, but these are not necessarily conversations that happen in the gallery. However, curators' design can reconceptualise exhibition activities and events in order to make a more impactful and meaningful experience for visitors and stimulate conversation in gallery. Polyvocal comics engagement focuses more broadly on how exhibition design, including additional public engagement events, can facilitate more meaningful and diverse experiences for visitors and organisers.

A polyvocal comics engagement, as a methodological approach, should disrupt the concept of a homogenised public, aid in humanising experts and organisers, and create space for individuals to make meaning from their experience. Verhoeff and Waarlo's (2013) article "Good Intentions, Stubborn Practice" highlights how existing validation structures in biomedical institutions operate in one-directional relational power dynamics, doctor is expert and patient is layperson. This translates into how they place themselves in public engagement as well as how they prioritise voices (Verhoeff & Waarlo 2013). Before they organise the exhibit, curators and validating structures should examine how and whose voices they amplify in their current practices. After they examine whose voices usually have a space in exhibition programming, design, and presentation, they should then consider whose voices are excluded or unaddressed either audibly or conceptually. Historical, institutional, and spatial voices or narratives might be present and loud, but are left out of explicit references in the exhibition. For example, one *VAST/O* visitor reflects heavily on university galleries and how they relate

to greater university remits and practices. *VAST/O* curators did not address this institutional narrative in the stand-alone exhibition, but the location and concept (i.e. university gallery) is present across visitor reflections. Curators who want to use comics to work towards reconciliation of health narratives will be able to determine whether their approach is epistemic, reparative, or largely ambivalent by confronting their current practices and visitors reflections.

Curators can create a more realistic understanding and dialogue with local communities when they pluralise publics and consider that visitors will have various motivations for engaging with exhibitions. Homogenising a public conceptually supports, and may even exacerbate, silencing practices by having diverse voices compete for the narrative of one single category: the visitor or the public. As previously described, curatorial and museum models range in how they account for publics and visitors, but, thematically, recent models are concerned with their relevance and therefore sustainability to their communities and publics (Antón et al. 2018; Triscott 2017; Packer and Ballantyne 2016; Buurman 2016; Boon 2011). Pluralising publics to achieve polyvocal engagement means creating multiple platforms and activities for visitors to share their motivations and knowledge. For example, visitors can add their voice to a specific graphic medicine exhibition through comics workshops, in-gallery creative corners, participatory works, and anticipatory activities. In addition, organisers can use graphic medicine works to physically and visually represent the diversity of a community and publics by presenting varied experiences. It was apparent in visitor reflections that their connection with characters, people, and relatable elements in these narratives afforded in the comics medium made for a stronger emotive connection to the health stories than in traditional fine arts objects. Visitor-centric approaches enact humility through displacing power and representation to various less-powerful figures or undervalued knowledge.

Humanising experts allows for these professionals to be vulnerable and include their own personal knowledge when conversing with publics. It also allows publics to have a more equal relationship with experts. For example, dialogic programming provides visitors and publics a platform for their voice and also is an opportunity to

humanise experts. Knowledge building and reciprocation is at the heart of dialogic programming which leaves room for lived and professional experience of the participants to carry event conversations post-provocation. In order to implement these events, the curator needs to start by asking questions not as a technique to lead visitors to a specific learning objective, but to learn something new themselves through reciprocation (Callard and Fitzgerald 2015). Organisers have varying roles as different activities have different objectives, but how they personally approach the activities can influence the visitor or participants' perceived ability to share power, and, thus, engage meaningfully on a personal level. Not all participants will feel comfortable enough to engage fully in dialogic programming but efforts by organisers to promote this in each event may influence the placemaking and sustainability of the gallery or institution for future events.

Visitors' free associations with graphic medicine exhibitions show their reception of abstract emotional experiences detailed in the works, as well as the complexity of visual metaphors and their personal connotations with viewers. For example, visitors recall films, books and articles, memories, other comics, religion, and famous quote memes or cards when interpreting visual and textual metaphors in *VAST/O*. The visitors refer to these in addition to the emotional and health-related interpretations of the overall exhibition, which include their partners' behaviours, experiences of anxiety or abuse, death of family members, negative work environments, lessons from therapy, and other lived experiences of mental health and wellbeing. For example, an anonymous visitor's free association of *Alice in Wonderland* and Catholicism occur alongside their recollections of agoraphobia, due to sexual assault, and valuing arts-based media, for them an episode of *Eastenders*, as giving individuals the language needed to start conversations of their own to get help. Thus, within a short period of time visitors' overlay multiple layers of interpretations that mix together in their assessment of the value of exhibitions. As demonstrated above, this assessment can include various memories, associations, experiences, and expertise to arrive at a critical interpretation of the overall message of the exhibition. Thus, Skysgaard et al. (2016) positions museums' role in society as presenting visitors with opportunities to

challenge current social realities and stigmas, and, in line with the concept of the post-museum, transform these interpretations into conversations with other visitors or outside the museum. This anonymous visitor, as well as others, place value on exhibitions and arts-based media to provide publics with the language needed to start conversations of their own.

Visitors and curators indicate that conversations were an important value of these exhibitions, but that the public engagement for the exhibitions did not always facilitate conversations. Particularly, even though visitors frequently comment that exhibitions are a great tool to start conversations not all of these participants had conversations themselves. This visitor value seems to be a combination of preconceived social values of exhibitions and their excitement about the potential of the medium for representing more 'serious' content. Curators also thought starting conversations is a value of their exhibitions, which were mostly intended to happen after visitors leave the exhibits. This intention may be why there is a lack of dialogic programming across the codified exhibits, though expert-led talks and workshops were common. To explain this, Verhoeff and Waarlo (2013) reflect that in science, or medical, communication with publics often use expert-led events with question and answer sections with exhibitions, but these are not dialogic as there is an inherent relational power-imbalance. Organisers would need to reconceptualise these talks to equally value lived and professional expertise to be dialogic (Verhoeff and Waarlo 2013; Aljas 2017). To do so, curators and experts need to be self-aware in the programme planning, pre-communications, and at the event to balance their own interests and egos with that of the publics. Publics need to feel comfortable and empowered enough as an equal in order to participant at a dialogic level (Verhoeff and Waarlo 2013; Aljas 2017). To facilitate this empowerment, organisers need to trust that publics will be able to fill in the participatory parts of the dialogic programming (Bowman 2017).

Curators organising a graphic medicine exhibition create an opportunity for spatial reading of comics where place blends with gutters and readers are visitors with a different set of expectations. Visitors read of comics through glances, glimpses, and in-depth interpretation and these readings draw the visitor's body to follow what

catches their eye creating individualised pathways along the walls. Space becomes an agent in the reading process and movement becomes transformative in the sequence of the interpretation of narrative and time. The walls of the gallery and different framing devices become the gutter, or the conceptual gutter where visitor interprets the world and the underlying idea of the exhibition, which activates "an abstract symbolic representation" of the fourth dimension in the curatorial narrative (time) (Duffy 2009, p.4). The *U;REDD* curators, and those of other graphic medicine exhibitions, play with this concept of time through comics installation. Comics installations are site-specific exhibitions that play within the space (Duffy 2009), and react to it to create an embodied experience for visitors. Comics installations, and gallery comics, are not just the exhibition of comics but need to be reactionary to the space they occupy and what is already there. Artists and curators temporarily transform these spaces through their single exhibitions, and they act out creative placemaking in the case where a graphic medicine community is emerging and multiple artistic and curatorial initiatives are happening (Markusen and Gadwa 2010). Lynch (1960 as cited in Karacor 2014) states that these changes in the physical structures of the communities will be interpreted against existing and changing social values in these places. To this affect, physical graphic medicine exhibitions can actively engage in social change and quality of life as part of a creative placemaking strategy in a community. Scholars attribute creative placemaking as benefiting communities physically, socially, and economically (Li and Duan 2018; Markusen and Gadwa 2010). For example, organisers have used exhibitions in this way to deepen the influence of arts by "disseminating creativity-embedded services and products to facilitate social cohesion and cognitive development" (Li and Duan 2018, p. 60), and enhance visitor engagement. In these cases, artists often are curators, or a part of the curatorial decision making process that include community members, such as with Carolina Martins, João Carola, and Natalie Woolf in *VAST/O Lisbon*, Adam Bessie's *In Real Life* exhibition, E.T. Russian's Jack Straw exhibitions, and Nina Eide Holtan and Marte Huke for *U;REDD*. Artists, along with other partners from all local and national sectors, involved in placemaking make changes to community environments that "cares about human scale and focus on sustainability and life

quality" (Karacor 2014, p. 254). This can also be the case for partial works that use the space as a storytelling agent, but are not fully gallery or installation comics.

An amalgam of the walls and the movement of the visitor's body influence spatial reading, as well as the works presented. Visitors' state that the work by Zu Dominiak at the 'beginning' of *VAST/O* (nearest the exhibition text and 16 pages long) framed their approach to viewing the exhibition as being intended to be read in a linear narrative of anxiety. Visitors state that they read the VAST/O works as the second section of this narrative that represented despair, because the 'third section', the graphic medicine wall, represents a climax to denouement for *VAST/O* visitors. They interpret this as a climax and denouement in the exhibition because of the break in the body walking to it since it was on the other side of the wall and as it had more colour therefore, the must represent hope and resolution or closure. Whereas the *U;REDD* exhibition, as interpreted by the researcher in chapter two, reads as parallel between the two rooms because of the use of repeated images and the differentiation between comics panels and bodily and architectural gutters that lead to a framed image of its own conclusion also more colourful than the rest. A visitor then enters into the second room of *U;REDD* that has a different purpose and uses expert language to convey a medical angle. The medical perspective in the second room reads less as narrative and more like a medical pamphlet with an emotive framework. Further research into the exhibition of comics, poetry and literature artefacts in narrative curation or museum storytelling is needed to be done to see if there is a correlation between visitors' interpretive approaches to comics and exhibitions. However, the findings for this research indicate evidence of visitors reading individual stories and attempting to make a story of the collective exhibition that resonates with comics reading.

Exhibition visitors and comics readers are necessary co-producers of knowledge and therefore activate the messages in the space, artworks, and texts. Curators can explore this activation strategically in graphic medicine exhibitions to affect impactful multiplicity in health outreach initiatives. Focused on post-conflict outreach, Redwood and Wedderburn (2019) assert that the comics medium is ideally suited for challenging institutional narratives. These affordances are due to the co-production of meaning

shared between creators and audiences and the critique of "aesthetic politics of truth and reconciliation in the design and execution of [transitional justice] outreach initiatives" (Redwood and Wedderburn 2019, p.40). Scholars can explore these concepts in graphic medicine visitors' accounts where they use memories and personal associations to make meaning from the fragmented comics in the exhibition and produce an overall narrative. "The collaborative openness of the comics medium, in short, is ill-suited to the prescriptive pursuit of knowledge or truth within a closed institutional context from which one's target audience have largely been excluded" (Redwood and Wedderburn 2019, p.29); therefore, comics are well-suited for meaning-making and truth seeking in individual experience and interpretation. Redwood and Wedderburn (2019) argue that reconciliation becomes less about achieving closure and more about giving audiences insight into navigating existing tensions between past and present. Organisers do this by including space for audiences to incorporate existing knowledge, in "gaps" that do not limit the potential of comics but "underpin the imaginative expansiveness and flexibility of the medium" (Redwood and Wedderburn 2019, p.39). In a health context, existing tensions could relate to concepts of othering, such as healthy and ill, normal and abnormal, visible and invisible, or the privilege or focus of public health on specific conditions over others. Reconciliation for the visitor becomes about finding the voice of the individual in the works and their own.

Polyvocal comics engagement confronts silencing practices that can limit the impact visitors, curators, and other stakeholders experience during designing and visiting comics exhibitions. This discussion has focused on unique angles and topics that a graphic medicine exhibition would primarily encompass, but curators of comics exhibitions that tell other stigmatised or sensitive lived experiences might also consider how the design of its activities and events silences individuals or homogenises publics. Graphic medicine exhibitions examined in this research amplify various levels of voices, but also were subject to expert-visitor approaches and short exhibition timeframes that in-turn limit impact opportunities. Polyvocal comics engagement focuses on creating an exhibition, including its additional events, to increase its impact to publics through engaging with comics affordances. In doing so, this approach shifts

reliance on expert-led engagement, though it might be easier to fund, include, and organise, to dialogic and participatory programming. Thus, graphic medicine exhibitions can disrupt power-imbalances and past injustices and must replicate the work of personal narratives in the genre in the physical manifestation of the exhibition in order to have a greater impact.

Conclusion

The interplay of curatorial intent and practices with lived visitor experiences determines that graphic medicine exhibitions provide museums and other institutions the opportunity to confront and reconcile past and prevailing voices that silence reparation and community agency. Graphic medicine exhibitions and the comics medium uniquely allow organisers to engage visitors with structured narratives of health and social co-creative activities that visitors of this research felt was less accessible in traditional fine arts objects or non-comics public engagement. This research attempts to develop an epistemology and methodology from contemporary museum concerns that includes curatorial humility, critical reflexivity, and reciprocation in order to empower curators to confront these histories. Curatorial humility is an approach that can answer changing expectations of publics and establish museum sustainability through community agency and empowerment. The chapter discussion is framed with graphic medicine objectives to reconcile over-professionalised and clinical master narratives and iconographies of health that exclude personal experience and knowledge. In the interviews, visitors state that they did not quite know what to expect from the exhibition due to their unfamiliarity with graphic medicine, but that they took cues from their existing knowledge of the space, medium, content, or exhibitions to frame their approach and initial interpretation of *VAST/O*. Their reflections on the institution (university), musealised space (the atrium gallery), and memories and associations with museums and past exhibitions (personal knowledge) expose how complex, turbulent, and contradictory encountering exhibitions and educative leisure experiences can be.

This final chapter responds to lived visitor experiences through aligning graphic medicine and museum concerns in order to confront existing injustices in shared curatorial practices, such as subverting prevailing toxic practices in their respective fields and trying to provide a social demand through community empowerment and agency. It is important for future graphic medicine curators and commissioners of these types of exhibitions to confront growing social demands and concerns with curation enacted through the "white cube," canonisation, and silence. For the field of graphic medicine, exhibitions are a physical manifestation of its community (personal communication/Czerwiec interview, 23 September 2019), its objectives and subversive iconographic origin, and individuals' contributions to providing identified health-related needs for publics or captive audiences. However, biomedical experts, as well as some curators, apply their own disciplinary frameworks when organising exhibitions and public engagement which are based in expert-led relational identities and prevailing concepts of passive publics. Organisers engaged in these frameworks reiterate epistemic injustices and paternalistic privileging which can disable visitors from meaningfully engaging with the exhibition through personalised interpretation and agency.

Museums and curators have a duty to cause no harm to their audiences and follow ethical procedures in order to limit negative or unwanted visitor experiences. Changes to current power structures in museums and other institutions must consider the importance of relinquish power that is most appropriate for publics to hold or have more control over. There is a duty of care, or stewardship, which affords power to museum professionals and amateur curators; however, this does not assume that all museums and institutions have equally beneficial and moral ethical procedures for representing and empowering their publics, artists, and communities. Individual exhibitions and curators play a role in physically communicating to publics that institutions are confronting, silencing, or amplifying their histories and power imbalances. Museums as an institution and exhibitions as their main function still have value and meet social demands, however institutional change is an ongoing self-reflexive and reciprocatory process. This process is needed in order to sustain

museums' relevance and sociocultural value to the communities they serve. A methodological approach to graphic medicine exhibitions that is self-aware and confrontational of these more general spatial debates will commit to a reconciliation process that seeks to unburden itself of inherited toxic practices and initiate the value it seeks to provide to publics.

Conclusion

Graphic medicine, as a community and a field, is expanding as its diverse practitioners and members introduce the genre to new communities, contexts, and forms of public engagement. Exhibitions are one of these forms of engagement that organisers plan in multiple countries and contexts and for different publics and audiences. Each exhibition's curator(s) have their own interests in introducing the genre, represented topics, and creators. Curators of graphic medicine exhibitions who participated in this research provide valuable and meaningful experiences to the publics and audiences that encountered their curatorial work. Their insights into the process of curating these exhibitions, despite varying challenges and exciting outcomes, show that meaningful visitor experiences can be achieved through facilitating individual reflections with larger health topics. Curators use public and expert engagement with graphic medicine exhibitions to convey emotive illness narratives and use the power of the medium of comics to enrich public concepts and discussions of health. Exhibitions of health are themselves an illness narrative, which is especially apparent when they are gallery comics that create a single curatorial story in the space. However, organisers can still present graphic medicine exhibitions containing multiple and partial works as collaged illness narratives through curatorial design. Curators facilitate coherence within these partial and fragmented comics through how they organise the space, formulate curatorial texts, and promote the work to audiences. Insights from visitors' reflections on *VAST/O* provide empirical evidence of what values and associations these exhibitions can facilitate.

This thesis explores graphic medicine exhibitions to determine what value they have for society and how a genre-specific methodical approach could facilitate these meaningfully to publics. Similar to Kuttner et al. (2020), this research does not seek to create a methodological template that curators could follow verbatim. Rather, 'Graphic Medicine Exhibited' provides epistemological and methodological approaches (e.g. activist art history and community based strategies) that organisers can incorporate into their existing public engagement practices to stimulate more meaningful experiences than prevailing paternalistic practices can. In order to explore this, the research methodology includes empirical analysis of an exhibition case study, creation of a co-curated exhibition, and two sets of interviews. The purpose of this methodology is to discover how curators use exhibitions to communicate their own perceived values and intentions to their audiences and analyse visitors' complex experiences of visiting these exhibitions, including free associations, viewing habits, and determine the value of their visit, health exhibitions, and graphic medicine. The following sections provide summary conclusions for each of the four research questions.

1. What value do graphic medicine exhibitions have for society?

This thesis argues that graphic medicine exhibitions are impactful public engagement tools for starting conversations, destigmatising lived health experiences, introducing the genre to new audiences, and empowering communities through giving a voice to creators and patients and creating engaging participatory activities and additional events. Of all these values, the research determines that the most important value is that graphic medicine exhibitions provide visitors with the language needed to start their own conversations about health related experiences through conveying the emotive experience of lived realities. Curators and visitors acknowledge that conversation was a value even though some note that these did not always occur in the space of the gallery. When curators facilitated dialogic and participatory engagement individuals had the opportunity to share their own experiences and learn from others. These exhibitions and events are a valuable opportunity for disrupting harmful expert-led practices through epistemic humility, reciprocation, co-creation, and power

displacement. The final chapter places graphic medicine exhibitions within current theoretical debates on the shifting value of museum and museal spaces for publics and related concerns about the ability of cultural institutions to meet societal demand and functions, such as reconciliation, sustainability, and removal of silencing.

The visitors' reactions to the work at the *VAST/O* exhibition are similar to the feedback *U;REDD* curators received and comments made to graphic medicine curators at other events. This similarity highlights a value these exhibitions provide to visitors through their relatability on the human experience of illness. Visitors see their own lived experiences in these comics and state they could use them to communicate these experiences to friends and family. As a result, this thesis argues that readers could engage in non-place based communities through reading works of graphic medicine, and that curators can create a space for these communities and new audiences to encounter each other to empower visitors through relatability.

An important value of these exhibitions, entangled with notions of discovery, ownership, and varying collaborative traditions, is that they empower communities and creators. Organisers can conflate these entangled notions, which, if they do not critically reflect on in the planning process, can in-turn lead to power-imbalances between collaborators and curators and publics (Williams et al. 2020; Dovey 2014). Empowerment happens through granting 'equitable access' into comics creation and communities (personal communication/ Adam Bessie interview, 2019). In these exhibitions, it also happens through the promotion of unheard voices into public conversations of health, both figuratively and literally. In these moments, publics' needs and individual's personal experiences displace organisers' top-down needs. This leads to meaningful impacts for visitors that previous models for engagement do not facilitate.

2. How can graphic medicine exhibitions be used to explore more diverse experiences of and conversations about illness and health outside traditional clinical and narrative settings?

Curators of contemporary exhibitions operate under the assumption that visitors expect to be both entertained and educated as museums have merged with sections of the leisure and tourist markets in the late twentieth and early twenty-first century (Hanquinet and Savage 2012; Enăşel 2013). Visitors also expect to have agency and freedom in their learning and interpretive meaning-making in order to personalise it for more meaningful engagement (Hanquinet and Savage 2012; Enăşel 2013). For example, experts who place themselves at the centre of multi-disciplinary projects strip agency from visitors by extending their power beyond facilitation, a key component of constructivist learning approaches that align with educative leisure and current visitor expectations. This thesis argues that graphic medicine exhibitions need to facilitate and empower visitor-driven learning in order to meet their expectations and provide meaningful individualised engagement. Therefore, the thesis asserts that curators and teams should include a member of the target audience(s), like the patient in *U;REDD,* and use a transdisciplinary approach to their exhibition. The thesis uses examples to demonstrate that these suggestions will start projects from a place that disrupts power-imbalances and paternalism to better facilitate opportunities for visitors to engage with a targeted medium or concept.

Organisers can use curatorial narratives to enhance visitor engagement with the works and frame the relatability, misrepresentation, and/or personal experiences of these health realities. For example, visitors project an overall narrative to the *VAST/O* exhibition that we did not design; to some degree, these visitors base their overall value or interpretation of the exhibition on this experience. Ian Williams received similar feedback from his dotMD visitors. This thesis argues that these visitors' attitudes towards the overall narrative they perceived indicate that some individuals enjoy or are comfortable relinquishing some control of their experience to the space and curator. They also use their interpretations of the overall narrative to evaluate their readings of individual works and their experience. Although, this assumption should not be

generalised as three visitors strongly indicate that they avoid the curatorial text in exhibitions and one interpreted their own overall narrative in response to the order of the works. Still, others state that they enjoy the ability to roam and follow what visuals interest them as they glimpse and glance around the exhibition. This engagement with narratives also indicates that educative leisure is still a relevant theory for conceptualising visitor performances. The thesis illustrates that it is present in how visitors engage with curators' and artists' expertise, or in how they relate some of their interpretations to the institutional context of the university.

3. How do curators and artists use exhibitions about graphic medicine to communicate with visitors?

Graphic medicine curators attempt to facilitate these shared values through their design and programming with varying levels of success. They describe many challenges and barriers in planning their exhibitions and communicating with visitors, such as time, diversity, and funding. For example, many new curators state that they underestimated the time and effort that goes into organising people, printing, and space, but most state that the reception of the exhibition made it worthwhile. In another example, the research finds that egalitarian spaces were positive for reaching new audiences associated with that space. However, it also indicates that many of these locations were not formally recognised as galleries or easily findable which meant that off-the-street publics were not always reached. So, while many curators indicate that starting a conversation was important the social programming or nature of solo visits was not always framed as dialogic, and therefore it seems introducing the genre was more successfully met in the exhibition.

The curators claim they organise graphic medicine exhibitions to open up conversations about health from the point of view of patients and their needs, language, and expertise to draw more empathetic connections with medical professionals and others. Curators and teams intend this to enhance visitor experience and understanding of the medium and health realities through an emerging genre. In order to do this, they also try to represent a variety of stories to highlight the different

types of graphic medicine examples that are available to readers. For example, many curators organise group shows that highlight a sense of community, either comprised of local creators or the international graphic medicine community. Whilst this thesis argues that a canon is starting to emerge from these and needs to be addressed, curators enable empowerment of multiple creators and possibly visitors when they organise group shows.

This research noted that several of the more recent graphic medicine exhibitions travelled to numerous locations or their curators were approached by visitors requesting the exhibits to travel to their sites. These visitors had the ability and professional associations that seem to be connected to libraries, medicine, arts, or universities, which influences their interest in bringing the exhibitions to the audiences they serve. But, due to many of these exhibitions not including formal feedback, which is not expected outside of academic exhibitions or museums, it is unclear what conversations they had with their colleagues as a result of the exhibition.

The research determines that the curators' second main aim was to introduce graphic medicine to publics, because most note that they expect their audience to primarily be made up of individuals who had never heard of the genre. This indicates a(n implied) visitor need for a basic knowledge of the genre to frame their interpretations. The thesis finds that curators fill this visitor need through formal curatorial characteristics, including providing definitions and examples for reading, multiple displayed examples of these works to convey the breadth of the field, and expert-led talks that introduce key concepts. As a result, visitors engage with these events out of curiosity for the potential of the medium, to learn more about the topic and medium, and converse and ask questions that arose during their viewing, which at a basic level fills educative leisure expectations. Curators need to programme expert-led events and some visitors' desires to engage with these illustrate that the paternalistic expectations and communication strategies of museums still exist and to some extent may be perceived as valid forms of engagement. However, very few of the exhibitions include dialogic programming where the visitor and publics are framed as collaborators in conversation with each other. The absence of dialogic programming in

these exhibitions means that visitors did not have variation in their choices of events, so in these instances it is unclear if the same visitors would have also engaged with a different form of additional event if the opportunity was available.

Curators and organisers of *U;REDD*'s multi-disciplinary framework led to various tensions between the curators and organising committee regarding the interpretation of art and a breakdown in visitor expectations during public engagement programming. The Medisinsk Museum is embedded in a hospital so the committee had a justified purpose for wanting to make sure that the exhibition did not mislead visitors and they frame this through biomedical evidence-based validation. However, the Medisinsk Museum is also a different place of contact than the hospital it is in. This difference means that there must be room for art-based validation, too. To some extent, the Medisinsk Museum accounts for this by including a patient as part of their standard validation team. This research argues in graphic medicine that means embracing the subjective, personal experiences of health that seem extraneous and that evidence-based communication marginalise. Despite team obstacles, the curators focus on creating an emotive and educational driven exhibition, which led to exciting characteristics that facilitate co-creation, interactivity, and rarely seen curatorial choices within a graphic medicine exhibition. Curators and the museum's committee could have extended this success to the public engagement events run parallel to the exhibition through placing reciprocation at the heart of dialogic participatory programming where the experts would have been set equal to story holders, patients, publics, or team members.

4. What personal, socio-spatial, and temporal factors affect visitors' experience of a site-specific graphic medicine exhibition?

Visitors feel that graphic medicine exhibitions had a positive impact and value for destigmatising and opening up conversations about serious health topics. In approaching the exhibition, visitors state that their expectations of *VAST/O* were a bit unknown due to their unfamiliarity with graphic medicine. This research finds that they use cues from their pre-existing knowledge, memories, and associations to interpret the

exhibition. After encountering the genre, some visitors state the graphic medicine genre was approachable, accessible, and relatable both because of previous associations with the comics medium or negative associations with fine arts media. This research indicates that a sense of approachability conveyed through their reflections is that the comics medium communicated a clearer sense of story than the abstract *VAST/O* works in the exhibit. However, two visitors state that they did not consider the medium of comics when viewing the works, but rather valued the comics similarly to other fine arts media that are traditionally exhibited in the gallery.

Across the exhibitions, visitors respond to the artist's ability to emotively communicate health experiences and situations in a way that was recognisable to them, and not necessarily to a particular style. Different visitors connect to more symbolic interruptions of the experiences and others to more realistic depictions that made them feel seen. Visitors also relate to the textual elements of the exhibitions though these were seen as more direct, and at times too relatable to be interacted with in the gallery as with *Shifting Identities*. An interesting aspect of relatability in visitors' experiences in the gallery is that they had the agency to self-monitor their emotive response to works and choose what part they could and could not engage with based on that reaction. These reactions are important to advocate against aesthetic imperialism in comics exhibitions and support the inclusion of diverse styles as visitors respond to the emotionality and relatability of the works as conveyed through different stylistic representations.

Visitors also make references to their own history with reading comics, mostly in their youth, both in the interviews and in the public engagement events. The coding of the *VAST/O* interviews finds that visitors especially use the word 'accessible' to describe the comics in reference to both readability and content in these instances. Interviewed curators also use this word to describe their visitors' feedback and reactions to their exhibitions. Comics' balance between text and images make complex or invisible experiences of health into accessible narratives; educators use comics as methods for teaching new languages to people and communicating complex information to non-native speakers, children, and those that are illiterate (Duffy 2009). This thesis argues

that visitors find it easier to learn about the experiences in the exhibitions and to connect it with their own ideas related to the content through the comics medium.

The communicative nature of the comics medium influences these works' relatability and visitors incorporate their associations and critical engagement into their own storied lives. Visitors state that through the human focus of the narratives they were able to relate to the experiences depicted. For example, research reveals that comics that told stories of composite characters, embodied health information, ignored lived experiences that have yet to be proved by medical science, and did not tell a narrative were less impactful. For another example, visitors that had strong connections with the works because they helped them communicate their experiences made multiple trips to the exhibitions bringing along different friends and family members each time, such as with *VAST/O* and *Shifting Identities*. This indicates that visitors use reflections of their own experiences with mental health to temporally frame their own life stories; the visitors above saw the exhibition as a tool to communicate their current experience to friends and family. MK Czerwiec states that these exhibitions can unburden visitors from having to explain their experience, which requires energy patients may not have (personal communication/Czerwiec interview, 23 September 2019), and these visitor experiences affirm this.

The location and institution of the galleries and the site-specific nature of some exhibitions frame visitors' experiences. For example, the institutional framing of the location of *VAST/O* as an art gallery and, simultaneously, a university and café influences visitors' critical engagement with sensitive health topics. This thesis also finds that this made them conscious of being watched by individuals in the open space who did not choose to engage with the exhibition. Three visitors discussed how this led them to wonder what these individuals thought were their motivations for engaging with mental health (e.g. wondering if the visitors possibly had a mental health condition), and made them feel self-conscious, but not deterred, from remaining in the exhibition or attending additional events. This research argues that these reflections reveal possible connections between voyeurism in the gallery and sociocultural stigmatisation of health experiences that could impact visitor engagement. This can be

considered a possible experience for visitors, or those that chose not to engage, of the other graphic medicine exhibitions in non-museum institutions. The thesis finds that visitors perceive institutional support from the places hosting the exhibitions, which they believe is a positive. However, it suggests that this institutional support did not alleviate all social stigma with regards to the act of personal viewing, and how some visitors remain self-conscious when engaging with exhibitions that address sensitive or stigmatised subjects, wary that non-visitors, with limited or partial knowledge of the exhibition context, in the space may misconstrue their interest as personal.

Research Design Strengths and Limitations

The integrated mixed-methods methodology successfully answers the research questions and contributes to creating new knowledge and furthering scholarship on comics and health exhibitions. The thesis demonstrates its contribution to knowledge through its conceptual design that combines social science, discursive, and practice-based modes of analysis to achieve a nuanced and in-depth exploration of the phenomenon under enquiry. I design each chapter to contribute to the overall contribution of knowledge contained within this research thesis: from characterising the phenomenon to exhibition analysis to coding curator and visitor experiences to creative practices that afford new avenues for scholarly enquiry. I design each of these methods to produce individual contributions of knowledge and that are further enhanced when integrated with each other. For example, the thesis presents information from curator interviews to codify characteristics in order to determine how these exhibitions differ or are similar to other comics or health exhibits. In addition, I use these interviews to explore curator intentions, strategies, and reflections on their exhibitions to demonstrate how these can be designed to contribute to society. Of these exhibitions, *U;REDD* proves to be an invaluable source for textual (exhibition text and poetry) and visual (the exhibition as a whole and individual works) discursive modes of analysis to examine some of these curator reflections in an existing exhibition. This in-person analysis provides the reader access to informed-personal and empirical critical knowledge. Similarly, *VAST/O* and *U;REDD* present two different

approaches to graphic medicine exhibitions determined by the codification of characteristics and further create synergy in the thesis by both conveying experiences of anxiety. However, the examination of *VAST/O* within the thesis provides first-hand visitor experiences and reflections, which were analysed through a grounded theory and arts-based narrative inquiry. This enabled the thesis to employ a mode of enquiry that disrupts power dynamics in doctoral research. The final discussion chapter integrates elements from all of these analyses into the context of contemporary museum and curatorial concerns to answer why this research is relevant to current practice and social demands of exhibitions. This integrated mixed-methods approach enables multiple explorations into the thesis's subject matter.

Like all doctoral research, there were limitations to how much data a researcher can collect, how many artefacts they can analyse, and how many practice-based projects they can conduct and still be able to engage with the findings in an in-depth discussion. These limitations frame the analysis and discussion of the findings in this thesis that consciously discusses them within certain sociocultural and political contexts. For example, the university location of *VAST/O* in the United Kingdom provides me access to participants with varying knowledge levels of graphic medicine and pre-existing museum visitor behaviours for the interviews. Since these members of the public had a pre-existing relationship to the university, it would be worthwhile to conduct a follow-up exhibition(s) in a non-university location(s) and interview the visitors from this in a funded post-doctoral study as *VAST/O* was self-funded between the co-curators. These follow-up exhibitions can explore the extent to which a shift in institutional or national locations changes visitors' viewing experiences, performed behaviours, ascribed values, and recalled free associations. This would allow for opportunities to explore this with collaborators that were outside of the scope of this research. Collaborators with translation skills and access to non-English speaking visitors can draw wider conclusions across the different sociocultural and political realities that graphic medicine exhibitions are increasingly being hosted in. For 'Graphic Medicine Exhibited', Marte Huke verified the researcher's translations of the poetry from *U;REDD,* to further this research's scope to include an example of a non-English

exhibition and support me in doing so. Non-PhD research also allows for more extensive and fluid collaborative projects as the research outputs do not have to be produced by a single author.

Further Avenues for Research

The COVID-19 pandemic has led to developments in the field and community of graphic medicine that raise further avenues for this research to explore in a social and political climate where physical galleries may be inaccessible, a place of risk, closed, or currently not being funded. While the ability and appetite for physical exhibitions will return, though perhaps with different social meanings or considerations, the current situation does not hinder all curatorial projects that relate to graphic medicine. During this time, members of the graphic medicine community and beyond have organised a number of public engagement events, including virtual galleries or reading lists, databases, expert-led panels, international social media initiatives calling for creative work to help communicate public health messages, and comics drawing workshops. But above all, there is evidence of an increase in open access online comics being used to communicate personal experiences of health, physical and mental, during COVID-19. These online comics create an unprecedented opportunity to study graphic medicine on an immense international scale. Further research examining a health experience that is collective and conscious across all cultural, social, and national contexts is a rare opportunity to gain understandings of how creators use comics affordances in these different health(care) contexts and people's relationships to healthcare. While a shared experience, this also provides researchers the opportunity to see how COVID-19 comics differ between individuals and contexts to explore comics function, values, and unique characteristics, publics' reception and engagement, and creators' motivations for making pandemic comics.

In reaction to the pandemic, I have begun several collaborative projects to explore the transnational phenomenon of COVID-19 comics and to further explore values of these works to larger publics. These projects include: a funded UKRI/AHRC grant to build and code an open access comics database and guidelines for how public

health and medical professionals can use these to improve upon patient-centric care, a proposed edited collection examining these works, a co-edited open access special journal, several conferences and seminars series, and an invitation to write a foreword for a comics anthology of works curated from an online illustration course during lockdown for *VAST/O*'s Dr Natalie Woolf. The findings and analysis from this thesis are an invaluable foundation for exploring comics during the COVID-19 pandemic. For example, the publics' values of this genre determined by this research provide insights into how, when, and why these works resonate with visitors, which I use as a foundation for understanding comics creation and distribution during this time. In addition, the research method has also led to some of these opportunities because it requires me to build relationships with other graphic medicine practitioners and scholars, which result in the invitation by Woolf, my COVID-19 research illustrations being used by interviewees, and several invitations from scholars that participated in my arts-based enquiry workshops. Arthur W. Frank and others examining illness narratives assert that there is no *return* to one's *normal* after a health experience, no matter the brevity or severity of the condition. Thus, when we do attempt to create a new normal for public engagement activities developed from pre-COVID-19 methods, I intend to explore more methodological potentials of graphic medicine exhibitions across different communities, publics, and museum visiting cultures that acknowledge the changed potentialities of post-pandemic work.

The Emerging Exhibition of Graphic Medicine

As the field of graphic medicine shifts from emerging to more established, exhibitions are an opportunity for curators and publics to engage with works and stories that often do not get told through major publishers. These exhibitions further act out the field's subversive ideals and origin, as well as manifest the community and its welcoming nature. Museums and public institutions have community-focused challenges, objectives, and purposes that drive current changes in curatorial and broader institutional practices; a methodological approach to graphic medicine exhibitions and collecting can inspire and stimulate these changes. This thesis asserts that this can be

done through public engagement that evokes emotive and meaningful visitor experiences, such as providing language needed to have conversations about health, connection through relatability, and access to different health narratives. It argues that graphic medicine public engagement can facilitate a comics and health activist approach. Such an approach challenges social narratives, taboos, and stigmas around lived experiences and builds community empowerment through exhibitions that critically engage with epistemic injustices and privileged histories. As demonstrated through the methodology for 'Graphic Medicine Exhibited,' these exhibitions have the potential to facilitate this change in larger public social contexts for visitors and improve reconciliation of dualistic and imbalanced power in health(care) perspectives and relationships to humanise and socialise care. Graphic medicine exhibitions have the potential to improve the quality of life of individuals through empowering visitors and being an activist form of public engagement.

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APPENDICES

The appendices are organised and numbered in relation to the preceding chapters and contain supporting evidence to claims and analysis (e.g. images, charts, curatorial information, interview quotes, and approved translations). Appendix 2 purposefully contains extensive curatorial and exhibition information for U;REDD; the researchers previous art history and archival research on past exhibitions found that these resources were an invaluable source, but were often missing or incomplete. The following is a brief outline of the appendices:

Appendix 1

1.1 Characteristic Codes (Nvivo)

1.2 Fruitful Disciplinaries Research Illustration

Appendix 2

2.1 Spatial and Curatorial Description

2.2 Exhibition Images

2.3 Exhibition Catalogue and other Print Materials

2.4 Exhibition Text and Catalogue Translations

Appendix 3

3.1 Selected Curator Quotes

Appendix 4

4.1 Selected Visitor Quotes

Appendix 1

1.1 Characteristic Codes (Nvivo)

These characteristics were coded using Nvivo 12 Pro software and the codes were collated through a grounded theory (described in chapter three).

CODE CATEGORY	CHARACTERISTIC CODE	FILES
How the exhibition was organised	**Paratext to something else**	**7**
	Curated through existing networks	5
	Commissioned works	4
	Call for contributors	1
Spaces and places exhibited	**Egalitarian space or place**	**6**
	In dedicated gallery space	4
	In mixed media exhibitions	3
	Exhibited amongst permanent collection	1
Works on display	**Reproductions of work**	**9**
	Group shows	**8**
	Exhibit wide diversity	4
	Included original work	3
	Single artist or team	2
	Alongside other objects (not considered mixed media)	2
	Experimental comics works	1
Additional textual content	**Define graphic medicine**	**8**
	Overall theme about specific topic	**6**
	Produced written materials and mementos	5
	Overall theme about graphic medicine	4
Social and creative public engagement	**Include public engagement or social programming**	**10**
	Short exhibition time (up to one month)	**6**
	Dedicated reading corners or comics in space	5
	Traveling exhibit	5
	Creative corners or workshops (focused on making comics or zines)	3
	Interactive displays or technology (beyond creative corners)	3

1.2 Research Illustration

Fruitful Disciplinaries illustrated theory by Alexandra P. Alberda
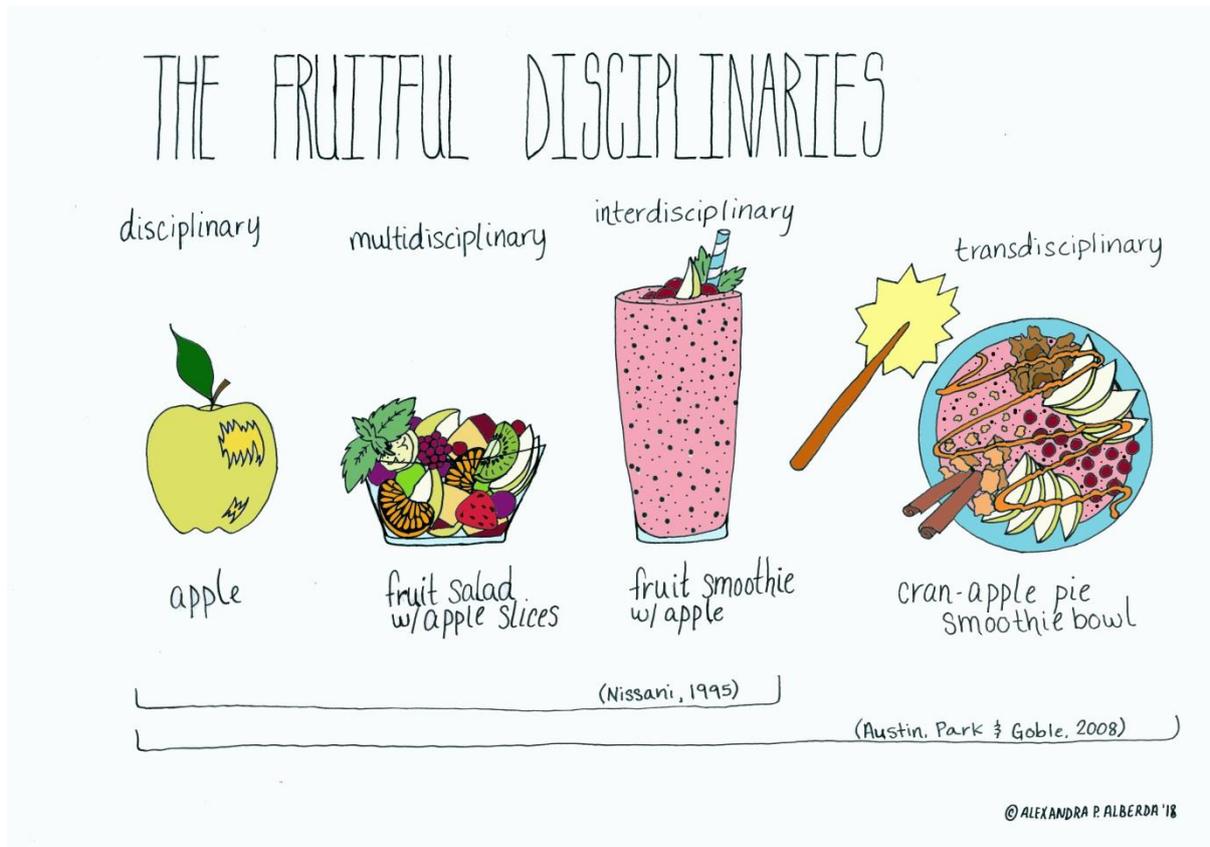
Figure 3. Research Illustration: The Fruitful Disciplinaries by Alexandra P. Alberda, 2018.

Appendix 2

2.1 Spatial and Curatorial Description

The first gallery room contains the emotive story of a woman experiencing anxiety (see Appendix 2.1.2). This space contains one crescent shaped cushioned seating facing the middle of the room with the wording *Velkommen til Medisinsk Museum* (Welcome to the Medical Museum) on it, a display case with the title of the exhibition, a paper sculpture behind glass facing the lifts and centre of the room, exhibition organisers and sponsors text, and examples of graphic medicine texts in the back of the display case organised by the NTNU librarians on the other side facing the hallway to the research centres. In order from left to right, the display case contains a reproduction of the first page of *The Graphic Medicine Manifesto* (2015) mounted on foamboard with accompanying curatorial text, explanatory text on foamboard (see Appendix 2.2.2, Figure 29 for translation) , a copy of *Psychiatric Tales* by Darryl Cunningham, *The Two Kinds of Decay* by Sarah Manguso, *My Depression* (2015) by Elizabeth Swados followed by two reproduced pages from this work mounted on foamboard with accompanying curatorial text, *Anxiety is Really Strange* by Steve Haines and Sophie Standing, and *The Hospital Suite* by John Porcellino. There is no curatorial text accompanying the other book covers and thus no indication in the space of when they were published. Nina Eide Holtan (*tegning* - drawing) and Marte Huke's (*tekst* – text) works are displayed across three walls and the ceiling of this room. The left wall (approx. 8'h x 13'w – glass wall of the *Grupperom*) contains a 20 panel comic titled *En Dag Med Angsten* (A Day with Anxiety) printed on vinyl. The middle wall (approx. 8'h x 10'w) contains a poem displayed across the centre two, of four, frosted glass panels, a large and narrow illustration (approx. 8'h x 2'w) is on the pilaster, and next is the open double glass doors to the Medisinsk Museum gallery room. The third wall on the right contains one large square glass framed coloured illustration (approx. 3.5' x 3.5') with the text *Slipp alt du har, og hold fast* (let go, and hold on) vinyl text on the wall below. A small exhibition tag with curatorial text and authorship is next to it off the lower right hand side. From the ceiling on clear acrylic line hang 23 wooden clouds with rain drops painted on one side, 12 white with dark maroon rain drops and 11 maroon clouds with white rain drops which are the colours of the comic.

The second room (Medisinsk Museum gallery) contains two display cases (approx. 6' x 6') that serve also as false walls to direct visitor pathways, two seating benches (approx.. 6' long), art on two walls, a horizontal illustration raised panel table (approx. 3'w x 6'l x 2'h), a mirror installation, and a creative and feedback corner (see Appendix 2.2.3). The wall opposite the entry and exit doors are floor to ceiling length glass windows facing the street (Fig. 40; see Appendix 2.2.3). The floor plan is laid out in a backwards 'S' shape and this technical description moves around the room counter-clockwise and not in the order a visitor might encounter the exhibition in a 'Ƨ' shape. Upon entering you face one of the first four-sided display cases and vinyl text on the wall to your right. The text reads *Definisjonen av god psykisk helse er:* (The definition of good mental health is:) from the World Health Organisation (Fig.36; see Appendix 2.2.3). The display case contains the exhibition title, curatorial text titled *Vi har alle en psykisk helse* (We all have mental health), two

illustrations, the exhibition title, and curatorial text on a more medical description of *Angst* (Anxiety). Moving around the display case the end contains explanatory text and a white cloud containing a short provocation behind glass. The third side of the display case contains a shelf for pamphlets with curatorial text titled *Informasjon* (Information) and a panel with line drawing version of the cloud image from the middle wall in the foyer and another curatorial text titled *HÅP* (HOPE). On the fourth side of these display cases, close to the wall easily missed, is a hidden provocation cloud. Next, in the far right hand corner of the room is an installation containing a mirror on the wall, a wooden chair facing the window, and a short poem on cloud (Fig.44; see Appendix 2.2.3).

Curators have placed a bench on the left hand side of the window leading into the creative corner in a small space created by the second three-sided display case and false wall (Fig.46; see Appendix 2.2.3). There is a tall cocktail table with a sketch pad and tin of coloured pencils for a visual guestbook with written and drawn feedback. The real wall has a magnet board where visitors have posted their own art and written reactions to the exhibition. The display case facing the window contains a drawing activity with 4''x6'' loose sheets of paper and two tins of coloured pencils with the *prompt HVA ER DET VERSTE SOM KAN SKYE?* (WHAT IS THE WORST THAT CAN SHOW?)(Fig.48; see Appendix 2.2.3), with the Instagram details #UREDDenutstillingomangst and #Medisinskmuseum. The other alcove contains a box for feedback titled *Fortell* (Tell) (Fig.47; see Appendix 2.2.3).

Moving to the shortside of the display case there is a short provocation in a cloud behind glass. On the third side of the display case facing the entry wall is an interactive spider box with three holes blocked by foam with a cut in it and the text prompting *I HVILKET HULL ER EDDERKOPPEN?* (IN WHAT HOLE IS THE SPIDER?) (Fig.49; see Appendix 2.2.3), next to an illustration and curatorial text titled *Overproduksjon av bekymring* (Overproduction of Worry). On the left hand wall is three mounted panels two of which contain exhibition text and a repeated panel from the graphic medicine wall in the first room in between. From left to right, the first panel contains text titled *Kroppens kriseberedskap* (The body's emergency preparedness), the second is the reproduced illustration, titled *angstsymptomer* (anxiety symptoms), with text pointing to the different symptoms related to anxiety, and the third panel contains curatorial text titled *Om angsten tar over* (If anxiety takes over) (Fig.50; see Appendix 2.2.3). The glass wall containing the entry doors has a bench next to it perpendicular to these three exhibition panels. In the middle of the bottom left hand corner of the room is a low horizontal display with illustrations and text related to *Kroppens to Hjerner* (The two brains of the body) illustrated by Nina Eide Holtan and designed by Mona Ødegården which describes the relation between the gut and the brain and how these effect each other as supported by experience but not as explored and proven by medical science (Fig.51-2; see Appendix 2.2.3).

2.2 Exhibition Images

The following images were taken with permission from the organisers, artist and poet of the exhibition by the researcher from November 7-9, 2019. They are to be used for the context of this research. If you would like to use images from the exhibition please reach out to the researcher and U;REDD organisers, artist, or poet.

The numbering system is to indicate how the researcher encountered them when visiting the exhibition.

2.2.1   St. Olavs Hospital and NTNU context images

2.2.2   Gallery Room 1 images

2.2.3   Gallery Room 2 images

2.2.4   NTNU Library images (one floor down)

2.2.1 Hospital Context Images

Figure 2. NTNU St. Olavs Hospital Knowledge Building. 8 November 2019.

Figure 3. Exhibition signage in ground floor of NTNU St. Olavs Hospital lobby. 8 November 2019.

2.2.2 Gallery Room 1 Images

Figure 4. Gallery Room 1 context image. 8 November 2019.

Figure 5. Gallery Room 1 context image. 8 November 2019.

Figure 6. Gallery Room 1 context image. 8 November 2019.

Figure 7. Gallery Room 1 context image. 8 November 2019.

Figure 8. Gallery Room 1 Graphic Medicine Wall. 8 November 2019.

Figure 9. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 10. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
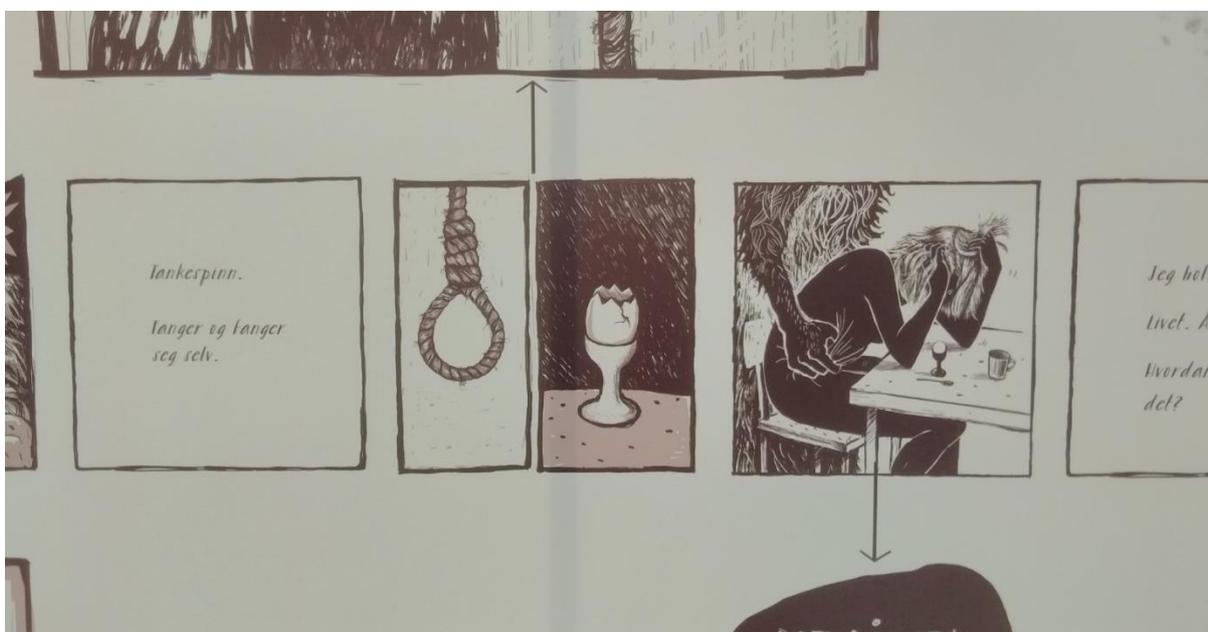
Figure 11. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 12. Graphic Medicine wall panel. Image from The Polyphony. Accessed 23 December 2019.
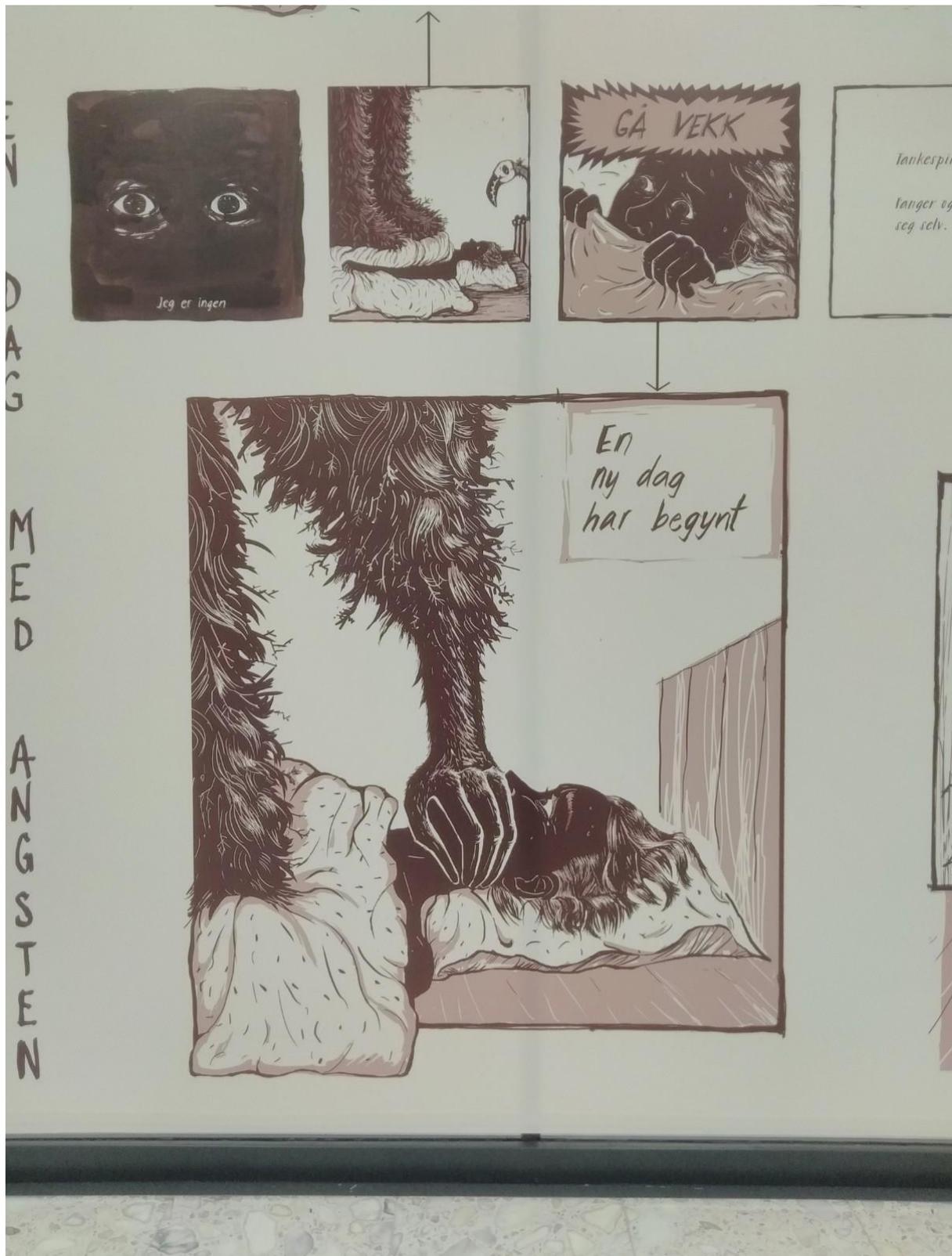
Figure 13. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
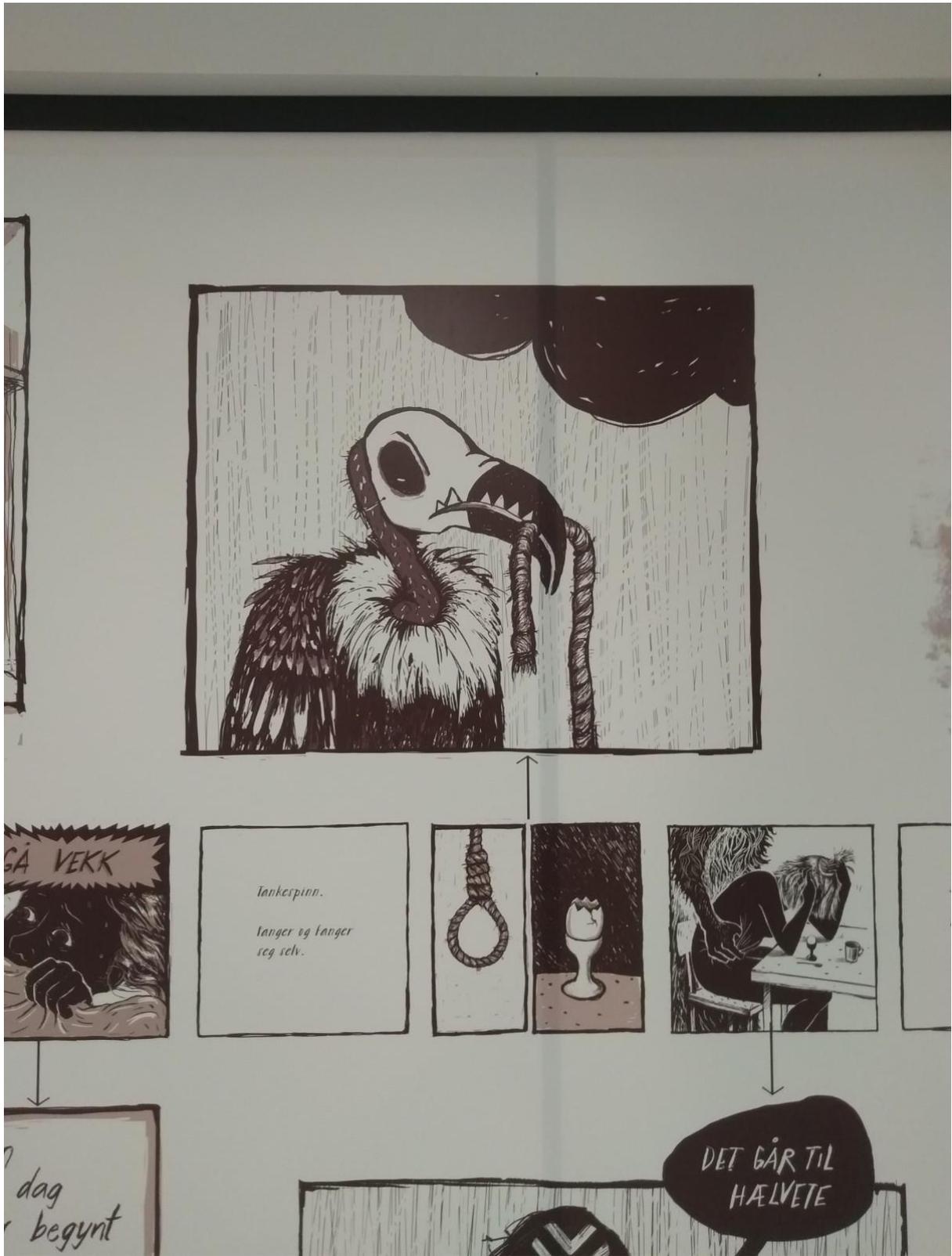
Figure 14. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 15. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
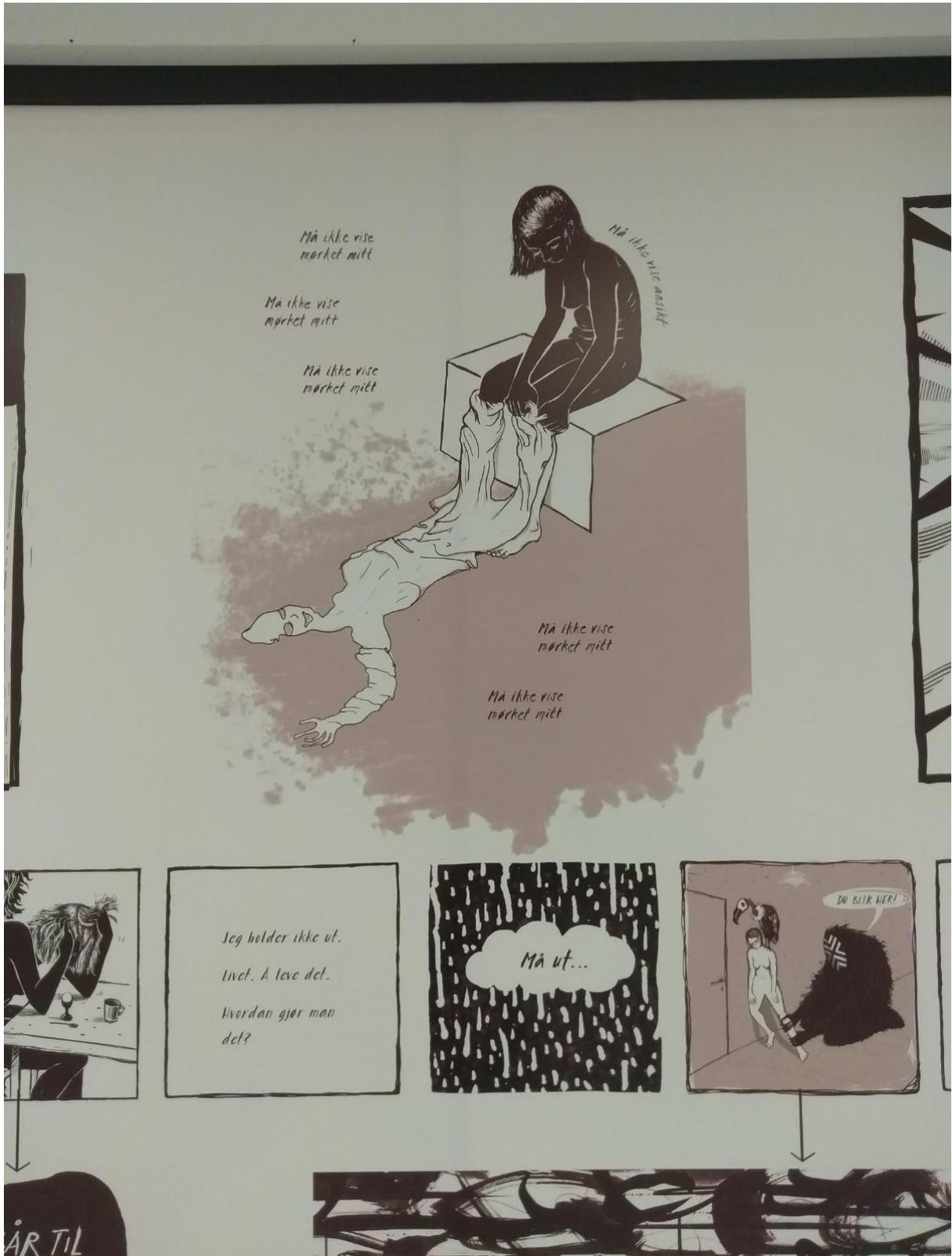
Figure 16. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
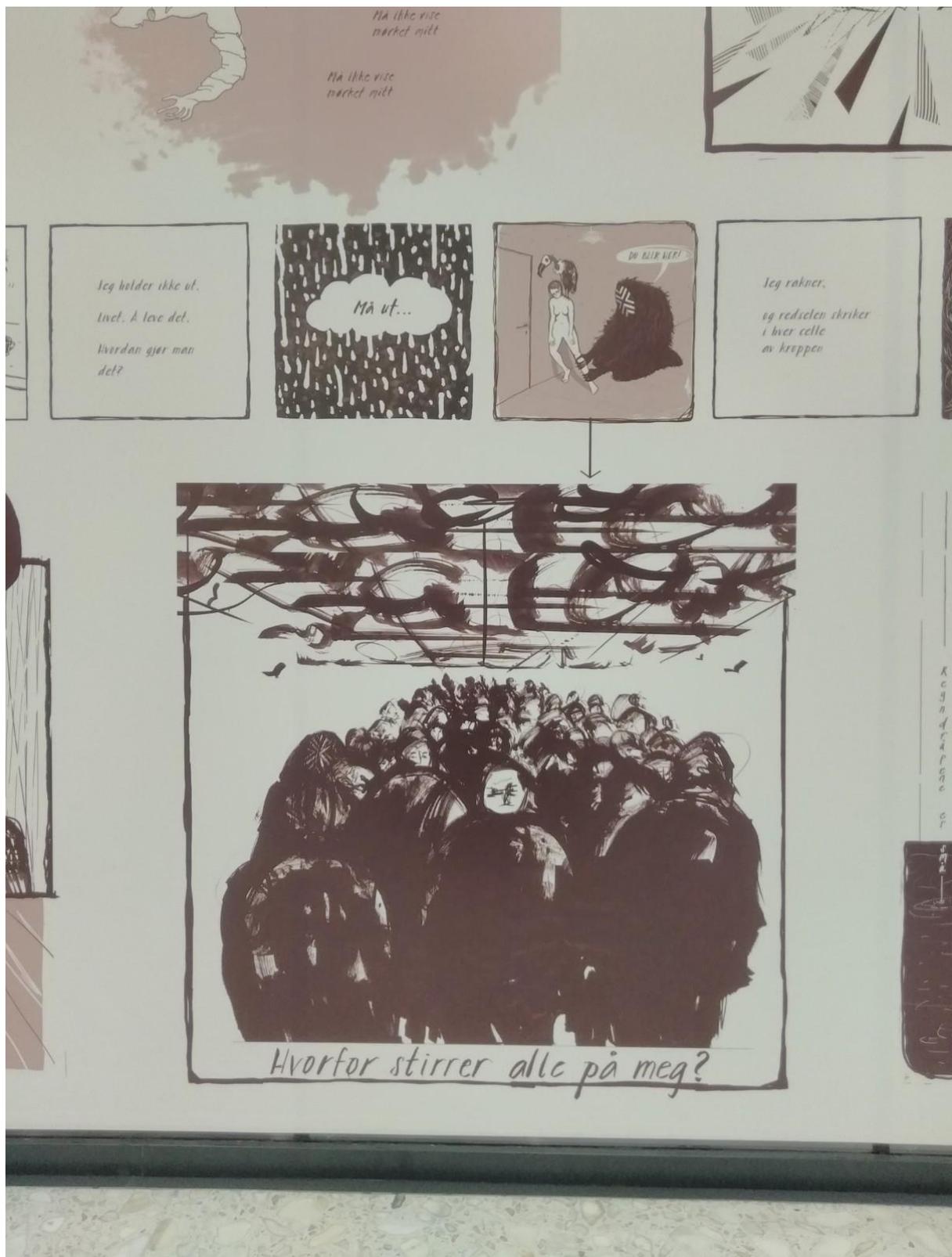
Figure 17. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
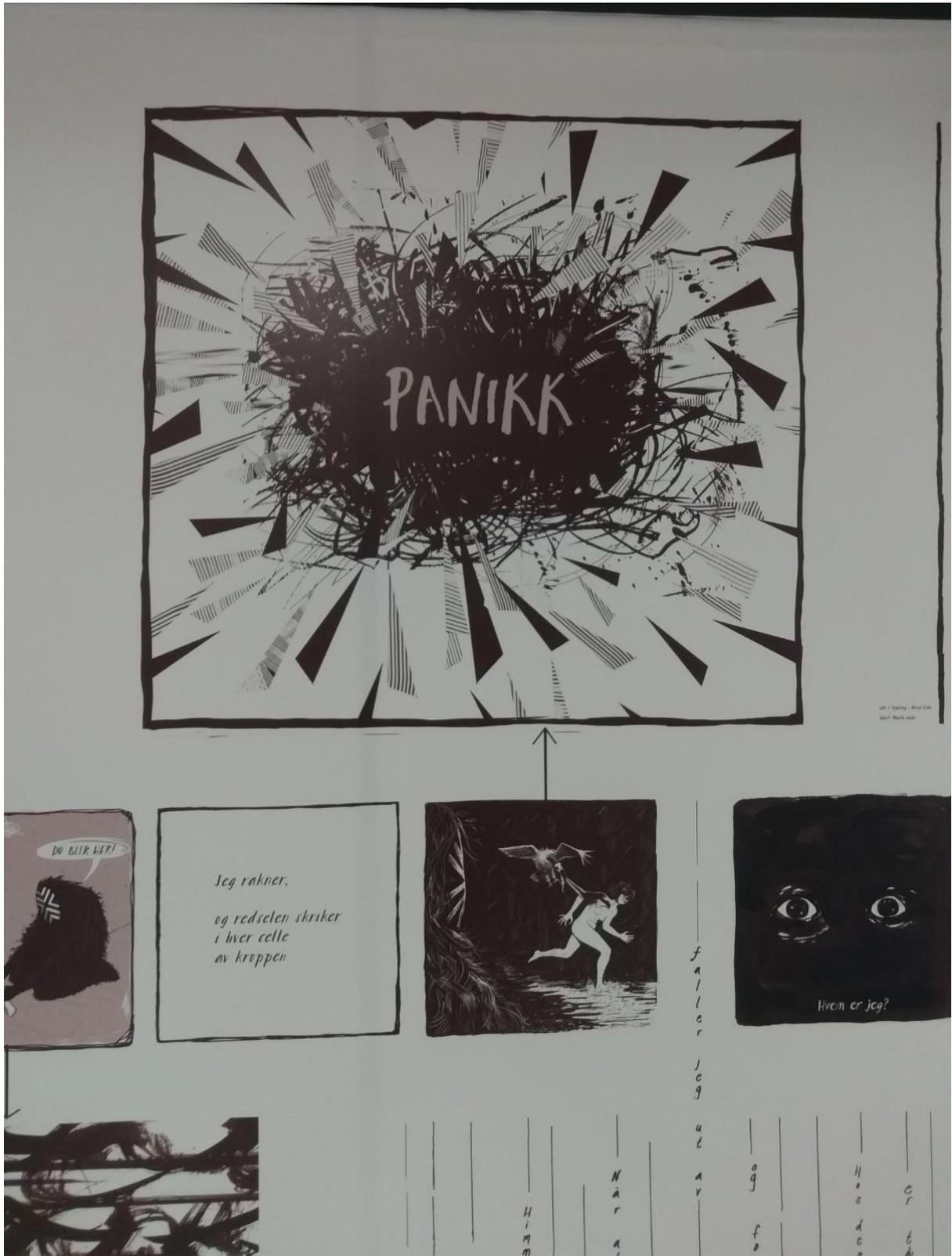
Figure 18. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
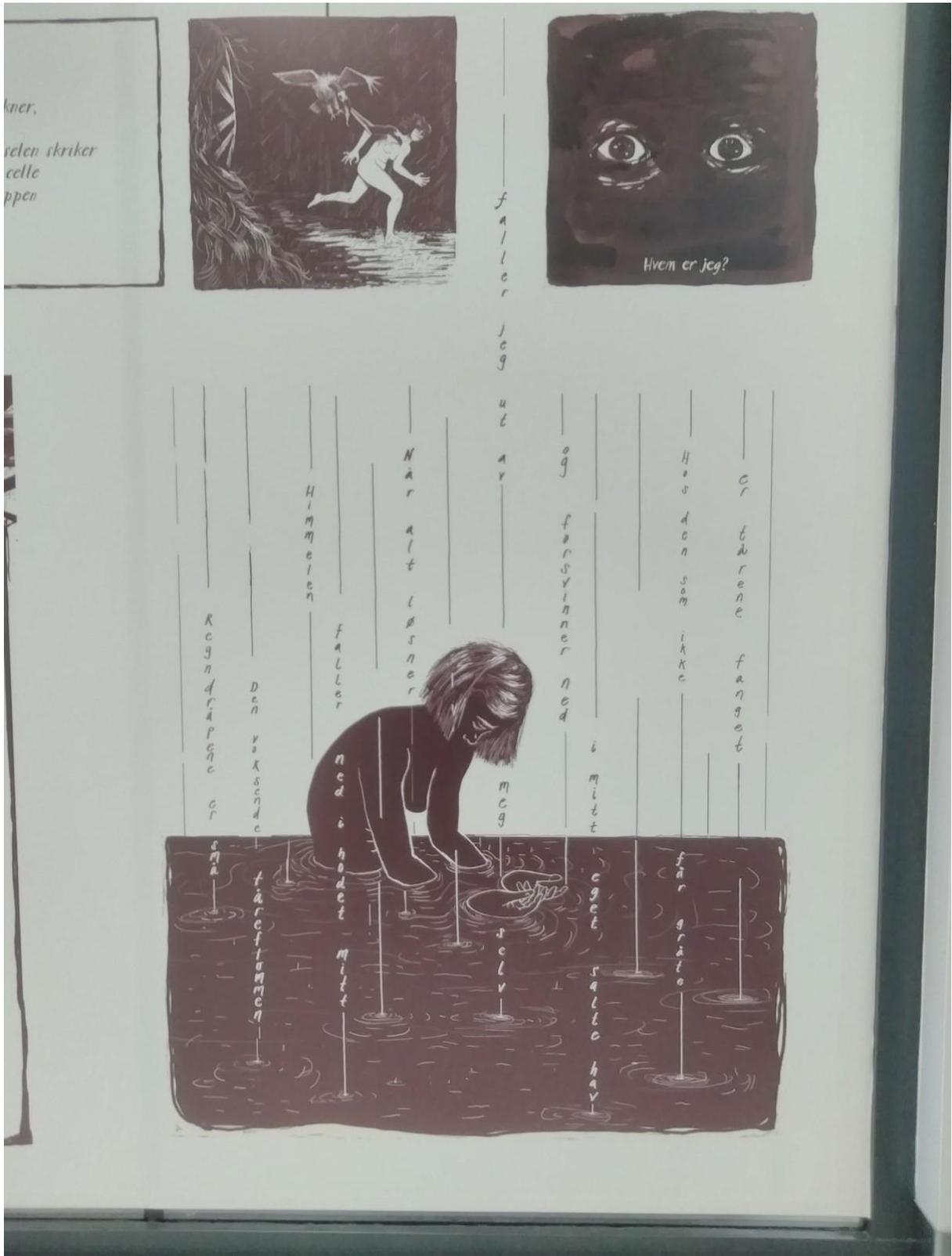
Figure 19. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
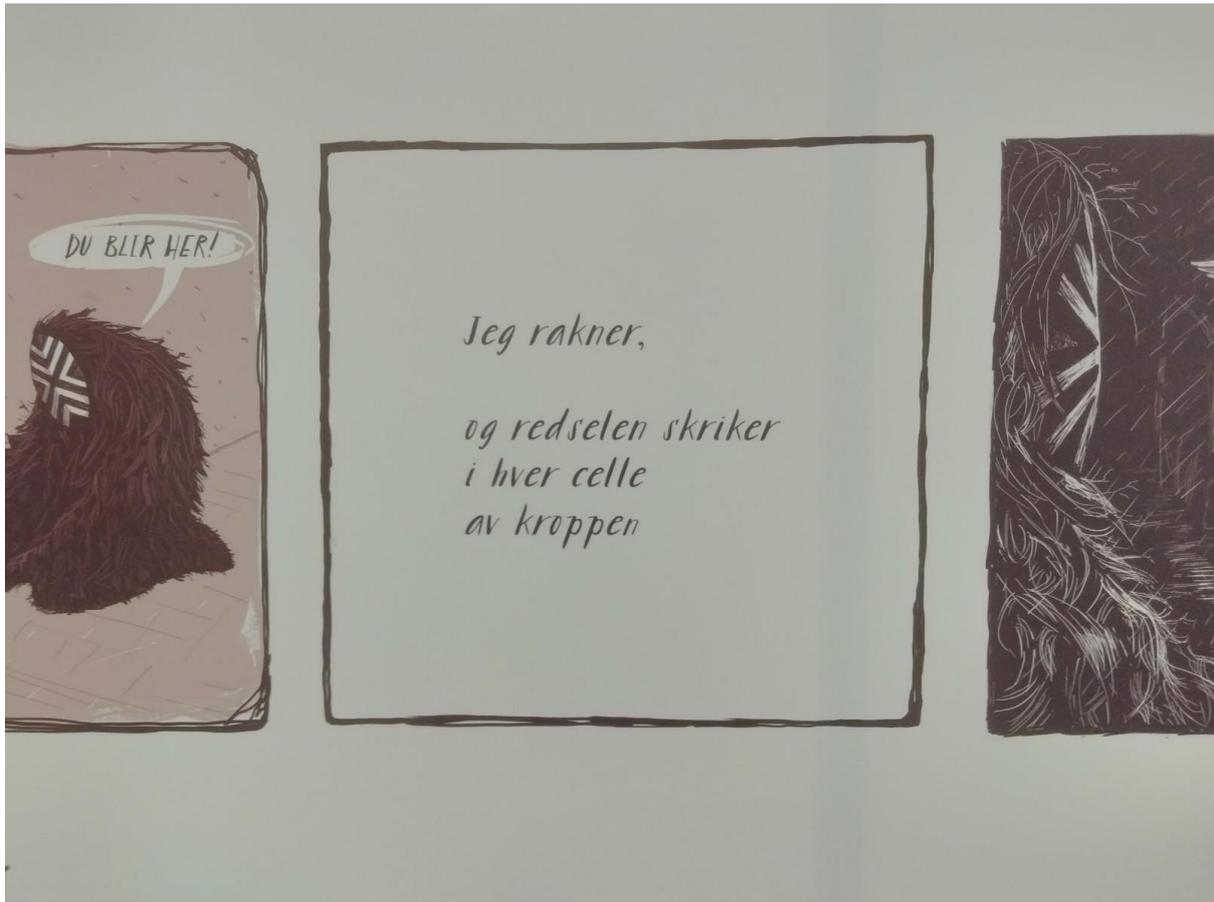
Figure 20. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
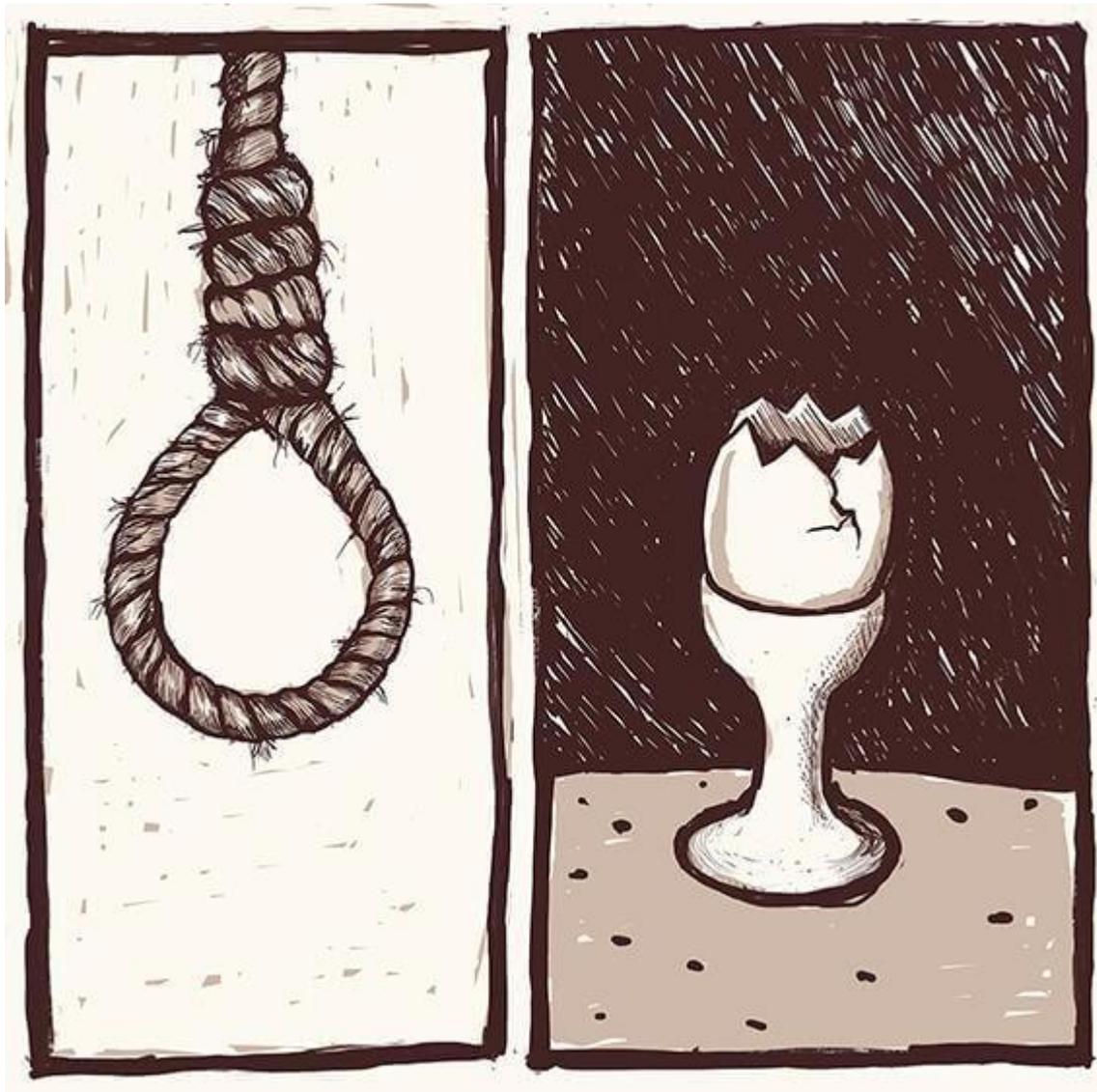
Figure 21. Graphic Medicine wall panels. Image from The Polyphony. Accessed 23 December 2019.

Figure 22. Graphic Medicine wall panel. Image from The Polyphony. Accessed 23 December 2019.
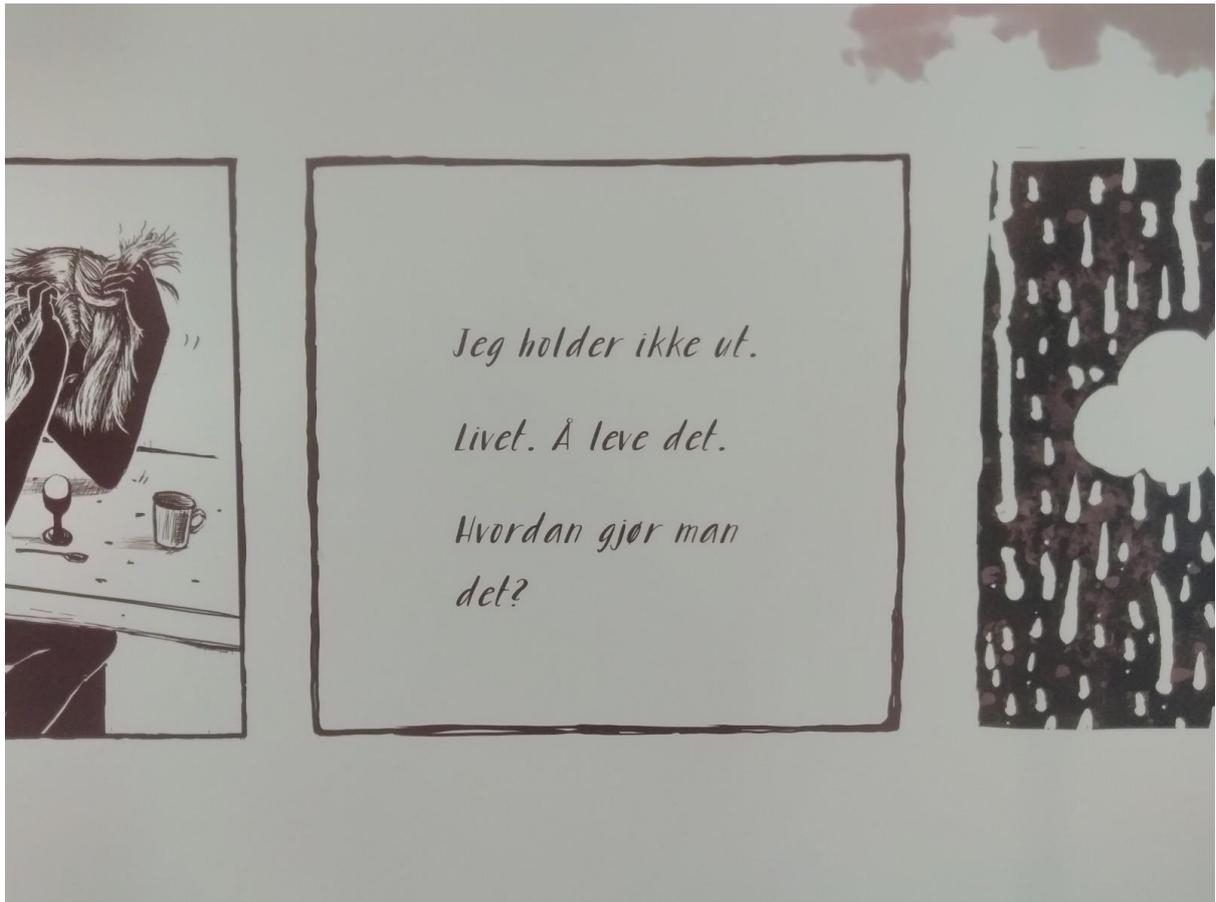
Figure 23. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
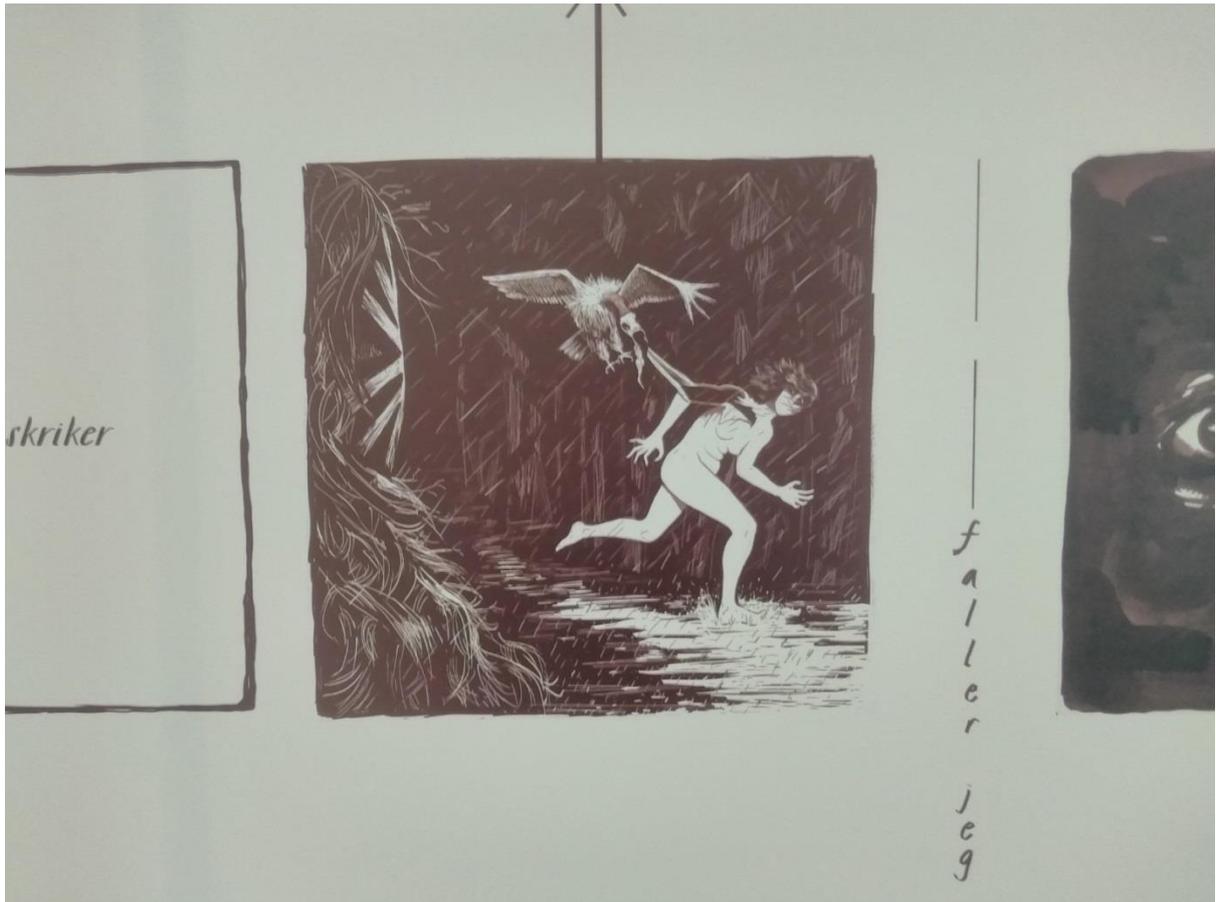
Figure 24. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
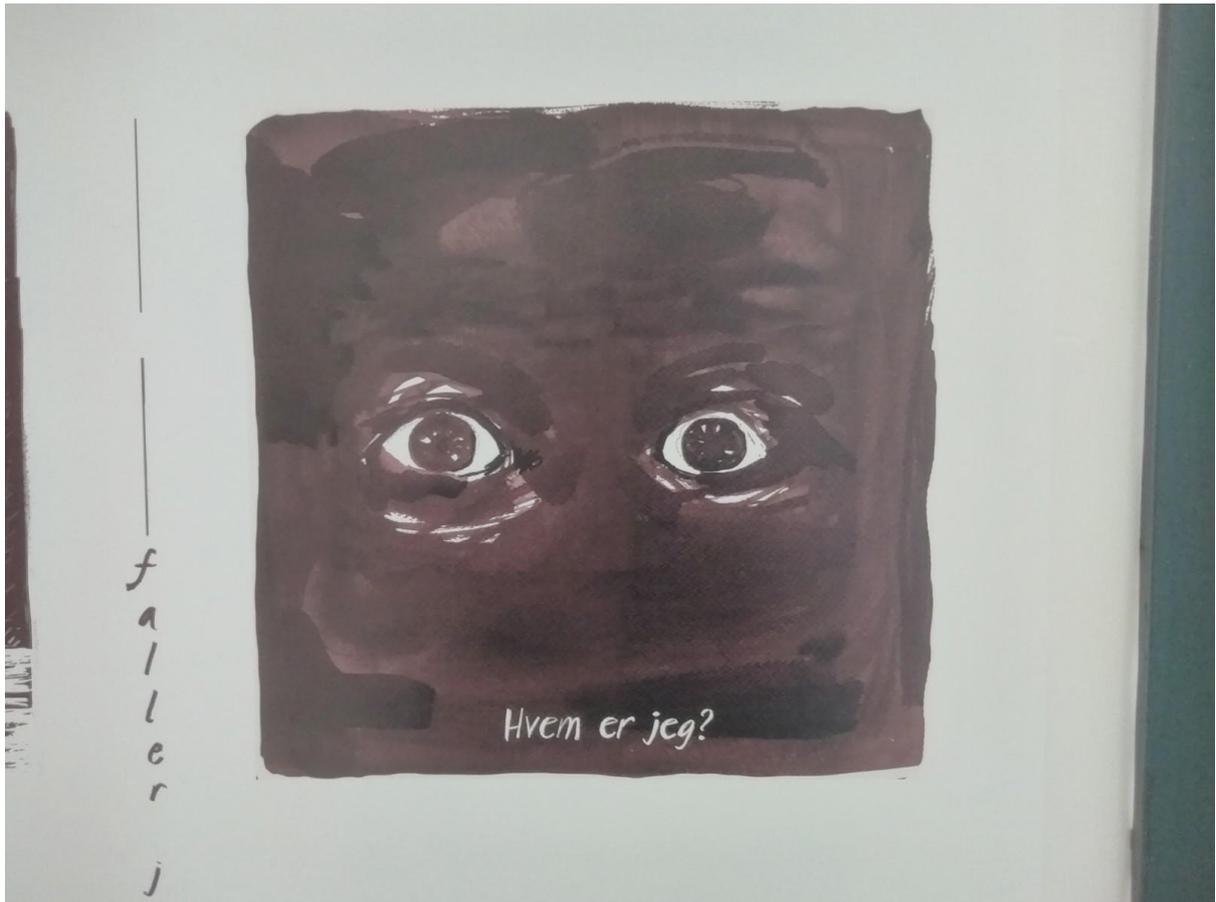
Figure 25. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
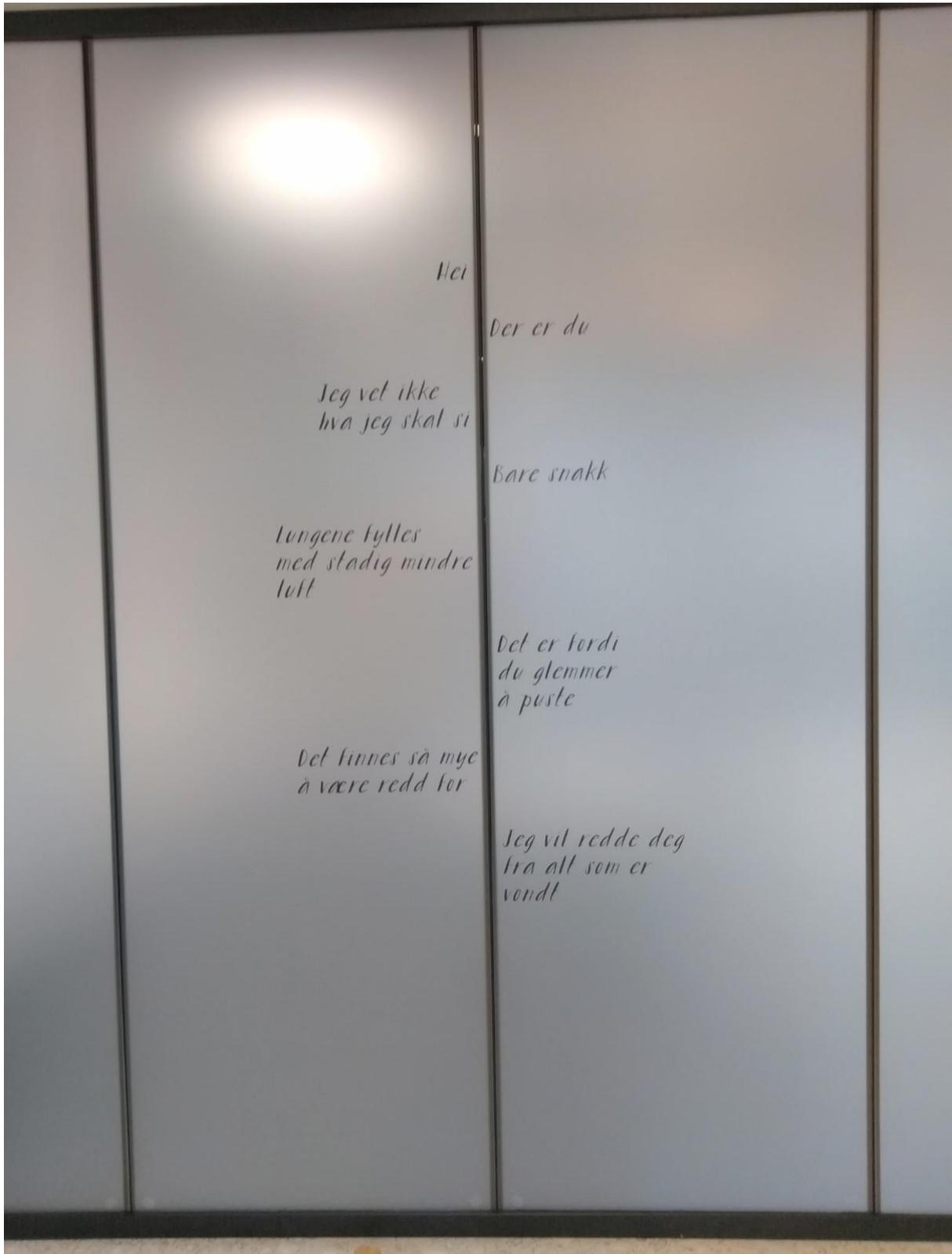
Figure 26. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 27. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 28. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 29. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Translation of Exhibition Text:

Graphic medicine is the use of comics to tell stories about illness and health. The genre includes disease narratives, patient stories, professional introductions and shorter comic strips. The Library for Medicine and Health has its own collection of Graphic medicine, which covers a wide range of topics and expressions. We have, among other things, comic book romances about depression, schizophrenia, cancer, Parkinson's, eating disorders, hospital upheaval and grief processes. You will find the collection is in the foyer on the 2nd floor. Feel free to ask us about recommendations!

Figure 30. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.
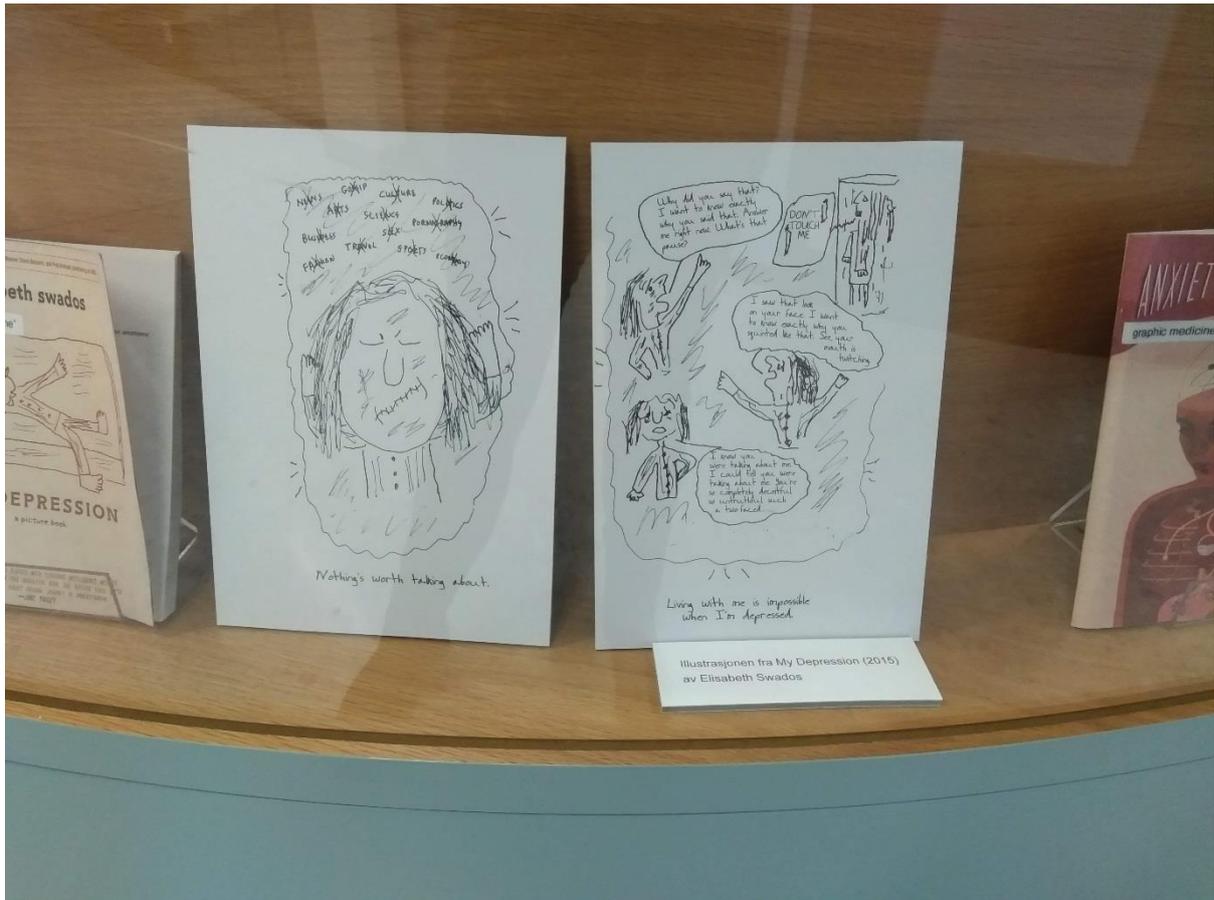
Figure 31. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 32. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

Figure 33. Final framed panel. Image from The Polyphony. Accessed 23 December 2019.

2.2.3 Gallery Room 2 Images

Figure 34. Gallery Room 2 context images. 8 November 2019.

Figure 35. Gallery Room 2 context images. 8 November 2019.
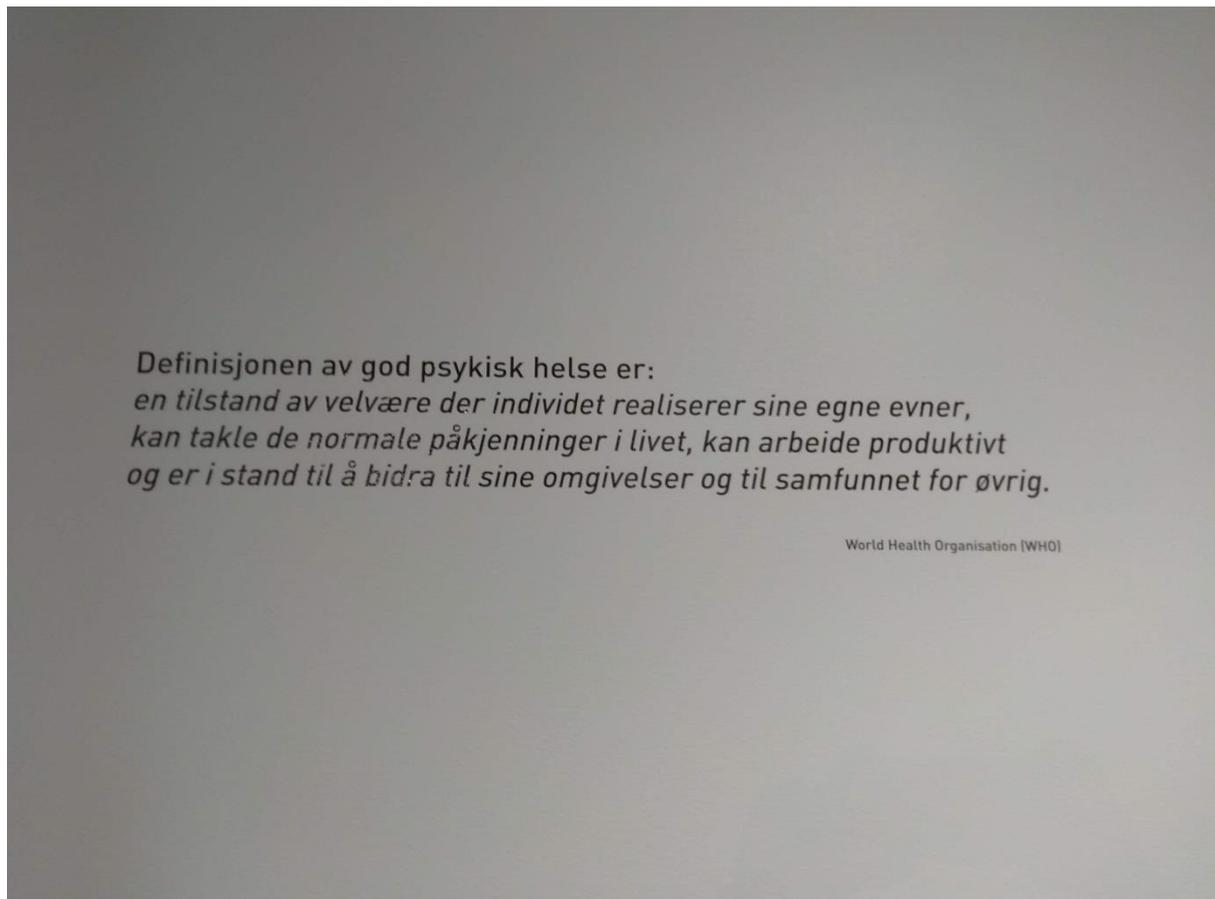
Figure 36. Gallery Room 2 context images. 8 November 2019.

Translation of Exhibition Text from the World Health Organisation (WHO):

The definition of good mental health is:

a state of well-being where the individual realizes his or her own abilities, can cope with the normal packages in life, can work productively or is able to contribute to his surroundings and to society in general.

This is most likely a translation of the 2004 update below:

"a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

From: World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004.

Figure 37. Gallery Room 2 context images. 8 November 2019.

Figure 38. Gallery Room 2 context images. 8 November 2019.

Figure 39. Gallery Room 2 context images. 8 November 2019.

Figure 40. Gallery Room 2 context images. 8 November 2019.

Figure 41. Gallery Room 2 context images. 8 November 2019.

Figure 42. Gallery Room 2 (detail). 8 November 2019.

Figure 43. Gallery Room 2 (detail). 8 November 2019.

Figure 44. Gallery Room 2 (detail). 8 November 2019.
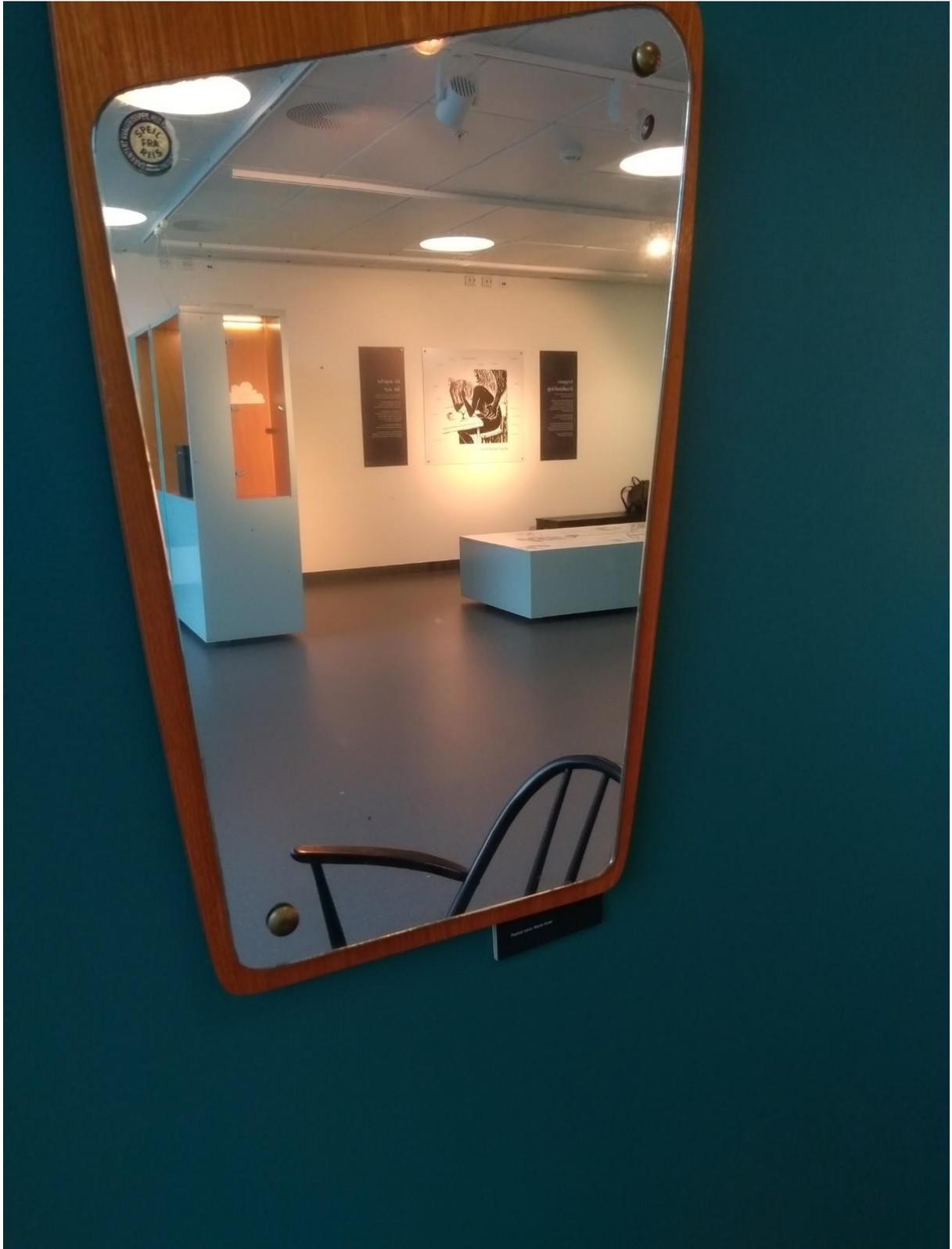
Figure 45. Gallery Room 2 (detail). 8 November 2019.

Figure 46. Gallery Room 2 (detail). 8 November 2019.

Figure 47. Gallery Room 2 (detail). 8 November 2019.

Figure 48. Gallery Room 2 (detail). 8 November 2019.

Figure 49. Gallery Room 2 (detail). 8 November 2019.

Figure 50. Gallery Room 2 (detail). 8 November 2019.
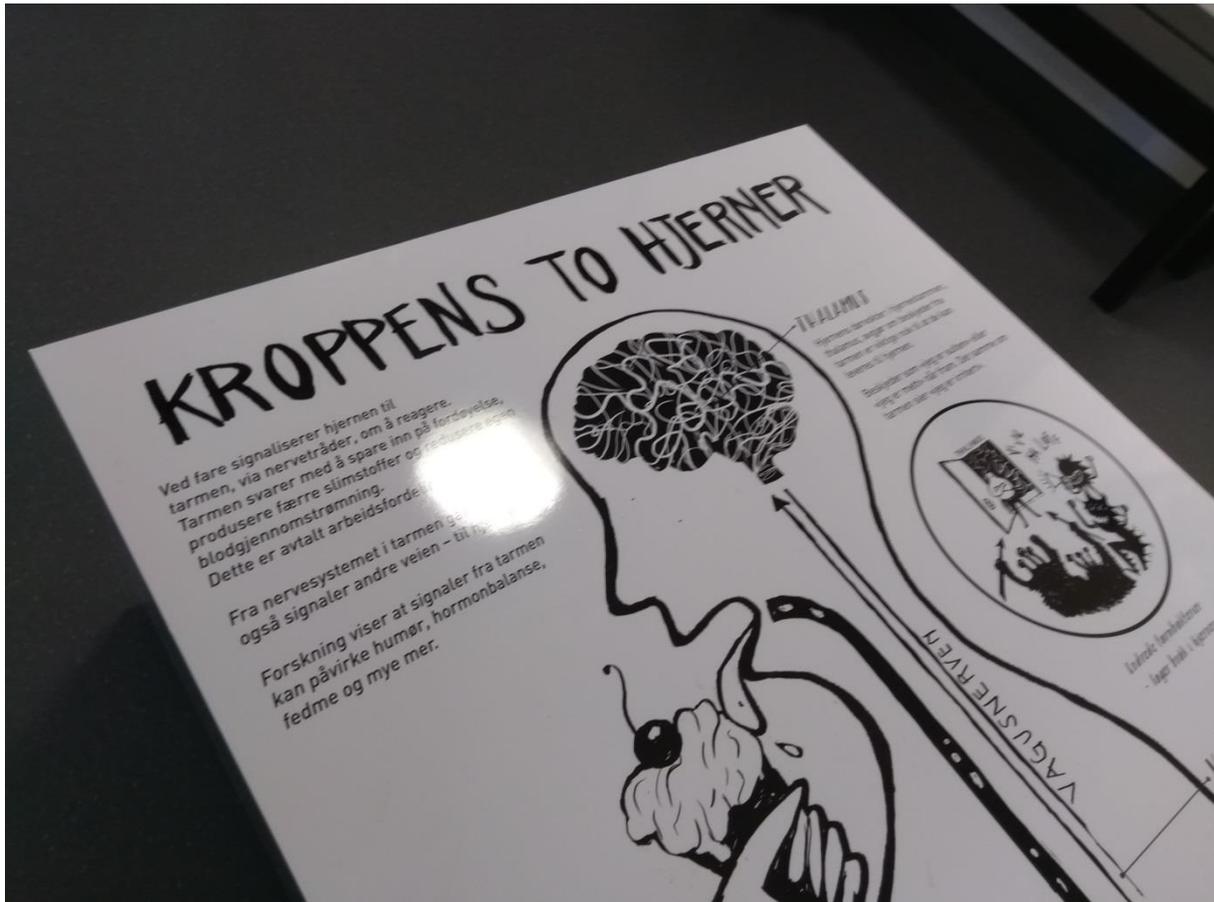
Figure 51. Gallery Room 2 (detail). 8 November 2019.
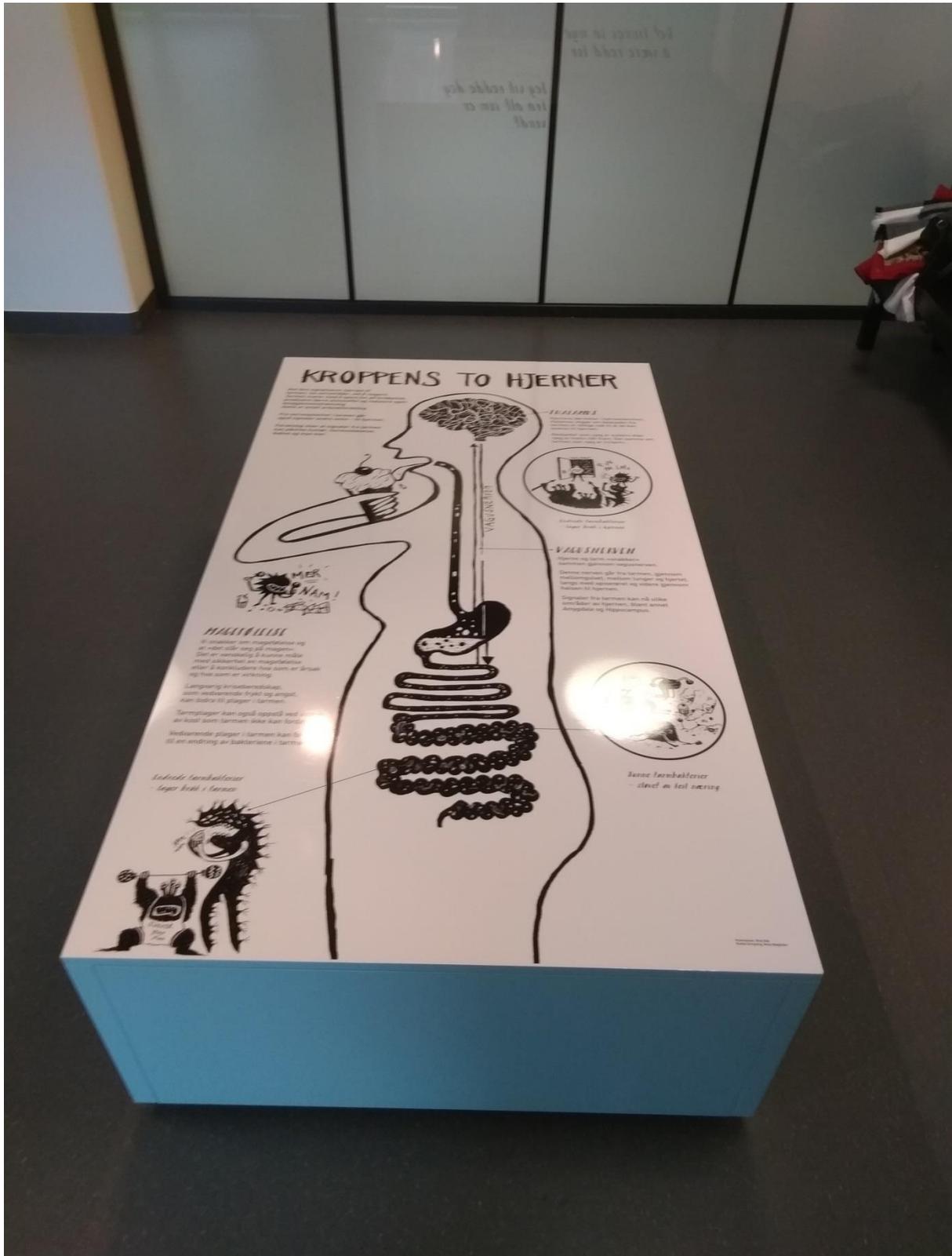
Figure 52. Gallery Room 2 (detail). 8 November 2019.

Figure 53. Gallery Room 2 (detail). 8 November 2019.

2.2.4 Library Images

Figure 54. Library Graphic Medicine Display. 8 November 2019.
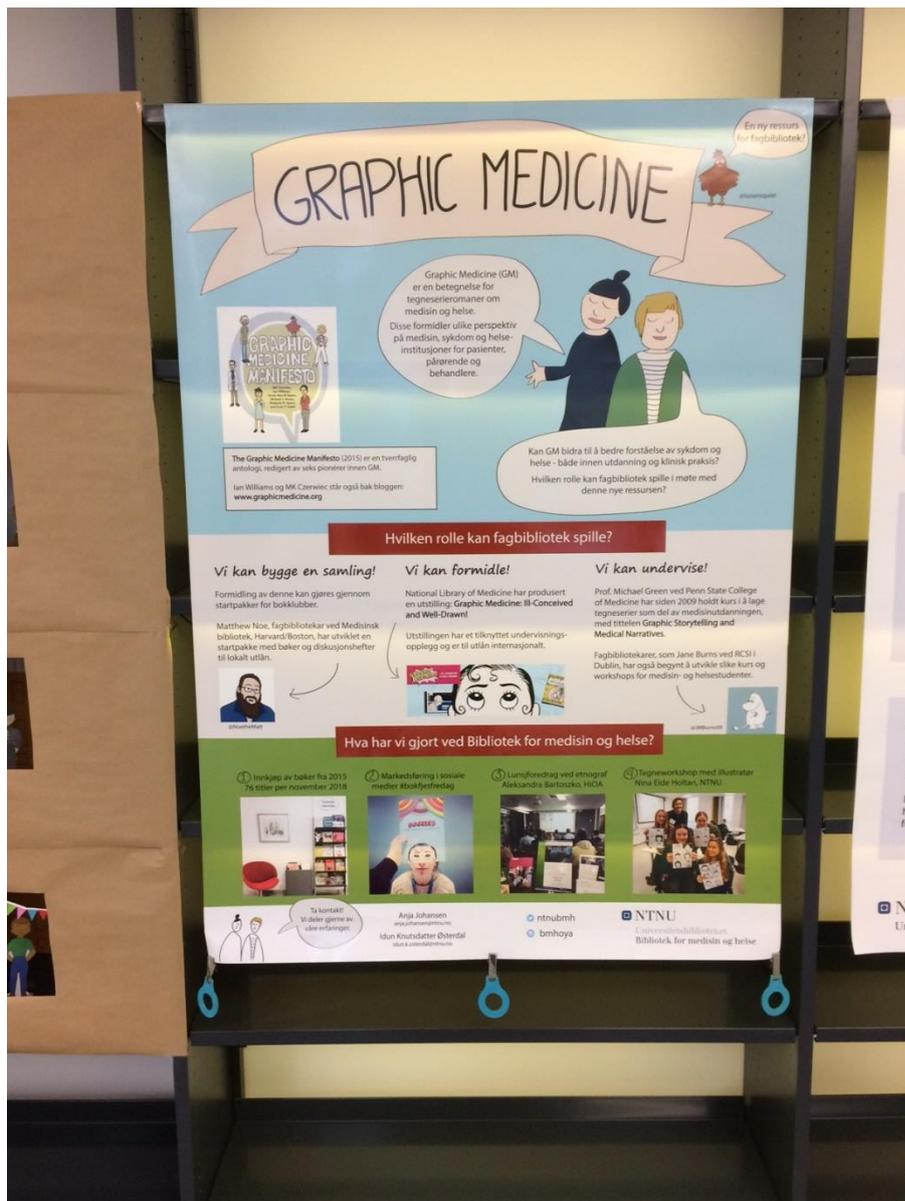
Figure 55. Library Graphic Medicine poster. 8 November 2019.

Figure 56. Library Graphic Medicine poster. 8 November 2019.

Appendix 2.3

Exhibition Catalogue and other Print Materials

The following scans were taken with permission from the organisers, artist and poet of the exhibition by the researcher for the purposes of this research. If you would like to use scans from the exhibition please reach out to the U;REDD organisers, artist, or poet.

2.3.1 Postcards

2.3.2 Exhibition Catalogue

2.3.1 Postcards

Figure 57. *U;REDD* postcard A. 8 November 2019.
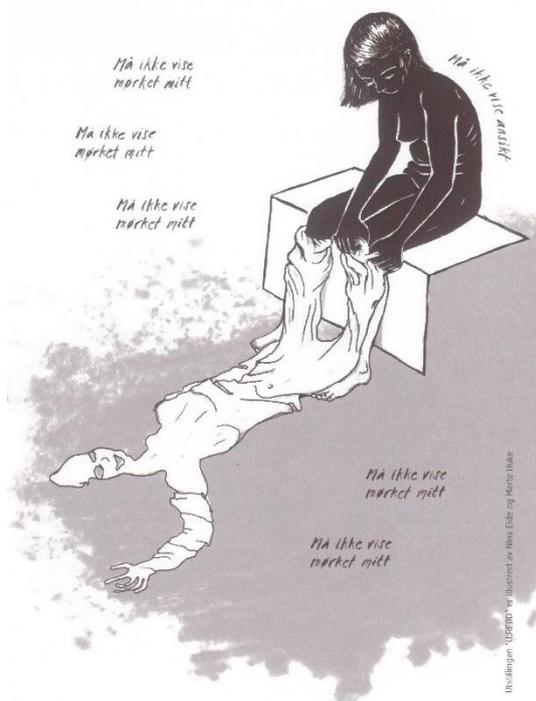
Figure 58. *U;REDD* postcard B. 8 November 2019.

2.3.2 Exhibition Catalogue
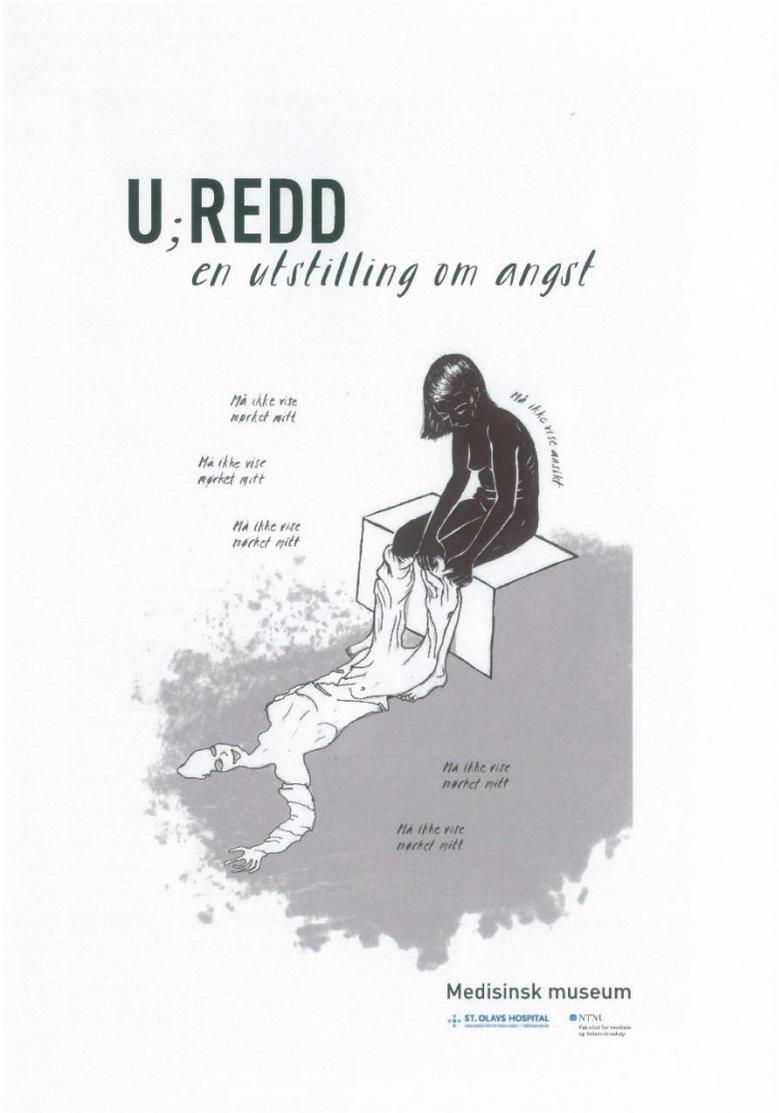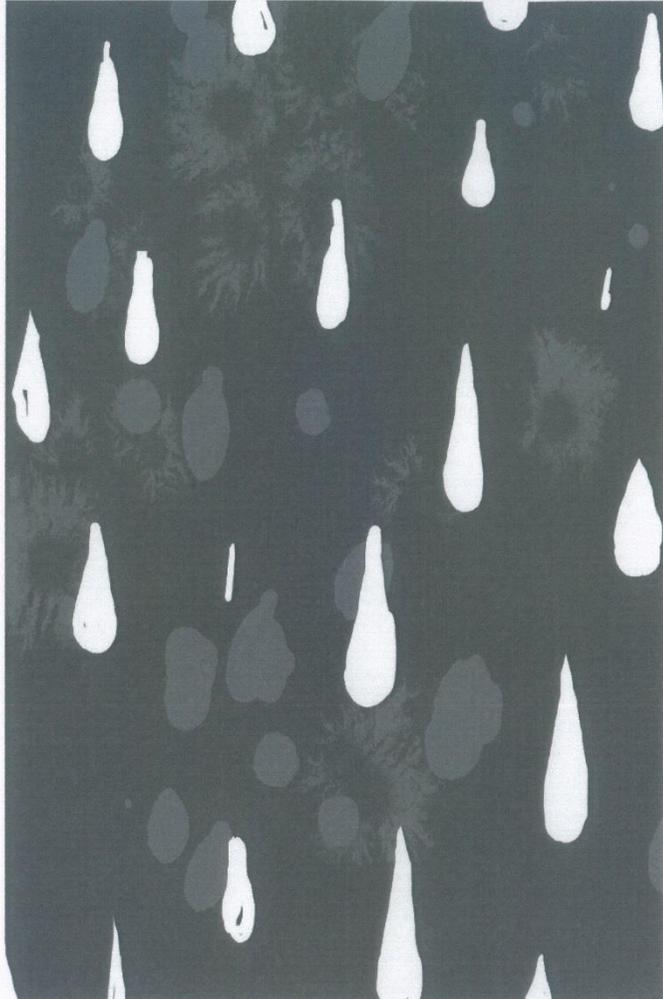
U;REDD - en utstilling om angst

Utstillingen "U;REDD - en utstilling om angst"
er Medisinsk museums tredje utstilling siden åpningen av museet i 2014.

Ved å fortelle om angst har utstillingen som mål å skape mer åpenhet om psykisk helse og angstlidelser, samt å gi håp.

Å være redd og å ha angst er ikke det samme. Likevel kan kroppen ha de samme reaksjonene. Derfor kan mange gjenkjenne noe i det å leve med angst.

Angst rammer mange, særlig unge og unge voksne.
Angst som lidelse kan kreve profesjonell hjelp og behandling. Det er heldigvis mye som kan gjøres for at onde sirkler skal kunne snus og noe av det viktigste er å våge å fortelle om angsten.

I utstillingens første del visualiseres angst gjennom grafisk historiefortelling i form av illustrasjoner v/Nina Eide Holtan og poetisk tekst v/ Marte Huke.

Utstillingens faktadel gir opplysning om angst og angstlidelser.
Publikum utfordres; helt frivillig, til å reflektere over psykisk helse.

Brosjyren gjengir tekster fra utstillingen. Ønskes mer og utfyllende informasjon kan nettsiden helsenorge.no være en god kilde. På baksiden av brosjyren finnes opplysninger om noen hjelpetelefoner og nettsteder for informasjon og hjelp.

For mer informasjon om utstillinga og kontaktinfo se hjemmesider:
Medisinsk museum: www.ntnu.no/medisinskmuseum

Marte Huke: www.martehuke.com/
Nina Eide Holtan: www.instagram.com/explore/tags/ninablekk/

Utstillingen åpnet 21. mars 2018

Vi har alle en psykisk helse

Vi påvirkes alle av mennesker og miljø rundt oss.

Direkte og indirekte virker dette inn på vår psykiske helse.

I løpet av livet vil mange av oss oppleve at den psykiske helsa endres.

Utstillingen U;REDD handler om angstlidelser.

Angst rammer mange. Særlig unge og unge voksne.

Angst

Angst rammer hvem som helst.

Angst kan ha sin årsak i arv og miljø. Det er ikke sikkert det kan pekes på bare en grunn.

Angst påvirker kroppen, tanker, følelser og atferd.

Angstlidelse er en samlebetegnelse for tilstander hvor hovedsymptomet er irrasjonell frykt.

Denne angsten kan knyttes til bestemte objekter eller situasjoner, eller være mer ubestemt – gi en tilstand av uro og bekymring, som vedvarer.

Det skilles mellom fem ulike angstlidelser: generaliserte angstlidelser, panikklidelse, fobier, tvangslidelser og posttraumatisk stresslidelse.

Angst inngår også i andre psykiske lidelser, som depresjon, psykoser og personlighetsforstyrrelser.

Arv og miljø spiller sammen. Både fysisk og psykisk helse er påvirket av våre gener og miljøet vi vokser opp i.

Det er slik at også gener kan endres av miljø.

Kroppens kriseberedskap

Frykt er en naturlig reaksjon for å beskytte seg.

Ved redsel sender hjernen signal til kroppen om å gjøre seg klar til reaksjon. Hjertet begynner å slå raskere og pumper mer blod ut til musklene. Dette kan gi økt styrke og konsentrasjon.

Andre reaksjoner kan være skjelving, svimmelhet og trang til å måtte gå på do.

Ved angstlidelse oppstår frykt uten en reell ytre fare. Denne angsten er irrasjonell; dog like virkelig hva gjelder fysiske og psykiske kroppsreaksjoner.

Vedvarende frykt og angst kan føre til dårlig helse.

Om angsten tar over

Angsten kan bli så sterk at den hindrer deg i å fungere som du vil.

Dersom angstsymptomer blir så kraftige kan det være behov for å få hjelp og behandling.

Et trekk ved angstlidelser er utvikling av unnvikelsesatferd. Hvor man unngår steder eller situasjoner, som man tror vil fremkalle symptomer.

Unnvikelsesatferden er en årsak til at angsten opprettholdes.

Denne aktive unngåelsen kan gi:
Tap av samhold med venner, kollegaer og familie.
Tap av livsglede og mestring.

pustevansker · konsentrasjonsvansker · irritabilitet

rykninger · skjelvinger · hodepine

svetting

tristhet

hjertebank

panikk

magekramper

muskelsmerter

tretthet

søvnproblemer

nummenhet

angstsymptomer

Overproduksjon av bekymring

I hjernen er det et område som kalles *Hippocampus*. Dette er sentralt i alt med læring og hukommelse.

Et annet område i hjernen; *Amygdala*, reagerer på sterke følelser.

Sammen kan de lage minner. *Hippocampus* lager sammenhenger med hvor og hva som skjedde. *Amygdala* bidrar til hvorfor denne dagen blir et minne, ved hjelp av negative eller positive følelser.

Nervecellene har en slags tråder eller greiner som når ut til andre celler og slik kan det sendes signaler rundt i hjernen og til kroppen.

Ved mye og langvarig belastning kan trådene bli kortere og signalene vil gå tregere eller ikke nå fram. Dette skjer for eksempel i *Hippocampus*.

I *Amygdala* blir aktiviteten større ved kronisk stress. Siden dette området er forbundet med følelser, vil økt aktivitet her føre til at bekymringer, sinne og angst kan øke og forsterkes. Samtidig vil en svekket *Hippocampus* ikke være en så god hjelp til å vise sammenhenger og tid og sted.

Dette kan forsterke angst ved at det bidrar til økt bekymring

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Håp

Det er lett å tro
at du er alene om å ha angst.
Angst er en av de vanligste årsakene
til redusert psykisk helse og noe de aller
fleste kjenner på i større eller mindre grad
i løpet av livet.

Heldigvis er det mye som kan gjøres
for at onde sirkler skal kunne snus.
Det aller viktigste er å våge å fortelle
til noen om problemene.

Noen ganger krever angst
profesjonell hjelp og behandling.
Denne behandlingen tilpasses
gjennom trygghet, faste rammer,
informasjon og veiledning.

Medisiner kan hjelpe på vei, men
brukes aldri alene for å behandle angst.

Behandling av angst uten bruk av
medisiner handler om å gradvis
endre tanke- og handlingsmønstre, og
også gradvis å møte det som gir angst.

Det er ikke sikkert at det å bli bedre
betyr at angsten forsvinner.

Å være frisk
vil si at man kan gjenkjenne tankene og
vite at man har verktøy for å mestre dem.

Det er håp.

Illustrasjon: Nina Eide

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ST. OLAVS HOSPITAL
UNIVERSITETSSYKEHUSET I TRONDHEIM

NTNU
Fakultet for medisin
og helsevitenskap

HJELPETELEFONER OG NETTSTEDER

Mental Helse hjelpetelefonen: 116 123

Kirkens SOS: 224 00 040

Arbeidslivstelefonen: 225 667 00

RødeKors-telefonen for barn og ungdom: 80033321
eller melding via nettsidene: www.korspahalsen.no

Mer informasjon om psykisk helse og hjelpetelefoner:
www.helsenorge.no (Helsedirektoratet)
www.psykiskhelse.no (Rådet for psykisk helse)
www.psykopp.no (Stiftelsen psykiatrisk opplysning)

Brukerorganisasjoner:
Angstringen: www.angstringen.no
Mental Helse norge: www.mentalhelse.no
ADHD Norge: www.adhd-norge.no
Selvhjelp Norge: www.selvhjelp.no
Interessegruppa for kvinner med spiseforstyrrelser: www.iks.no
Landsforeningen for pårørende innen psykisk helse (LPP): www.lpp.no

Medisinsk museum ligger i 3. etg i Kunnskapssenteret. Åpent alle dager 6.30-21.00
www.ntnu.no/medisinskmuseum

Appendix 2.4

Exhibition Text and Catalogue Translations

Translations were first drafted using Google Translate (December 18-21, 2019) and then confirmed and edited with assistance from the U;REDD organisers (May 2020).

Some feature in both catalogue and exhibition. In this case there will be an exhibition image with it to indicate where it was on the wall. These images were taken by the researcher with permission from the organisers, artist, and poet.

2.4.1 Typed Catalogue Translations

2.4.2 Scanned Catalogue with Written Translations

2.4.3 Translations from Images of the Exhibition

2.4.1 Typed Catalogue Translations

FEARLESS: an exhibition about anxiety (U;REDD: en utstilling om angst)

U;REDD: en utstilling om angst (FEARLESS: an exhibition about anxiety)

By telling about anxiety, the exhibition aims to create more openness about mental health and anxiety disorders, as well as to give hope.

Being afraid and having anxiety is not the same. Still, the body can have the same reactions. Therefore, many can recognize something about living with anxiety.

Anxiety affects many, especially young and young adults. Anxiety as a disorder may require professional help and treatment. Fortunately, there is much that can be done to turn evil circles around and one of the most important things is to dare to tell about the anxiety.

In the first part of the exhibition, anxiety is visualized through graphic storytelling in the form of illustrations by Nina Eide Holtan and poetic text by Marte Huke.

The exhibition's factual section provides information on anxiety and anxiety disorders. The audience is challenged; completely voluntary, to reflect on mental health.

The brochure reproduces texts from the exhibition. If you want more and more complete information, the website helsenorge.no can be a good source. On the back of the brochure you will find information on some help phones and websites for information and assistance.

Ved å fortelle om angst har utstillingen som mål å skape mer åpenhet om psykisk helse og angstlidelser, samt å gi håp.

Å være redd og å ha angst er ikke det samme. Likevel kan kroppen ha de samme reaksjonene. Derfor kan mange gjenkjenne noe I det å leve med angst.

Angst rammer mange, særlig unge o gunge voksne. Angst som lidelse kan kreve profesjonell hjelp og behandling. Det er heldigvis mye som kan gjøress for at onde sirkler skal kunne snus og noe av det viktigste er å våge å fortelle om angsten.

I utstillingens første del visualiseres angst gjennom grafisk historiefortelling i form av illustrasjoner v/Nina Eide Holtan og poetisk tekst v/ Marte Huke.

Utstillingens faktadel gir opplysning om angst og angstlidelser. Publikum utfordres; helt frivillig, til å reflektere over psykisk helse.

Brosjyren gjengir tekster fra utstillingen. Ønskes mer og utfyllende informasjon kan nettsiden helsenorge.no være en god kilde. På baksiden av brosjyren finnes opplysninger om noen hjelpetelefoner og nettsteder for informasjon og hjelp.

We all have mental health
(Vi har alle en psykisk helse)

We are all influenced by people and the environment around us.

This directly and indirectly affects our mental health.

Throughout life, many of us will experience that mental health changes.

The exhibition U; REDD is about anxiety disorders.

Anxiety strikes many. Especially young and young adults.

Vi har alle en psykisk helse
(We all have mental health)

Vi påvirkes alle av mennesker og miljø rundt oss.

Direkte og indirekte virker dette inn på vår psykiske helse.

I løpet av livet vil mange av oss oppleve at den psykiske helsa endres.

Utstillingen U;REDD handler om angstlidelser.

Angst rammer mange. Særlig unge og unge voksne.

Anxiety (Angst)

Anxiety strikes anyone.

Anxiety can have its cause in the inheritance and environment. It may not be pointed out for just one reason.

Anxiety affects the body, thoughts, emotions and behaviours.

Anxiety disorder is a collective term for conditions where the main symptom is irrational fear.

This anxiety can be associated with specific objects or situations, or be more indeterminate - providing a state of unease and worry, which persists.

Five different anxiety disorders are distinguished: generalized anxiety disorders, panic disorder, phobias, obsessive-compulsive disorder and post-traumatic stress disorder.

Anxiety is also included in other mental disorders, such as depression, psychosis, and personality disorders.

Heritage and environment play together. Both physical and mental health are affected by our genes and the environment in which we grow up.

It is true that genes can also be altered by the environment.

Angst (Anxiety)

Angst rammer hvem som helst.

Angst kan ha sin årsak i arv og miljø. Det er ikke sikkert det kan pekes på bare en grunn.

Angst påvirker kroppen, tanker, følelser og atferd.

Angstlidelse er en samlebetegnelse for tilstander hvor hovedsymptomet er irrasjonell frykt.

Denne angsten kan knyttes til bestemte objekter eller situasjoner, eller være mer ubestemt – gi en tilstand av uro og bekymring, som vedvarer.

Det skilles mellom fem ulike angstlidelser: generaliserte angstlidelser, panikklidelse, fobier, tvangslidelser og posttraumatisk stresslidelse.

Angst inngår også i andre psykiske lidelser, som depresjon, psykoser og personlighetsforstyrrelser.

Arv og miljø spiller sammen. Både fysisk og psykisk helse er påvirket av våre gener og miljøet vi vokser opp i.

Det er slik at også gener kan endres av miljø.

The body's emergency preparedness
(Kroppens kriseberedskap)

Fear is a natural reaction to protect oneself.

In fear, the brain sends a signal to the body to prepare the sediment for reaction. The heart starts beating faster and pumps more blood out to the muscles. This can increase strength and concentration.

Other reactions may be tremors, dizziness and the urge to go to the bathroom.

In the case of anxiety, fear pops without a real external danger. This anxiety is irrational; however, just as true in terms of physical and mental body reactions.

Persistent fear and anxiety can lead to poor health.

Kroppens kriseberedskap
(The body's emergency preparedness)

Frykt er en naturlig reaksjon for å beskytte seg.

Ved redsel sender hjernen signal til kroppen om å gjøre sed klar til reaksjon. Hjertet begynner å slå raskere og pumper mer blod ut til musklene. Dette kan gi økt styrke og konsentrasjon.

Andre reaksjoner kan være skjelving, svimmelhet og trang til å måtte gå på do.

Ved angstlidelse popstår frykt uten en reell ytre fare. Denne angsten er irrasjonell; dog like virkelig hva gjelder fysiske og psykiske kroppsreaksjoner.

Vedvarende frykt og angst kan føre til dårlig helse.

Whether anxiety takes over
(Om angsten tar over)

Om angsten tar over
(Whether anxiety takes over)

The anxiety can become so severe that it prevents you from working the way you want.

If anxiety symptoms become so severe, you may need help with treatment.

One feature of anxiety disorders is the development of avoidance behaviour. Where you avoid places or situations that you think will cause symptoms.

The avoidance behaviour is one reason why the anxiety is maintained.

This active avoidance can result in: Loss of friendship with friends, colleagues and family. Loss of joy of life and mastery.

Angsten kan bli så sterk at den hindrer deg i å fungere som du vil.

Dersom angstsymptomer blir så kraftige kan det være behov for å få hjelp of behandling.

Et trekk ved angstlidelser er utvikling av unnvikelsesatferd. Hvor man unngår steder eller situasjoner, som man tror vil fremkalle symptomer.

Unnvikelsesatferden er en årsak til at angsten opprettholdes.

Denne aktive unngåelsen kan gi: Tap av samhold med venner, kollegaer og familie. Tap av livsglede og mestring.

Overproduction of Worry
(Overproduksjon av bekymring)

In the brain there is an area called the *Hippocampus*. This is central to everything with learning and memory.

Another area of the brain: *Amygdala*, responds to strong emotions.

Together they can create memories. The *hippocampus* makes connections with where and what happened. The *amygdala* contributes to why this day becomes a memory, using negative or positive emotions.

The nerve cells have a kind of threads or branches that reach out to other cells and thus signals can be sent around the brain and to the body.

Under heavy and long-term loads, the threads may become shorter and the signals will slow down or not reach. This happens, for example, in the Hippocampus.

In the Amygdala, the activity is increased by chronic stress. Since this area is associated with emotions, increased activity here will increase anxiety, anger and anxiety. At the same time, a weakened Hippocampus will not be such a good help to show relationships and time and place.

This can aggravate anxiety by contributing to increased concern.

Overproduksjon av bekymring
(Overproduction of worry)

I hjernen er det et område som kalles *Hippocampus*. Dette er sentralt i alt med læring og hukommelse.

Et annet område i hjernen: *Amygdala*, reagerer på sterke følelser.

Sammen kan de lage minner. *Hippocampus* lager sammenhenger med hvor og hva som skjedde. *Amygdala* bidrar til hvorfor denne dagen blir et minne, ved hjelp av negative eller positive følelser.

Nervecellene har en slags tråder eller greiner som når ut til andre celler og slik kan det sendes signaller rundt i hjernen og til kroppen.

Ved mye og langvarig belastning kan trådene bli kortere og signalene vil gå tregere eller ikke nå fram. Dette skjer for eksempel i *Hippocampus*.

I Amygdala blir aktivieten større ved kronisk stress. Siden dette området er forbundet med følelser, vil økt aktivitet her føre til at bekymringer, sinne og angst kan øke og forsterkes. Samtidig vil en svekket *Hippocampus* ikke være en så god hjelp til å vise sammenhenger og tid og sted.

Dette kan forsterke angst ved at det bidrar til økt bekymring.

Hope (Håp)

It is easy to believe that you are alone in having anxiety. Anxiety is one of the most common causes of diminished mental health and something most people know to a greater or lesser extent in life.

Fortunately, there is much that can be done to turn evil circles around. The most important thing is to dare to tell someone about the problems.

Sometimes anxiety requires professional help and treatment. This treatment is adapted through safety, a fixed framework, information and guidance.

Medications can help along the way, but are never used alone to treat anxiety.

Treating anxiety without the use of medication is about gradually changing thought and action patterns, and also gradually meeting it as anxiety.

It may not mean that getting better means the anxiety will disappear.

Being healthy means that you can recognize your thoughts and know that you have the tools to master them.

There is hope.

Håp (Hope)

Det er lett å tro at du er alene om å ha angst. Angst er en av de vanligste årsakene til redusert psykisk helse og noe de aller fleste kjenner på i større eller mindre grad i løpet av livet.

Heldigvis er det mye som kan gjøres for at onde sirkler skal kunne snus. Det aller viktigste er å våge å fortelle til noen om problemene.

Noen ganger krever angst profesjonell hjelp og behandling. Denne behandlingen tilpasses gjennom trygghet, faste rammer, informasjon og veiledning.

Medisiner kan hjelpe på vei, men brukes aldri alene for å behandle angst.

Behandling av angst uten bruk av medisiner handler om å gradvis endre tanke – og handlingsmønstre, og også gradvis å møte det som dir angst.

Det er ikke sikkert at det å bli bedre betyr at angsten forsvinner.

Å vaere frisk vil si at man kan gjenkjenne tankene og vite at man har verktøy for å mestre dem.

Det er håp.

2.4.2 Scanned Catalogue with Written Translations
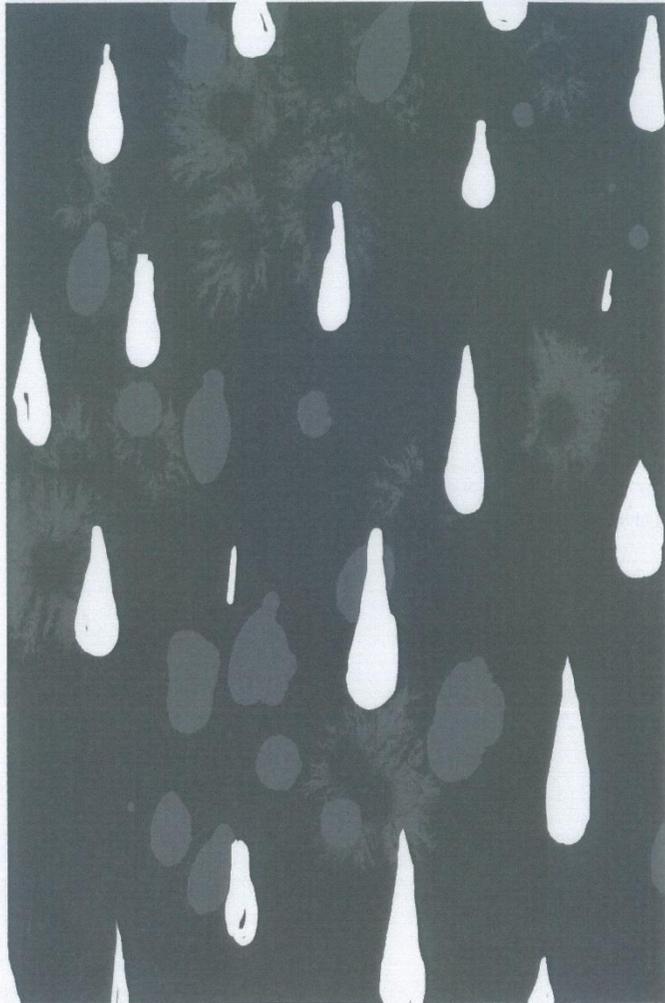
U;REDD - en utstilling om angst

Exhibit

Utstillingen "U;REDD - en utstilling om angst"
er Medisinsk museums tredje utstilling siden åpningen av museet i 2014.

↙ *is the medical museum's third exhibition since the opening of the museum in 2014*

Ved å fortelle om angst har utstillingen som mål å skape mer åpenhet
om psykisk helse og angstlidelser, samt å gi håp.

Å være redd og å ha angst er ikke det samme. Likevel kan kroppen ha de
samme reaksjonene. Derfor kan mange gjenkjenne noe i det å leve med angst.

Angst rammer mange, særlig unge og unge voksne.
Angst som lidelse kan kreve profesjonell hjelp og behandling. Det er heldigvis
mye som kan gjøres for at onde sirkler skal kunne snus og noe av det viktigste
er å våge å fortelle om angsten.

I utstillingens første del visualiseres angst gjennom grafisk historiefortelling i
form av illustrasjoner v/Nina Eide Holtan og poetisk tekst v/ Marte Huke.

Utstillingens faktadel gir opplysning om angst og angstlidelser.
Publikum utfordres; helt frivillig, til å reflektere over psykisk helse.

Brosjyren gjengir tekster fra utstillingen. Ønskes mer og utfyllende informasjon
kan nettsiden helsenorge.no være en god kilde. På baksiden av brosjyren finnes
opplysninger om noen hjelpetelefoner og nettsteder for informasjon og hjelp.

Exhibit open 21 March 2018

√ = typed translation in appendix

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Vi har alle en psykisk helse

Vi påvirkes alle av mennesker og miljø rundt oss.

Direkte og indirekte virker dette inn på vår psykiske helse.

I løpet av livet vil mange av oss oppleve at den psykiske helsa endres.

Utstillingen U;REDD handler om angstlidelser.

Angst rammer mange.
Særlig unge og unge voksne.

Angst

Angst rammer hvem som helst.

Angst kan ha sin årsak i arv og miljø. Det er ikke sikkert det kan pekes på bare en grunn.

Angst påvirker kroppen, tanker, følelser og atferd.

Angstlidelse er en samlebetegnelse for tilstander hvor hovedsymptomet er irrasjonell frykt.

Denne angsten kan knyttes til bestemte objekter eller situasjoner, eller være mer ubestemt – gi en tilstand av uro og bekymring, som vedvarer.

Det skilles mellom fem ulike angstlidelser: generaliserte angstlidelser, panikklidelse, fobier, tvangslidelser og posttraumatisk stresslidelse.

Angst inngår også i andre psykiske lidelser, som depresjon, psykoser og personlighetsforstyrrelser.

Arv og miljø spiller sammen.
Både fysisk og psykisk helse er påvirket av våre gener og miljøet vi vokser opp i.

Det er slik at også gener kan endres av miljø.

Kroppens kriseberedskap

Frykt er en naturlig reaksjon for å beskytte seg.

Ved redsel sender hjernen signal til kroppen om å gjøre seg klar til reaksjon. Hjertet begynner å slå raskere og pumper mer blod ut til musklene. Dette kan gi økt styrke og konsentrasjon.

Andre reaksjoner kan være skjelving, svimmelhet og trang til å måtte gå på do.

Ved angstlidelse oppstår frykt uten en reell ytre fare. Denne angsten er irrasjonell; dog like virkelig hva gjelder fysiske og psykiske kroppsreaksjoner.

Vedvarende frykt og angst kan føre til dårlig helse.

Om angsten tar over

Angsten kan bli så sterk at den hindrer deg i å fungere som du vil.

Dersom angstsymptomer blir så kraftige kan det være behov for å få hjelp og behandling.

Et trekk ved angstlidelser er utvikling av unnvikelsesatferd. Hvor man unngår steder eller situasjoner, som man tror vil fremkalle symptomer.

Unnvikelsesatferden er en årsak til at angsten opprettholdes.

Denne aktive unngåelsen kan gi:
Tap av samhold med venner, kollegaer og familie.
Tap av livsglede og mestring.

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difficulty breathing · *pustevansker*
difficulty concentrating · *konsentrasjonsvansker*
irritability · *irritabilitet*
twitching · *rykninger*
tremors · *skjelvinger*
headache · *hodepine*
sweating · *svetting*
sadness · *tristhet*
palpitations · *hjertebank*
panic · *panikk*
abdominal cramps · *magekramper*
muscle aches · *muskelsmerter*
fatigue · *trøtthet*
sleeping problems · *søvnproblemer*
numbness · *nummenhet*

angstsymptomer
Anxiety Symptoms

Illustrasjon: Nina Eide

Overproduction of Worry

Overproduksjon av bekymring ✓

I hjernen er det et område som kalles *Hippocampus*. Dette er sentralt i alt med læring og hukommelse.

Et annet område i hjernen; *Amygdala*, reagerer på sterke følelser.

Sammen kan de lage minner. *Hippocampus* lager sammenhenger med hvor og hva som skjedde. *Amygdala* bidrar til hvorfor denne dagen blir et minne, ved hjelp av negative eller positive følelser.

Nervecellene har en slags tråder eller greiner som når ut til andre celler og slik kan det sendes signaler rundt i hjernen og til kroppen.

Ved mye og langvarig belastning kan trådene bli kortere og signalene vil gå tregere eller ikke nå fram. Dette skjer for eksempel i *Hippocampus*.

I *Amygdala* blir aktiviteten større ved kronisk stress. Siden dette området er forbundet med følelser, vil økt aktivitet her føre til at bekymringer, sinne og angst kan øke og forsterkes. Samtidig vil en svekket *Hippocampus* ikke være en så god hjelp til å vise sammenhenger og tid og sted.

Dette kan forsterke angst ved at det bidrar til økt bekymring

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Hope

Håp ✓

Det er lett å tro
at du er alene om å ha angst.
Angst er en av de vanligste årsakene
til redusert psykisk helse og noe de aller
fleste kjenner på i større eller mindre grad
i løpet av livet.

Heldigvis er det mye som kan gjøres
for at onde sirkler skal kunne snus.
Det aller viktigste er å våge å fortelle
til noen om problemene.

Noen ganger krever angst
profesjonell hjelp og behandling.
Denne behandlingen tilpasses
gjennom trygghet, faste rammer,
informasjon og veiledning.

Medisiner kan hjelpe på vei, men
brukes aldri alene for å behandle angst.

Behandling av angst uten bruk av
medisiner handler om å gradvis
endre tanke- og handlingsmønstre, og
også gradvis å møte det som gir angst.

Det er ikke sikkert at det å bli bedre
betyr at angsten forsvinner.

Å være frisk
vil si at man kan gjenkjenne tankene og
vite at man har verktøy for å mestre dem.

Det er håp.

Illustrasjon: Nina Eide

Projectmanagement for the exhibition

Help phones and websites
?: ~~helptines~~ :?

HJELPETELEFONER OG NETTSTEDER

Mental Helse hjelpetelefonen: 116 123

Kirkens SOS: 224 00 040

Arbeidslivstelefonen: 225 667 00

RødeKors-telefonen for barn og ungdom: 80033321
eller melding via nettsidene: www.korspahalsen.no

Mer informasjon om psykisk helse og hjelpetelefoner:
www.helsenorge.no (Helsedirektoratet)
www.psykiskhelse.no (Rådet for psykisk helse)
www.psykopp.no (Stiftelsen psykiatrisk opplysning)

Brukerorganisasjoner:
Angstringen: www.angstringen.no
Mental Helse norge: www.mentalhelse.no
ADHD Norge: www.adhd-norge.no
Selvhjelp Norge: www.selvhjelp.no
Interessegruppa for kvinner med spiseforstyrrelser: www.iks.no
Landsforeningen for pårørende innen psykisk helse (LPP): www.lpp.no

Medisinsk museum ligger i 3. etg i Kunnskapssenteret. Åpent alle dager 6.30-21.00
www.ntnu.no/medisinskmuseum   *open all days 630-2100*

2.4.3 Translations from Graphic Medicine installation
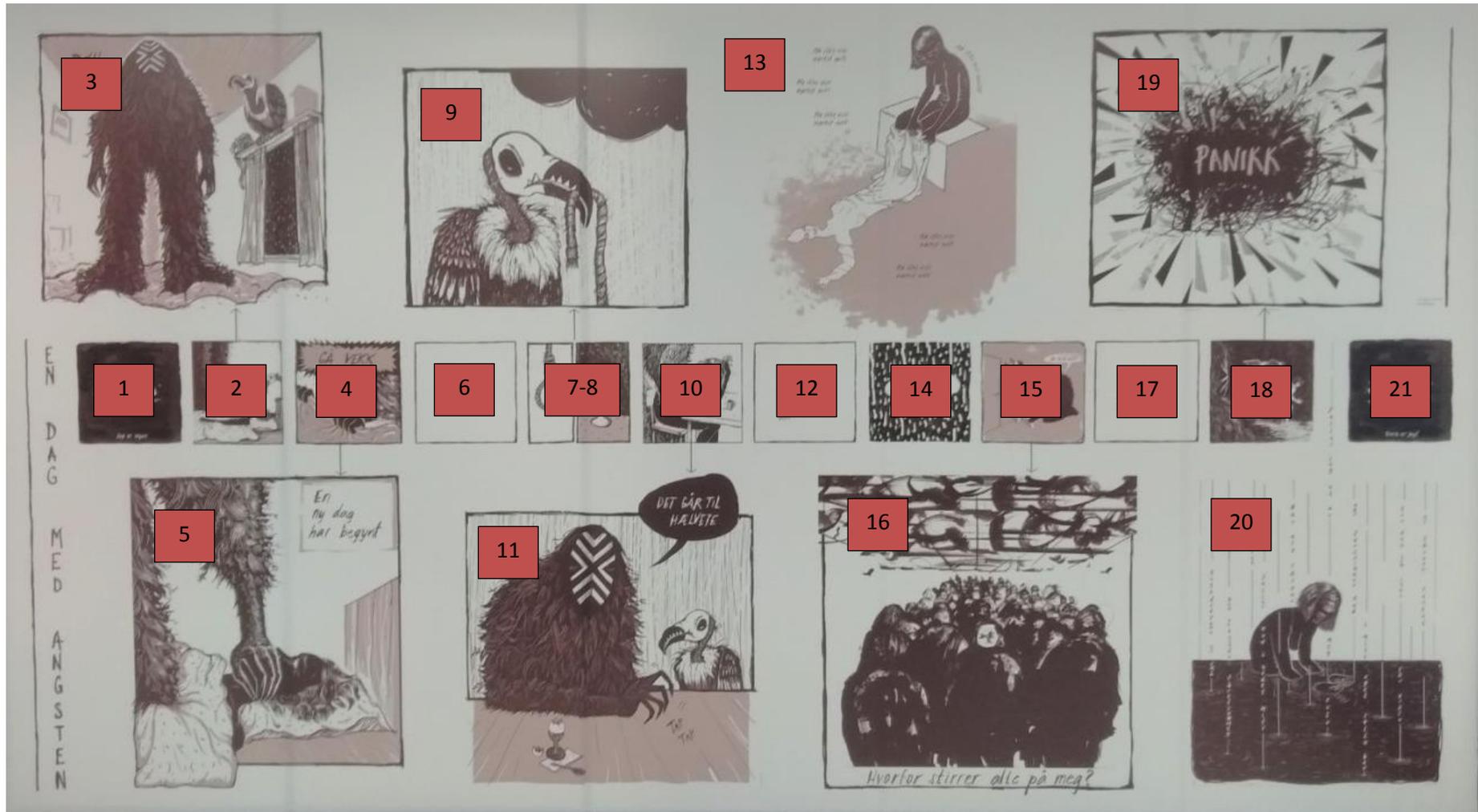
En Dag Med Angsten (A Day with Anxiety) by Nina Eide Holtan and Marte Huke

Part one: En Dag Med Angsten (A Day with Anxiety)

by Nina Eide Holtan, illustrator, and Marte Huke, poet

The comic has 21 panels in three linear layers. These are all roughly square in shape except two juxtaposing rectangular panels that take up the space of a halved small square panel. The narrative runs from the middle small panels using arrows to jump above and below these for an enlarged detail of what is happening below. The middle layer contains 13 panels, two of which are smaller rectangular juxtaposing panels, with arrows pointing up and down to indicate to the reader when they are supposed to read the larger panels. The top and bottom layers each contain four large panels, one of which in each layer does not have a border, that are about 6-7 times larger than the small panels. The script below contains panel descriptions, caption and dialogue in Norwegian and English when there is wording, and a visual explanation of each panel in the order indicated by the arrows. In the two large panels that do not have borders there is not an arrow present however there is a physical drawn element in each that touches or disrupts the middle linear panels and have been interpreted as arrows for this description.

KEY:

Panel (size and placement) description

Caption or dialogue in Norwegian and (English)

Visual explanation

Title: En Dag Med Angsten (A Day with Anxiety)

Panel 1 (small): Jeg er ingen (I am nobody)

A pair of eyes are wide open in the centre of a dark void. Beneath these eyes is the statement "I am nobody."

Panel 2 (small): *A woman, who is depicted as a dark, metaphorical, skinned figure, is lying in bed with her eyes wide open. A vulture is peering down at her from the headboard and a pair of giant furry legs are standing on her chest.*

Panel 3 (large above): Bøh. (Boo.)

From the perspective of the woman the reader sees two masked figures: one is a hairy monstrous figure wearing a mask with a geometric design, who is standing on the woman's chest, and a masked vulture sitting atop the window frame with a pile of rope. Outside the window, with curtains, is a dark sky with raindrops. Inside the room is a picture hanging on the wall of a rain cloud. The sound 'Boo' is depicted next to the head of the monster.

Panel 4 (small): GÅ VEKK (GO AWAY)

It is a close up of the woman's face as she screams "go away" while pulling the blankets over her face. Her expression is distressed and she is sweating.

Panel 5 (large below): En ny dag har begynt (A new day has begun)

From the side we see the monstrous figure's hairy arm and crawled hand covering the woman's mouth while she still in bed. She has a terrified expression on and the words "a new day has begun" are in a caption box above her.

Panel 6 (small): Tankespinn. Langer og fanger seg selv. (Mindgames. Longing and catching himself)

This panel has a white background and the poetic caption, "Mindgames. Longing and catching himself."

Panels 7-8 (small): *Panels seven and eight are half the size of the other small square panels running linear through the middle of the wall. The gutter between all the squares is much larger than the one between these two small rectangle panels indicating that these are juxtaposed panels and should be read together. Panel seven is an illustration of a noose hanging in a white void and panel 8 is an illustration of a broken open boiled egg in an egg cup sitting atop a pale pink surface with a dark background.*

Panel 9 (large above): *The masked vulture is depicted holding the end of a rope in its mouth staring out at the reader. A portion of a black cloud appears to be in the upper right corner of the panel. The background is white with pale pink broken lines that can either be interpreted as rain or the wall in the room.*

Panel 10 (small): *The woman is seated at her kitchen table leaning over, elbows on the surface, with her hands in her hair. The reader sees a part of the monstrous figure standing behind her forcefully gripping the woman's stomach with its right clawed hand. An unbroken egg in an egg cup, a small spoon, and a coffee mug is sitting on the table.*

Panel 11 (large below): DET GÅR TIL HÆLVETE (IT GOES TO HELL)

From the woman's perspective sitting at the table the reader sees the Monstrous figure sitting across the table tapping its clawed hand on the table, indicated by two onomopeia 'taps' and motion lines, next to the masked vulture. The monstrous figure in a dark speech bubble states "it goes to hell." A broken open egg in an egg cup with a spoon and napkin is depicted on the table.

Panel 12 (small): Jeg holder ikke ut. Livet. Å leve det. Hvordan gjør man det? (I can't stand it. Life. To live it. How do you do that?)

This panel has a white background and the poetic caption, "I can't stand it. Life. To live it. How do you do that?"

Panel 13 (small): Må ut… (Must out…)

In the centre of this panel is a white thought cloud with the words, "musts out…". The background in this panel is dark with white streaks and dots which seem to mimic rain.

Panel 14 (large borderless above): Må ikke vise mørket mitt (Do not show my darkness) time five; Må ikke vise ansikt (Do not show face)

The woman, who is depicted metaphorically as all dark figure, is seated on a step like surface pulling on a white skin suit. The skin suit has a smile shaped mouth opening and one arm raised as if waving to a friend. The woman's body language is bent over and solemn. Repeated five times across this panel, like a mantra, is the phrase, "do not show my darkness," and in line with the curve of the woman's bent over back is the phrase, "do not show face." The background of this panel is a pale pink stain that reaches down to the small linear panels below.

Panel 15 (small): DU BLIR HER! (YOU STAY HERE!)

The woman, in her naked white skin suit, is sluggishly lean against a wall in a pale pink room next to a door. The vulture is perched on her shoulder. The monstrous figure is on its knees holding onto the woman's left calf shouting, "you stay here!"

Panel 16 (large below): Hvorfor stirrer alle på meg? (Why is everyone staring at me?)

From the perspective of the woman the reader looks out onto a semi-amorphous crowd of smudged and merging bodies, including the mask of the monstrous figure, above which is an ambiguous ceiling. The ceiling appears to have both a grid structure like that of an office as well as swooshing of dark ink, some in the shape of flying birds. Below the drawing is the thought, "why is everyone staring at me?"

Panel 17 (small): Jeg rakner. Og redselen skriker I hver celle av kroppen. (I'm unravelling, and the horror screams in every cell of the body)

This panel has a white background and the poetic caption, "I'm unravelling, and the horror screams in every cell of the body."

Panel 18 (small): *From over the right shoulder of the monstrous figure, who stands watching, the reader sees the woman running through the rain and large puddles away from the vulture who is ripping the white skin suit off of the woman revealing her dark self underneath. The vertical smudges in the background are blurred, but could indicate a row of trees.*

Panel 19 (large above): PANIKK (PANIC)

The large abstract panel contains the word "panic" atop a mass of black gestural lines in a similar shape to that of a bird's nest. Triangles with different colours, geometric line patterns and textures appear to be stabbing into or emerging from the centre of this nest.

Panel 20 (large below): 1. Regndråpene er små (The raindrops are small); 2. Den voksende tåreflommen (The growing tear flood); 3. Himmelen (The sky); 4. Faller ned i hodet mitt (Falling into my head); 5. Når alt løsner (When everything comes loose); 6. Faller jeg ut av…meg…selv (Do I fall out of… my…self); 7. og forsvinner ned (and disappears down); 8. I mitt eget salte hav (In my own salty sea); 9. Hos den som ikke…får gråte (For those who do not ... cry); 10. Er tårene fanget (are the tears trapped)

Between the last two small linear panels is a raindrop and caption falling vertically into the lower large panel that is borderless. The woman, in her metaphorical dark body, is hip deep in a pool of water. It is unclear whether she is sitting on her knees or standing. She is bent over the water, crying with a tear drop on her face, looking down at her hands, palms up, wrists emerged just below the surface. Broken vertical lines all around her indicate falling rain enforced by the ripples in the water below these. Some of these lines have vertical poetic text, which can be read in any order, but will most likely start with the text running between the two panels above which reads, (6) "Do I fall out of... my...self." The following raindrop poetic lines, from left to right, say, (1) "The raindrops are small," (2) "The growing tear flood," (3) "The sky," (4) "Falling into my head," (5) "When everything comes loose," (6) "Do I fall out of... my...self," (7) "and disappears down," (8) "In my own salty sea," (9) "For those who do not ... cry," and (10) "are the tears trapped." Some of the poetic lines are separated by a large space in the drawn raindrop line, indicated here by an ellipsis, so visitors may have read this poem in any number of ways all of which would have been fine.

Panel 21 (small): Hvem er jeg? (Who am I?)

This panel repeats the appearance of the first panel with a pair of wide eyes in a dark void, but below these is the question, "who am I?"

This is the end of the Graphic Medicine comics wall, however the story continues in the following poetic dialogic text, a column panel, and a framed, coloured single panel (moving from left to right across the first room). Though each of these four elements could be read separately as they can stand alone. Also, it is unclear if the remaining three parts of the story occur in 'a day with anxiety' and it seems likely that the curators left this to be ambiguous. This researcher proposes that, as they break from the comics wall, they represent different days in the journey of the woman in working to live with anxiety, as treatment is a long process, and not a part of the single day.

Part two: poetic dialogue window

Dialogue poem from Fig.26 - Appendix 2.1.2 which followed the Graphic Medicine Wall. The dialogue is intended to be between the woman (left aligned text) and the monstrous figure (right aligned text), but this is not indicated in the exhibition explicitly to allow for visitors to interpret it based on their experience. However, based on caption in the following comics column visitors might, if they hadn't already, retrospectively applied this reading.

Hei		Hi	
	Der er du		There you are
Jeg vet ikke hva jeg skal si		I do not know what to say	
	Bare snakk		Just talk
Lungene fylles med stadig mindre luft		The lungs fill with still less air	
	Det er fordi du glemmer å putse		It is because you forget breathing
Det finnes så mye å være redd for		There is so much to be scared of	
	Jeg vil redde deg fra alt som er vondt		I want to save you from everything that is hurt

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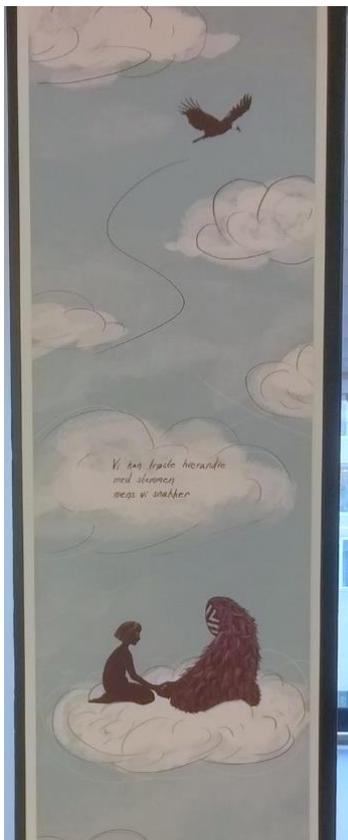
Part three: column panel

Fig.27; see Appendix 2.1.2 (detail to the left)

Dialogue: Vi kan trøste hverandre med stemmen mens vi snakker (We can comfort one another as we speak)

The woman and the monstrous figure are sitting in the clouds facing each other in meditative poses holding hands. In another cloud just above them is the words, "we can comfort one another as we speak." There is no speech bubble tail included here, but the woman's mouth is depicted as open and in the dialogue poem just before the monstrous figure is the last to speak so the assumption is that it is the woman. High above them the masked vulture is shown flying away.

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Part four: final framed panel

Fig.33; see Appendix 2.1.2 (repeated below)

Caption: Slipp alt du har, og hold fast (let go, and hold on)

The circular panel depicts the monstrous figure embracing the woman in a forest scene. The colours are warm and inviting and the reader appears to be viewing a private moment as the figures are not in the foreground but in the middleground of the image. On the wall below the image is the caption, "let go, and hold on," which intentionally creates tension with the image.

Slipp alt du har, og hold fast

End.

Appendix 3

3.1 Selected Curator Quotes

These selected quotes were identified in the coding process and the sub-themes correlate with the headings in chapter 3.

Introducing graphic medicine

Graphic medicine is not only books. Sometimes it's just a page. And so I think that's quite appropriate to exhibitions ...and what is also very important for graphic medicine is to compare different styles, different stories, different approaches, and that you can only do in a comparison and obviously the way we did it was focusing more on comparison of the breadth of style so that you can actually get to know the drawer you don't get to know particularly (Uta Kornmeier)

...help us to open a dialogue with comics and medicine and to address people who are not familiar with comics at all or graphic medicine but who might be interested in description of illness or disabilities... and we assume that many of them did not know that they would see comics there. (Irmela Marei Krüger-Fürhoff)

This led to our this decision to display not only comics but two add general descriptions of what we think was important to but what we would like to get across and also small explanations on how to understand and read comics in a general way because we assume that many visitors wouldn't be familiar with comics or would just have read comics for entertainment, but not from a more analytical perspective (Irmela Marei Krüger-Fürhoff)

So people who come into a medical museum expecting one set of things and then come across these graphic images that we describe as graphic medicine and also describe as comics and also instructions on how to read a comic - I think that's a very positive thing because it catches them off guard and they might for the first time think, "Oh, okay. Maybe there's actually something here I should look at." (Susan Merrill Squier)

So actually it got a good load of people who wouldn't necessarily probably have gone to that because they went to see something else. (Caroline Leek)

So we were allowed to give out all of these magazines to people and [they] could see actually this is what health information could be like or health education. It doesn't have to be boring, dull. (Caroline Leek)

To make people aware that there are comics, graphic novels that deal with health care issues I wanted to give people a sort of broad introduction to it ... I wanted some things that could be classed as self-help, some that were autobiographical, some

that was fictional, and some that were gag strips some that were just silent, like Tableau, and I wanted to give people an idea of the different styles of comic and also, I wanted a few things in there that would be quite provocative so I wanted it to be kind of quite hard hitting (Ian Williams)

The graphic medicine [exhibitions] have been in other spaces where people would come across them that might not be looking for them ...so it would be introducing the idea to people who are not necessarily there to look at - think about comics. (Ian Williams)

I really wanted students to stumble upon this space and be like, "what is this?" and get pulled in...where the average student could stumble into and could look around and leave the commons like "what was that about" (Adam Bessie)

It achieved what we what we set out to do which was to elevate the interest in understanding that graphic novels broadly graphic nonfiction and graphic medicine more specifically. (Adam Bessie)

And with the kind of display it's right outside of libraries when you walk in. It's not... the intention of the person who is going to the library - they're thinking about the research they have to do - they're thinking about, like for me, how they're going to the airport. And so [the exhibition] has to be a pretty simple splash in order to catch their attention at all....So it's definitely working with a population that I knew was going to be walking by without the intent of stopping to look so it needed to be eye catching for people who are not planning to come across this exhibit at all. (Ellen Forney)

The second panel on reading comics, so that's something that I think most exhibit probably don't have that focus which is to educate. Here's how you might read comics - here's how words and pictures come together. So it was a lot more educational (Ellen Forney)

We realized a lot of people come through different areas cross here. It's a hall - it's a walk through room but the common entrance is through elevator and stair so people are to enter here and then we're trying to introduce what this exhibit is quickly with large titles and we hoped that they were together a sense of the room. (Nina Eide Holtan)

Increasing Readership

But we didn't do a lot of highlighting of the collection more than that we had some exhibited in the museum and that we had we have a book exhibition of course in the library and we referred up to the exhibition on the floor above so we had that during that period...so I had the short section of graphic medicine and I also had at the

workshop that we did and I brought some of the books and talked briefly about them (Anja Johansen)

They try to make it as engaging and relevant as they can ...That's their main point of the exhibitions is to introduce people to the National Library of Medicine. (Ellen Forney)

The first layer is just seeing the title and [thinking] "oh comics and health. Who knew?" And then beyond that...If you get drawn in a little bit more maybe than you get to see more specific examples and then ideally brought in enough that the viewer wants to go look some up. And of course some of the libraries will have them available on the table. (Ellen Forney)

We had a table with all the books so that they could get a couple of images but then if they - I would love if they really got engaged when they checked out those books or sought them out elsewhere (MK Czerwiec)

It's a different medium form. Inside the exhibition to have people actually [reading] the whole work... but you get a sense of the genre and then you can look at the reading bar or the book shop and get the full work. So I think for the individual work, it's perhaps not as revealing as it would be if it was just in a book shop, but I think to reach other people than people who would actually go and seek out graphic medicine - to find people and get them interested in the genre that they may not know about I think that's a good task for an exhibition. It's a good reason for an exhibition. (Uta Kornmeier)

But you hope that those same people would be engaged in it and then start to look at it - get the idea and start to investigate more graphic novels and comics and graphic medicine...I just think it's a good thing and it's a way to get the stuff out there. Get the stuff seen. (Ian Williams)

Students could sit there and read things at the same time. So the wealth was the point. It was students would come into the space and they could just look around at the different comics or ...they could sit down and read some of the comics and some students read through entire works just sitting there. (Adam Bessie)

Approachability

Aesthetic beauty renders it more accessible...And so it gets around some barriers that maybe text might throw in the way. It might catch a person off guard and we've seen that you catch it, like an arresting image, and it pulls you into reading newspapers. You have a compelling image to get somebody to read the article in the same way a comic [can be] an arresting image. The person will then get drawn in. The quality of the work will determine if they stay with it. (Adam Bessie)

My work is primarily focused on cancer, which nobody wants to think about. Nobody wants to think about atrocities and so graphic medicine has a way of, like the piece that I brought into the show, was one page in the Sunday Boston Globe and it was called "Notification: You've got Cancer" and it's a very colourful piece so if you look at it from afar, you're like "what is this?" ... And suddenly they're looking at it... So comics have this way, can have this way in the right context, of getting past people's emotional and intellectual defences. (Adam Bessie)

It was so gentle because you're just looking at something that's beautifully illustrated and drawn, as opposed to a massive long narrative which might be miserable. (Caroline Leek)

I knew people not necessarily familiar with comics [would visit the exhibition] but it's so much a part of our culture worldwide that it's not completely out of practically anyone's consciousness or understanding but putting the two of them together is really new for many people (Ellen Forney)

Accessibility

It's an accessible way for people, engaging in exhibitions, in a different way than they would engage with talks or the comics themselves or books or academic stuff. (Participant B)

We put on exhibitions and then use them as a way of touring a talk basically or a way of talking about research and injecting research into a public environment in a more creatively accessible way. (Oli Williams)

The way the comic is composed can make it more accessible. Although, that depends upon the design choices. Simply because something's a comic doesn't mean it's necessarily more accessible. It depends on how it's put together. So I mean access in terms of on the consumer end, you know a comic can give a wider variety of readers interest or access into the work because it takes down the barriers (Adam Bessie)

From a media criticism standpoint, you limit the access of who can participate in conversations and whose voices are published and whose voices are heard...It provides a more accessible space for creators to come in and once they're in the zine culture. They can work their way into developing a following and then developing having more, or not, traditional routes of success. (Adam Bessie)

Comics made by people who are experiencing illness, caregiving, disability, kind of change of health status - taking those texts that they are creating and having people read them to have a deeper understanding of the experience of illness creates understanding and then going [also] to reduce the burden on the person experiencing it to kind of explain or fight against being misunderstood. (MK Czerweic)

...their easy to consume compared to reading the book... (Participant B)

Its spreading the word It's a an accessible way of people engaging in exhibitions in different in a different way that they would engage that they engaged like talks or kinds of comics the comics themselves or books or academic stuff. (Ian Williams)

I think they've got the balance right and I think that was I think largely it was because of the art works so good. Actually you can interpret it. Even if you hadn't experienced it you could interpret it into other traumatic things that happened to your life or difficulties and challenges. You say you could so you can translate that into whatever you had in your life and that's actually what some people have said, you know, they can see that to you know, apply that to whatever else is going on in their lives. (Caroline Leek)

Empowering or giving a voice

But that's the whole thing about graphic medicine is that it's about, "hey these people are people too and are subject to knowledge and power, etc." (Participant B)

They felt - if you look at the data that we recorded they were just really happy that their voice was being accounted for ... They said, that came up a few times. "We're just really happy to be asked," as if we had the power asking them, as if the power had turned its eye towards them and they were happy to be looked at that was very much what they said. But at that time, it's totally true; they didn't have any energy to co-create an exhibition with us. They were having chemo. (Participant B)

Some patients who were very touched by the exhibition, but it really wasn't - it wasn't almost so much the exhibition that touched them. It was rather the fact that the exhibition happened (Participant B)

...as a movement of power from clinicians to patients by providing them a voice and providing them a way to talk about their cancer and take control over their own health. So that's what we sort of did and we called it shifting identities because they shifted from healthy to ill and that can be very un-empowering and removing of power. And so it was about to shift that power back to them. (Caroline Leek)

We wanted to use visual narratives because it can convey a lot more emotional concepts, but also when you do have cancer or when you're in a traumatic state, you don't want to read through a load of text. A lot of the cancer information is very bulky with text... [the artworks were] able to portray a lot of their feelings and the lost their worries concerns fears in one image or series of images. (Carolina Leek)

...give students ideas and tools to make and tell their own stories from wherever they're coming from... We had another that was an anonymous piece from one of our students who was an undocumented immigrant. It was about her the stress - [her]

experiences feeling like she's going to be taking away any time...[the aim of the exhibition was] to create a space that empowers students to seek out more of this literature on their own and to hopefully create some of their own literature.   (Adam Bessie)

People that are local made that connection all the stronger ... They can see that it's by somebody that's in their community. [And they think] "They're writing - their creating. Maybe I can do this too." That's really one of the end games is that some student leaves and she [thinks] "my story about my life has worth; other people would be interested in it." (Adam Bessie)

I think my main concern would be that they didn't really include the artists in these events so when they invited people to speak they still made this kind of well when it comes to the exhibition they wanted to include both the perspectives of art and science or the patients story and perspective of the doctor or health institution so to speak but in these events it was always the voices of the experts there weren't any of the patients or none of the artist that were given a stage. So that was a thing that I felt was missing and that was the reason that we had these events in the library... there was a podcast that was in the autumn after the exhibition opened in late March. March - April because it was world day in mental health it was 10th of October so we invited to this Podcast series and asked the psychologist and we asked them if they wanted to have a dialogue with Nina about the exhibition so that was actually how I got to know a bit more about her experiences. (Anja Johansen)

You get a sense of the genre and then you can look at the reading bar or the book shop or something. And get the full work. So I think for the individual work, it's perhaps not as revealing as it would be if it was just in a book shop, but I think to reach other people than people who would actually go and seek out graphic medicine to find people and get them interested in the genre that they may not know about I think that's A good task for an exhibition. It's a good reason for an exhibition. (Uta Kornmeier)

That is one of the reasons that the National Library of Medicine did it. "Look this is something that is worth paying attention to. And we're going to throw our weight behind it." It's really it's really had an impact. (Ellen Forney)

They wound up like collecting some to be in their collections. So it is a show off their collection but they just kind of like put a bunch of stuff in their collection in order to show their collection. (Ellen Forney)

We wanted to give younger artists the opportunity to be on display and not only those who already published comics or who are a part of the book series. So let's say from an artistic point of view there was a very broad range of terrific comics and comics

by people who just attempted to draw a comic for the very first time and we wanted to include this whole range. (Irmela Marei Krüger-Fürhoff)

Exposing my work to a larger audience - while the idealistic view is that the internet has made it easier than ever to showcase artwork, it gets lost in a sea of other artworks. Exhibitions provide a focused look at specific artworks. (Participant A)

And since then, Dr. Ahmed has become known as a very important cartoonist working with refugees in Australia and he has quite a name. So even though we didn't know it at that point we were bringing into this exhibit somebody who would go on to have real prominence as a cartoonist so that's exciting with bringing him to Berlin. (Susan Merrill Squier)

I remember Thomas saying that he was thrilled that the exhibit brought people into the museum who might not otherwise have been there. That's my memory that it brought in a lot of people of the public, off the street, and that he really liked the exhibit for that reason that it's brought in new visitors. (Susan Merrill Squier)

The only advantage for [the artists] is that people would see their work and might decide to buy their book. (Ian Williams)

I think that it is multifaceted... if the reader for example is a provider then it amplifies the voice of the patient, family, and caregivers in the encounters that they might have. So that's one part of it and then the other side I think of as critical for my perspective as a nurse is them also creating comics or the making of comics provides an opportunity to reflect on in a way different than just writing text both the experience of illness and caregiving and the experience of being a professional provider ... to try to develop our thinking and process experiences. (MK Czerwiec)

He was one of our keynotes and basically this quote exemplifies the outcome I'd hoped for, he said, "you know when invited to this conference really I have no idea of what you were driving at with this graphic medicine thing or it's comics medicine and what was your point in trying to bring people together to talk about it, but as I walked through the exhibit at the end, I totally got it" and that was exactly what I was hoping for. (MK Czerwiec)

Public engagement to enhance experience

Exhibitions are a logical way of bringing people together for a talk. It creates an event and that's what we want to do. We want to communicate. The materials, the posters [of the comic], can [also] be used independently. So we make our stuff accessible or available to anyone giving lectures and anyone who wants to [use it] -

that's the point. We say that all of those resources we make are public goods so people can use them. (Oli Williams)

Someone described recently that at a talk I gave that I was like 'Ronnie Corbett with science'…it's quite nice because what she meant is that you would go and it felt like someone just having a conversation with you but, at the same time, they really knew what they were talking about. So it's non-threatening, and being able to use humour I think as well. (Oli Williams)

But it was a projector that was showing different author talks about process. So Nick Sousanis had a speech of him talking about how he put together Unflattening. Liz Mayorga, another nonfiction comics artist, was talking about her process. (Adam Bessie)

The three of us were flown in to be on a panel about graphic medicine with the director of the National Library of Medicine… I don't remember that I talked about the exhibit a whole lot. But it's behind us the whole time. And that was the impetus for it. (Ellen Forney)

…about a project in prison where the inmates had life sentences, but there were still hospice so they knew they would die there and so inmates rose up and created a hospice where they train themselves to be hospice care workers for their fellow inmates where they were dying and a cartoonist named Wendy MacNaughton had gone in and done kind of an oral history of that and then she made comics about that oral history in that hospice. And so we had an event where people can even listen to them. Talk about that project. (MK Czerwiec)

We also had a workshop that I ran where I got participants to make comics about end of life ideas and thoughts…[and] also creating comics or the making of comics provides an opportunity to reflect on in a way different than just writing text both the experience of illness and caregiving and the experience of being a professional provider. (MK Czerwiec)

…that invites people in order to be accommodating but not only in the more polite way but it's - be a real human or something like that- so we had to speak about this that using the drawing could be a way of understanding the patients a bit better, about understanding yourself a bit better. (Anja Johansen)

To add to the practical aspect of graphic medicine we wanted to have a workshop to show that it could also be about doing the drawings yourself- drawing as a kind of treatment. And I think Nina the artist also wanted to show that they have been an important part of her recovery - actually working with the drawings. (Anja Johansen)

Physicality of comics

So that someone can be drawn in emphasizing the art in that way to kind of allow people to come in have the have the books available as books. I mean like everybody we all want to have a couchy area with the comics to sit and read. (Ellen Forney)

We had additional published comics in a kind of sort of comic libraries that were in the museum and people were free to take and read or look at those books there. (Uta Kornmeier)

And also we wanted all the public the broader public to take the catalogue home and bring it to their friends and show them. (Uta Kornmeier)

We did have like a table full of the graphic work so that students could touch it touch the work so that was important. (Adam Bessie)

We had merchandise* so that people could take away these messages to embed this into the normal part of life. I mean that these are important social issues. So we wanted to create merchandise in the same way that someone who's just trying to make money will create merchandise because if we can put in the hands of people on campus notebooks and postcards that are promoting these messages Well, that's great because it literally disseminates the message in a different way. (Oli Williams)

All money made for AWL projects through merchandise are not-for-profit and donated by Oli Williams and his team to related causes or re-invested into the relevant projects to increase their impact or enable new participants. Here, he is conveying that they wanted their merchandise to have the quality, and thus appeal, of other events such as music gigs or popular art exhibitions to motivate publics to embed and carry the message. In another part of the interview, Oli Williams describes the grassroots and activist history of posters and related formats for these types of socio-political and cultural initiatives that play with capitalism, or other issues, to disrupt and dismantle it.

Showing the process

I thought that was important. I don't think that that was important for every piece you know, but I think for students to see that be around it was important. (Adam Bessie)

And so in one of the first cases in the exhibit had a bunch of the books. I sent them my copy of the DSM that with my post-its in it and stuff that I used for Marbles. And I think my brushes. [The first exhibition] did actually get a little bit more into those objects. (Ellen Forney)

[For] certain kinds of readers and cartoonists and fans it's really interesting to see the process. For example, I want to see pencils and their scribbled notes and all of

that stuff which is a very different show from something that's much more framed. (Ellen Forney)

That's its final state, but there's something in seeing it isn't final State and it doesn't give you as much data about the process right? It's the product yet, but a lot of times seeing the original art gives you a lot more information about the process...Those things are just so endlessly fascinating as a Cartoonist. I'm not sure if that's experience of anyone else. But for me it also just the nerd stuff. What kind of paper do you work? What kind of pen do you use you know, that those clues are in those original artefacts that you don't see on reproductions. (MK Czerwiec)

I wanted the drawings to become more physical. It's something I wanted to work with more here and be more sculptural... I wanted the drawings to become three-dimensional. I don't really have a good reason why this is just the way and it's the process. It's her process in a way. It's not saying like look what we've done. It's a part of her inner world, so it is a part of the narrative. (Nina Eide Holtan)

Relatability

Represent our community that people don't - so students come in and see. Oh, I'm you know, I'm represented in these literature's and they could see themselves. So it was to affirm their existence as well for that Community. (Adam Bessie)

Comics made by people who are experiencing illness caregiving disability kind of change of health status as a way so taking those texts that they are creating and having people read them to have a deeper understanding of the experience of illness So that creates understanding and then going to reduce the burden on the person experiencing it to kind of explain or fight against being misunderstood (MK Czerwiec)

So that's our private Story how we organized the images and the text But I think it's nice that we do give the opportunity to go into it and not be sure. What is the story because we want to a lot of people will see this and we want to tell our story that many people can recognize or identify with. ...So maybe with some of the images talks to you or some of the texts and not everything. It's okay I think (Marte Huke)

What really struck me is that it was the same stuff that was in my data. I spent a year with three different weight loss groups and people talk about this feeling, "I just feel bigger," and even if they hadn't put on weight they just felt bigger. They felt heavier. Their clothes felt tighter and I was like this is the perfect way of illustrating this. (Oli Williams)

because there are some spectacular exhibits and i mean it is something that everybody is concerned with the body you know the human body and everyone's got one so you know you usually loosens tongues in that room anyway (Uta Kornmeier)

But once you only have like a PDF of your art object, then you have to think about how to make it into something more tangible than people can relate to and so we decided to push the actual work the away from the object relations and actually push it into the space of the reader to come off the wall and hover in front of the wall to also draw attention that this is something special. (Uta Kornmeier)

[The drawings] make people talk and then perhaps [the visitor] can say, "I can relate to this this drawing." I think it works like an ice breaker for starting for conversation. (Participant C)

Sort of relate to it or at least perhaps they recognize something...people say that they can recognize something in the exhibition. (Participant C)

With drawings it's easier for people to relate to them than if we have photos, for example. I think [photos] would be very distancing for the audience. We were able to be more explicit than if [the artists] were to write it or use photos for example. (Participant C)

We didn't want a monolithic interpretation of sexuality but it didn't work out that well in assessing to usefulness of graphic medicine [more broadly]. (Participant B)

It was important to draw [descriptor] people in a representative way so that the audience can see themselves in it. Many artists fall into the trap of simply making [stereotypical changes to the bodies of their characters]. I wanted to draw more accurately and think of how … gravity [affects these bodies] … It was challenging but fun…I have heard not only from [descriptor] readers, but also others whose bodies are stigmatised (those with disabilities, or who are outside the cisgender binary, for example) that they feel seen and represented in this work. (Participant A)

It had to reach out to everyone so we tried to make it so it wasn't just about one personal story, so it could be relatable to everybody. (Caroline Leek)

The feedback that has been from patients- from Healthcare professionals, and it's all been really positive, and it's centred around not using loads of text and it's a visual thing which people can absorb and then [can] apply it. The [message] is that you needn't feel alone because people are experiencing similar things. (Caroline Leek)

There was quite a few people that said, "ah I can't read them I just can't read them it's just too close." The people who have cancer they couldn't read that. They found that hard but then they monitored themselves about being, "I can go there I can't go there." It was making sure that the artwork was relatable to people who hadn't had cancer but also being sensitive and honest and not patronizing for the people who have experienced cancer. (Caroline Leek)

Actually you can interpret it. Even if you hadn't experienced it you could interpret it into other traumatic things that happened to your life or difficulties and challenges. You say you could so you can translate that into whatever you had in your life and that's actually what some people have said, you know, they can see that to you know, apply that to whatever else is going on in their lives. (Caroline Leek)

There seems to be two groups the ones who really don't identify with the monster world of it the fantasy not realism really like the ones where it's only her or its only people and atmosphere. And then there are the ones who are on the other side who really identify with him or the humorous aspect of that character. So it's kind of doing two things at once. (Nina Eide Holtan)

...with the symbolism in exhibition [it was questioned] how to make this more universal? How to relate to common metaphors? How to make it a bit softer? (Anja Johansen)

Emotive engagement

Aim is to try to show more of what it feels like yeah, to have anxiety and you have panic attacks or entering to the more subjective experiences of anxiety. (Anja Johansen)

But they are illustrating quotes from real patients at the same time as its quite powerful work, I think. What we're trying to say, so what I am saying is it didn't need the Merit so much The Narrative of why this is here. (Participant B)

She already made to go with our texts before so it was I don't know something about - I'm looking for English word - out of the lines. So she made a choice sort of Express a lot of feelings and also humour because we didn't want this to be to what's the word too serious too heavy. We also needed to walk away with Hope. (Participant C)

So it's changing how you take it in so changing it into a different medium, like making a film a book, [changing] physically and mentally and emotionally how you take it in. And hopefully that gives you insights thanks to the curator. Thanks to the way that the material is presented. (Ellen Forney)

One of the things about graphic medicine is about communication and giving subjectivity and life to the healthcare field that is generally very clinical and has this sense of objectivity... So the more institutional analytical approach wasn't going to have enough of the subjective soul organic quality that it really needed to prove its point. (Ellen Forney)

But I think if you really think about architecture and the way that people ARE in different spaces it's not really the space to get internal that way. So how can people interact with comics in a way that it's almost an adaptation? (Ellen Forney)

[Students] would be drawn to the just like as an eye is drawn to different parts of the page due to visual composition and panel size. I think that principle is at play to and how the different size of the images in different placements would draw your eye to different places. (Adam Bessie)

At the time, I don't know that I thought consciously about creating the space like a comic book, but in retrospect it really did feel like we're creating- that this space is a text. And how do we create it so that we get them to experience these things in as deeply as possible and to leave with their own unique experience where they are interested in discovering more and then it leaves them with passion and questions and then hopefully the structure of that space increased that. (Adam Bessie)

We displayed the comics [as if to say] the comic became a body. They were like bodies in front of these panels and this is a very nice link to the bodily the experience of living with an illness or disability. So it's not just talking about images and experiences but experiences have a corporal dimension to them. (Irmela Marei Krüger-Fürhoff)

Gives it gravitas gives it Kudos gives Comics that kind of seriousness. People take them more seriously and think about them as a sort of serious cultural medium... People seem to like consuming exhibitions as well. Looking at people that were reading they were properly reading the strips. They weren't just glancing at them... [exhibition] creates a different experience. (Ian Williams)

And then we hung it visually we hung it up based on how the work worked together visually as it would sort of pick kind of prominent images for the sort of centre of the space and then -would work out other walls would work visually but then people were going like This is amazing how you've hang it because these kind of work in sequence...but people more than one person sort of seemed to say this sequence is really amazing...but that was a fluke. (Ian Williams)

They are cancer patients themselves. They were delighted it was like in a building and an extremely famous building, a gallery, and therefore it was removing the taboo around talking about cancer. It was normalizing it. It's making it feel like you shouldn't be shunned and if there are any art exhibitions about cancer a lot of them tend to be like within the hospital. (Caroline Leek)

To make people feel they have experienced it even if they didn't experience it before. And, also people that have experienced it could dive into it before the scientific part of it … yeah this describes all the symptoms. You have pains in your stomach and heart beat and you sweat and yeah, so all the all these words are symptoms, but in that room all the texts are sort of poetic texts or texts that sort of go after a feeling that this is all explanations. (Marte Huke)

My work seems to have a natural theme of acceptance and empathy, with a focus on using comedy and drama to educate and entertain. (Participant A)

Simply displaying artwork is not enough to draw an audience, there needs to be interaction for an event to be worth going to. (Participant A)

Comics made by people who are experiencing illness, caregiving, disability, kind of change of health status, so taking those texts that they are creating and having people read them to have a deeper understanding of the experience of illness, that creates understanding and then going to reduce the burden on the person experiencing it to explain or fight against being misunderstood. (MK Czerwiec)

Gives a feel for that sense that you are part of a community - there's a sense of pride. I remember as we were hanging the pieces at that dotMD in Galway it was like, oh these are my friends, these are colleagues, these are people in the last 10 years that come to work together and I have a great deal of enthusiasm about all that we've done in graphic medicine. It's the community that I'm most proud of and the ways in which we support one another and so this is physical manifestation of that. (MK Czerwiec)

I did not overhear any comments, positive or negative, but so that's interesting cause as a creator you don't get to watch people read your work- generally [it's] a private encounter. [Exhibition] makes this private encounter of the relationship between creator and reader public in a way and that's kind of interesting. (MK Czerwiec)

I have often come up against the idea that as comics are inherently funny people don't seem to understand that comics can be more than just funny...I have a very strong memory of a neurosurgeon. I was explaining that I was working on comics and graphic medicine and he said I fail to see what funny about illness...so people who come into a medical Museum expecting one set of things and then come across these graphic images that we described as graphic medicine and also describe as comics and also include instructions on how to read a comic I think that's a very positive thing. (Susan Merrill Squier)

Start Conversation

[There is] a big box [with] remarks from the audience and the question is what's the, those are Marte and I's question, what is the worst that could happen? That's the question. Everyone is answering on that wall. (Nina Eide Holtan)

There's lots of conversations around understanding how people are feeling, how this experience of living with cancer or having had cancer - so there's a lot of empathy

learning from people who hadn't previously had any experience with anybody with cancer. (Caroline Leek)

Actually she said it was a turning point because she could now have these conversations that she just couldn't have because she had a secondary cancer. So it's opened up a massive communication and understanding on how their feeling and how they process something. (Caroline Leek)

People could put on how they could talk about their own self-identity shifts and the things that happened in their lives that had changed what they thought of their self-identity. People could take a tag and write something, so people put about motherhood and death of people in their lives and leaving to different places and all stuff that you kind of expected that we wanted to do it because it's the Tate and So you want to be able to engage the public that are there. (Caroline Leek)

One of [the visitors] was living with {condition} and it was made lot easier when they were visiting the exhibition together because then she could talk about her own feelings and struggles and we also had that with parents and children. (Participant C)

[The drawings] make people talk and then perhaps [the visitor] can say, "I can relate to this this drawing." I think it works like an ice breaker for starting for conversation. (Participant C)

...interested in wanting to talk to, unsolicited, some of the authors and ask them questions about their work and asking me questions about the process. (Adam Bessie)

A lot of the medical people who were there just thought it was completely ground-breaking because I suppose...they were not used to that kind of work. (Participant B)

They didn't want to suggest anything, any kind of treatments in the exhibition ... it seems that wasn't their focus because they wanted more to show - more to talk about it. Have people start to talk about it and to acknowledge that anxiety can be a lot of different things. So they didn't want to - because it is individual. (Anja Johansen)

...an icebreaker for people who would've never met one another. I saw that get conversation started... (MK Czerwiec)

One of the biggest struggles is that people don't talk about what they want or what they wouldn't want until it's too late and they can't speak for themselves and no one knows and so one of the goals of this festival is to get those conversation started so colleagues and I from The Narrative Medicine program at Columbia had this theory that comics and some of the amazing comics around end of life could be really good launching off point. (MK Czerwiec)

I think it also allows people to come together where reading comics tends to be a solitary activity…[exhibitions are] a hub or a crystallizing in a more social way…you use that to bring people together. (Ellen Forney)

There's a lot of talk anyways in the museum because there are some spectacular exhibits and it is something that everybody is concerned with: the body. the human body and everyone's got one so you know you usually loosens tongues in that room anyway, and I thought that was a great advantage also for our intervention that people were already not in the art museum mode where they hush but that they are in a more conversing mode. (Uta Kornmeier)

They most often gathered in small groups in front of the panels and also interacted and talked about it and it pointed to specific things they noticed of course. (Irmela Marei Krüger-Fürhoff)

The appetite for these exhibitions

I think that there's a kind of hunger out there for these types of exhibitions I know that so when we were thinking of doing an exhibition for Brighton and Dan Locke he's a friend of mine in Brighton. He does science communication through comics. He's done a graphic novel for NoBrow called *Out of Nowhere* and he's now doing one about the people who invented the MRI scanner, which is amazing. He has very good contacts with science festivals and he's really good at networking and he said that science festivals just love this stuff. They're always looking for really interesting exhibitions and stuff to get out there. So we approached two galleries in Brighton It's like conquer Gallery, which is a small publicly-funded gallery that does very contemporary stuff and also the Phoenix they both kind of really liked the idea. So I think there is a real sort of like that be appetite for it out there. That's all. (Ian Williams)

So she already knew that it was something that she was interested in and she saw my talk and really liked my approach…Patricia, the director… was convinced that graphic medicine was really important and they really didn't have much in their collection. They had some early stuff on AIDS education that was important and ground-breaking and it helped along bringing these together. (Ellen Forney)

I gave a talk on graphic medicine and there was a guy who had never put that together- he'd never heard of that. And I went through my whole thing and I'm very passionate about it. And he came up to the microphone to ask questions. He was like thank you so much. But he [thought] comics are the answer to everything. (Ellen Forney)

My impressions was [the biomedical community] were starved of this public facing [programming] and this is very much connected to when the project happened.

That was the first REF to have impact as part of the funding machine. So we all knew that [a part of the REF] was going to be based on research impact and public engagement and these exhibitions seemed to essentially do that even though the research behind it may not necessarily have been worth impacting. (Participant B)

It was in a really fancy location as well. And there was a lot of cultural capital loaded on it. (Participant B)

They were they were looking for money from elsewhere. And so it was taken down as an example of the great exhibitions that are done in [location]. So it's kind of crazy that it became literally impact capital, let's use that phrase impact capital. (Participant B)

People would look at it and go, "Oh, this is great for the patient with this, is great for people who have been affected by this", even if they haven't been. The people saying that don't know people have been affected by this but they were always sort of imagining this this kind of spectator. (Participant B)

I remember the face of this surgeon. He looked like you're absolute classic surgeon. I remember him gripping me by the hand just to say what a wonderful kind of research project this is, what good it is doing for the hospital, and etcetera. When he was looking at me with a glass of red wine in his hand, all of the private view going on around me, I felt a bit like a fraud because it looks so good. And it wasn't in my head conceptually- It wasn't an art exhibition. It was a public engagement of a research project. Those are two distinct things in my head...there's a bit dissonance between those two worlds and I felt that dissonance very clearly there because I made a note of that in my thinking of the projects at the time and so looking back at it now I see that handshake as the beginning of trying for myself to interpret that kind of stuff. (Participant B)

I met a social anthropologist who has very close contact with people in Cairo, Egypt, and she told me that she would be very interested in bringing this exhibition to Egypt because she says that doctors there they have many problems in communicating with their patients because they study in English and then they have to interact with their patients in different Arabic languages, and they have a very difficult time to create and fix some empathy or to understand what people are feeling or trying to explain to them and she thinks that the exhibition might help them. (Irmela Marei Krüger-Fürhoff)

That was one of the first Pathographics concepts were to work across cultures and across language differences. (Susan Merrill Squier)

…"this exhibition really makes a difference and more people should see, it made me think about difficult times in my life and I'm so happy that I had people around me that helped me go through it and all this." (Visitor quoted by Anja Johansen)

3.2 Curator Interview Coding Framework

3.2.1 Parent Nodes

Note: Three of the parent nodes which refer to visitor codes were not populated here – they were left here for practical reasons for the research to refer to them without having two large files open as that often led to corruption of files in Nvivo, so the information was kept here for those purposes.

3.2.2 Curator Interview- Parent and sub nodes (multiple screenshots)

Nodes

Name	Files	References	Created On	Created By	Modified On	Modified By
Exhibition Characteristics	0	0	20/01/2020 13:27	APA	20/01/2020 13:27	APA
Alongside other objects	5	5	20/01/2020 13:48	APA	27/07/2020 17:33	APA
Call for Contributors	1	1	20/01/2020 13:51	APA	27/07/2020 16:23	APA
Creative Corners or Workshops	3	5	20/01/2020 13:42	APA	27/07/2020 17:26	APA
Curated by Non-Professional Curators	0	0	20/01/2020 13:41	APA	20/01/2020 13:41	APA
Curated through existing Networks	4	5	20/01/2020 13:40	APA	27/07/2020 15:44	APA
Dedicated Reading Corners or Comics in Space	3	3	20/01/2020 13:42	APA	27/07/2020 17:26	APA
Define Graphic Medicine	5	9	20/01/2020 13:35	APA	27/07/2020 17:26	APA
Democratic Spaces or Places	6	7	20/01/2020 13:38	APA	27/07/2020 17:26	APA
Exhibit Single Artist or Team (Non-Variety)	2	3	20/01/2020 13:53	APA	27/07/2020 17:25	APA
Exhibit Wide Diversity	5	7	20/01/2020 13:49	APA	27/07/2020 17:39	APA
Experimental Comics Works	1	1	20/01/2020 13:52	APA	27/07/2020 17:25	APA
In Dedicated Gallery Space (might be democratic)	6	10	20/01/2020 13:45	APA	27/07/2020 17:34	APA
In Mixed Media Exhibitions	3	4	20/01/2020 13:50	APA	27/07/2020 17:35	APA
In Permanent Collections	1	1	20/01/2020 13:53	APA	27/07/2020 16:21	APA
Include PE or Social Programming	10	20	20/01/2020 13:41	APA	27/07/2020 17:43	APA
Included Original Work	4	4	20/01/2020 13:51	APA	27/07/2020 17:25	APA
Interactivity - Displays or Technology (not creative corners)	3	3	20/01/2020 13:52	APA	27/07/2020 17:43	APA
Lack of Diversity	1	1	20/01/2020 13:35	APA	27/07/2020 17:25	APA
Overall Theme - about GM	3	3	20/01/2020 13:44	APA	27/07/2020 16:21	APA
Overall Theme - about specific health topic	5	7	27/07/2020 13:51	APA	27/07/2020 17:26	APA
Paratext or Part of Something Else	7	8	20/01/2020 13:37	APA	27/07/2020 17:31	APA
Produced Written Materials	5	6	20/01/2020 13:44	APA	27/07/2020 17:32	APA
Reproductions of Work	8	8	20/01/2020 13:34	APA	27/07/2020 17:25	APA
Short Exhibition Time (up to one month)	5	5	20/01/2020 13:40	APA	27/07/2020 17:43	APA
Titled What is Graphic Medicine	0	0	20/01/2020 13:39	APA	20/01/2020 13:39	APA
Traveling Exhibit	5	8	20/01/2020 13:51	APA	27/07/2020 17:02	APA
Wide Variety of Works (Group Shows)	7	10	20/01/2020 13:36	APA	27/07/2020 17:38	APA
Exhibition Project Framing	0	0	20/01/2020 13:21	APA	20/01/2020 13:21	APA
Narrative Inquiry Framing	0	0	20/01/2020 13:15	APA	20/01/2020 13:17	APA
Themes of Risk	0	0	20/01/2020 13:30	APA	20/01/2020 13:30	APA
Visitor Experiences - Grounded Theory	0	0	20/01/2020 13:14	APA	20/01/2020 13:17	APA
Visitor Values - Grounded Theory	0	0	20/01/2020 13:14	APA	20/01/2020 13:17	APA

APA   81 Items

3.2.3 Example Showing Fragmented codes from transcripts and the coding stripes from the different codes.

Appendix 4

4.1 Selected Visitor Quotes

These selected quotes were identified in the coding process but were not deemed appropriate for illustration due to the sensitive nature of the quotes. They are included below for academic transparency with redacted named participant due to the sensitive nature of the content.

"I could feel the sense of entrapment from them, so I guess they worked in that sense. I think with the first one, Wild Child, with the cages always being present. I felt that. And I think for me this sense of entrapment is quite a personal thing. I was in an abusive marriage so for me as soon as I sense any sense of restriction or entrapment it automatically…I get quite defensive about it so maybe that's why I felt like "nope don't want to see that, don't want to see that" or "I don't like those sorts of things" so I think that I had quite strong reactions to those pieces which I hadn't expected to have because I didn't really know what I would be looking at but I did automatically, in my head, [think] "I didn't like looking at those ones."" (Participant One)

"I think for many people it would be helpful, but I think someone with, like a severe anxiety disorder, [the insta-comics] kind of, not undermines the seriousness or severity of their feelings, but it, and again it is all a spectrum thing, for some people that is so helpful, and I'd loved it if someone said that the exhibit actually made a positive impact on their lives, and I am sure someone will…but for a lot of others, their anxiety is so much beyond that that it's not about imagining you holding a cup of hot chocolate, you might feel unsafe because, you are actually unsafe, and again I just got sick of seeing these comics in doctor offices and psychiatry offices, because it felt like the people drawing these came from a place of privilege and security and that they had never understood that it wasn't a choice to not feel safe, or not have a proper shelter or bedding, and, so maybe that is just a working class chip on my shoulder, I don't know, but it feels very much like:"okay let's say I can't manage tier one of the basic needs, I'll just pretend I have some hot chocolate," I think that is more my problem than the artwork." (Participant Two)
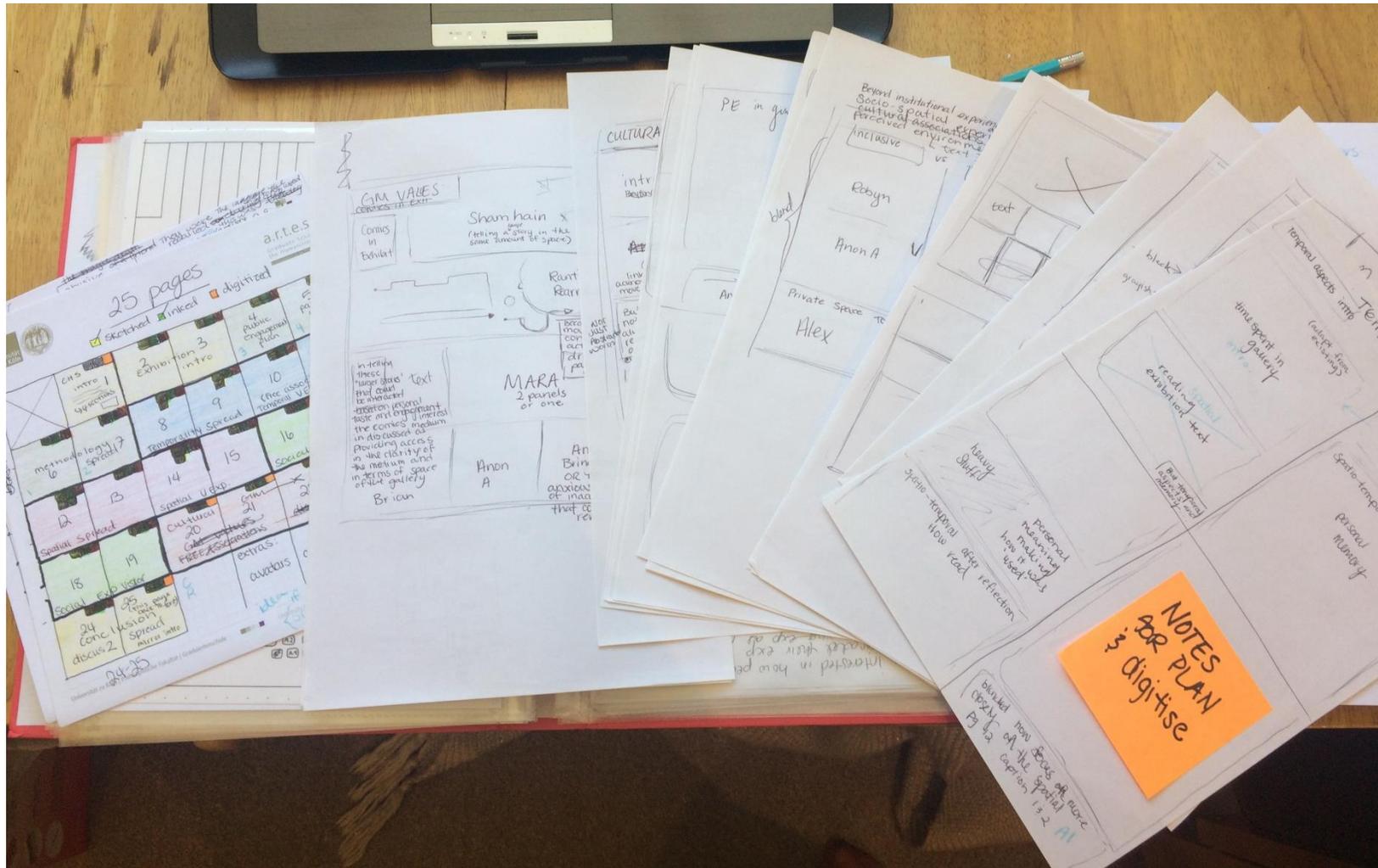
"I disclosed that after watching East Enders, and there was a character in which one of the girls was being sexually abused, so it kind of made me aware that this was a thing that you could talk about….but also it gave me the tools, it showed me what is it you even say." (Participant Two)

"The graphic medicine [wall] was a complete contrast to the dark and lonely side and it felt really bright and supportive. Even "take a breath" and "it's okay and there is help for you". And so my overall feeling of the exhibition was [that is was] a dark lonely

place, problem, leading to their being help for you. And, it's interesting doing this today. Today is the anniversary of my mother's death. And so, seeing these, these dark sad lonely images just, *I don'tknow*...(shrug) It's interesting...I am okay, (must have read my face saying I am so sorry), it's been 25 year so. She died by suicide if that matters." (Participant Three)

"I really enjoyed it and, from when I was told about going, I didn't realise how impactful it was going to be. Especially with one of the pieces really hitting the right spot of my depersonalisation. I would love to see it in Portugal but I can't (laughter together). But it was a lot more intriguing than I thought it was going to be because at first I was very apprehensive ... because I was just told that we were going to a graphic medicine talk and I really don't know what that is but okay. To then, after going once, I was so intrigued that I went over and over again and if I didn't really like something I wouldn't take my brother along or I wouldn't take my boyfriend along so it was all quite nice to show everyone the piece of work (when the body becomes a place) and everyone I took always had a positive experience of going." (Participant Four)

4.2 Visitor Interviews Coding Framework

4.2.1 Parent and sub nodes

4.2.2 Example of Coding with coding stripes to show where themes related to each other.

4.2.3 Images of the Comics Script

Note: An additional word document had all the relevant and expanded quotes that were used in the comics chapter that were copied and pasted into the Photoshop files of the pages, which the hand drawn version is below. However, the expanded quotes contained sensitive information that was needed to contextualise the creative process – so it is not included here.The binder also included hand written notes and observations from the interviews as well as sketches made from the train, a meeting, or quick notes (first image below). These were then worked together into the final inks (second image below).