



Gendered bodies: A graphic medicine commentary[☆]

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ABSTRACT

This final commentary, in comic format, frames this special issue using Graphic Medicine methodologies to explore broader themes and meanings related to the scientific study of gender and health. Comics can be seen as a way to introduce complex human narratives and as an exploratory tool to ask broader social-contextual and ethical questions about health and medicine. This piece is also constructed through the lens of queer scholarship, which, together with the comics format, provides opportunities to build more embodied, complicated narratives about gender, sexuality and health. Most importantly, comics are used as a modality to tell compelling narratives about how individuals, rather than populations, may be impacted by biomedical conceptualizations of gender and health. The commentary includes a series of graphic narratives containing hypothetical stories and cases: stories of how individuals may be harmed within healthcare systems by rigid framings of gender, sex and sexuality, and stories about how gender socialization may impact health in subtle ways. These narratives furthermore examine the inextricable link between gender and power, illustrating how overt and covert manifestations of power may shape a person's health over the life course. Finally, the piece explores how expansive views of gender may contribute to positive health care experiences. The intention of this piece is to nudge scientific researchers and clinicians alike to approach the topic of gender, sexuality and health with nuance and curiosity.

1. Introduction

In this commentary, we use comics to illustrate, contextualize, and encourage deep engagement with the topic of gender and health as explored in this special issue. In doing so, we utilize insights and approaches used within the Graphic Medicine community. The discipline of Graphic Medicine coalesced from a growing community of artists, scholars, researchers and practitioners who turned to drawing and other graphic media to describe complex experiences of health, illness and care from patient and provider perspectives. While this practice was not new (for instance, this largely Western field is preceded and informed by East Asian graphic traditions), the Graphic Medicine community exemplifies a new, contemporary attention to narrative and context in health and medicine. Comics have also created new opportunities for perspectives previously excluded from much health and medicine discourse. These practices have additionally allowed for increased interdisciplinary communication between the sciences and humanities

in areas such as science and technology studies, feminist studies, disability studies and more (Czerwicz et al., 2015).

Graphic medicine is a field that is growing in scope and recognition, and comics are particularly well-suited to disseminate research to broad audiences. The National Library of Medicine launched an exhibit, *Graphic Medicine: Ill-Conceived and Well-Drawn!* in March 2018 (National Library of Medicine, n.d.), which includes lesson plans for post-secondary health education and university-level medical humanities and graphic medicine courses. This comic follows in the spirit of the exhibit to introduce audiences to the affordances of comics and graphic medicine for communicating complex ideas about gender and health.

A wide variety of scholars have now written about the utility of comics for medical education (Bradley et al., 2021; Green, n.d.; Green and Myers, 2010; Myers et al., 2022; Sutherland et al., 2021), for disseminating health information (Bartoszeko, 2021; King, 2017; Li-Vollmer, 2022), improving clinical practice (Al-Jawad, 2015), as a way of engaging with patients (Capstick et al., 2021; McMullin et al.,

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2021), and as a form of research in and of themselves (Councilor, 2019; Flowers, 2017; Kuttner et al., 2017; Sousanis, 2015; Weaver-Hightower, 2017; Wilson and Jacot, 2013). The authors of this piece regularly use comics in practice for educational uses, in scholarship, and for communication of both scholarly topics and real-life narratives.

Ann Fink has used comics to teach topics in the biological sciences, neuroscience, and ethics. They have also created comics as an alternative to conventional journal article formats to explore complex ethical problems in neuroscience (Fink, 2019). The use of comics also plays a role in their clinical mental health practice and education about mental health topics (Fink, 2020a; 2020b). KC Councilor teaches comics-making in his undergraduate courses in communication, gender studies, and creative non-fiction. He uses comics as texts but also engages students in drawing exercises as powerful experiential tools for exploring the complexities of their own and others' narratives around gender and the body. He has published several academic comics, and uses comics to document his experiences as a transgender and transitioning person.

We met at the University of Wisconsin-Madison as part of the Applied Comics Kitchen (ACK), a grant-funded interdisciplinary collective that hosted comics workshops facilitated by leading cartoonists between 2015 and 2017. The premise of ACK was that comics making is an accessible process to develop creative thinking in education and research, and that comics-making is a shared practice available to people working in any discipline. Both authors have benefited from the guidance of Lynda Barry, whose work and reflections on teaching comics has shaped the field of Graphic Medicine at large (2014, 2019). Since then, we have co-lead two graphic medicine workshops. Creating this comic together is a commitment to the idea that comics-making is a shared, relational practice; interdisciplinary collaboration in this visual medium enables a more complex argument than either of us could create alone.

Other authors have explored in depth how comics may be read and the particular narrative opportunities offered by the form (Chute, 2017; Eisner, 1985; El Refaie, 2012; McCloud, 1993). Here, it is worth mentioning some key features of comics that may be observed in this piece. First, comics afford a spatiality and temporality that is different from written expression. Moving from frame to frame, across gutters (the space between panels), one moves with the events and conversation unfolding across the pages. The authors, in drawing these pieces, experience and embody what happens, in real time. The reader, in parallel, may experience the materiality of the images, unfolding over time, on the page. This form is also distinct from the rich tradition of graphic representation of data and models in biomedical science literature, whose ideal goal is to accurately represent data and to make an argument about their meaning. In comics, rather, one might focus on the story surrounding the scientific questions, as well as the consequences and the application of that interpretation.

In this comic, the reader might observe pages with an orderly

progression of panels, panels that flow into one another, or those lacking the conventional panel structure altogether. We encourage the reader to attend to both the content of these pages and the pacing and flow within them. More importantly, however, the comics within this piece encourage the reader to connect with the lived experiences of individuals who may be affected by the gendered experience of health and medicine. We note here that the stories in our piece are either our own or fictionalized accounts based on case literature or other publicly available writings. None of these stories represent actual accounts told to either of the authors in private or professional settings.

Collaboration is key to synthesizing and putting into practice the insights gained from a collection such as the one found in this special issue. Here, authors from various disciplines have weighed in on gender disparities in treatment for health conditions, contributions of cis-heteropatriarchy and other oppressive power structures to gendered health disparities, and intersectional views on promoting health and flourishing for historically marginalized groups such as women of color. These authors have taken on the difficulty of researching and intervening in structural contributors to poor health and have argued for embracing more expansive and nuanced conceptualizations of gender itself. Central to many of their arguments, and to feminist scholarship in general, is the "personal as political" - here, observed in the shared insight that the lived social experience of gender, *entangled* with biological cause and effect, shapes a person throughout the life course.

The difficulty in research and clinical practice is that simply describing gender/sex differences at the level of population means is never enough. People experience risk and advantage as members of a given population. Simultaneously, their identity as part of this population shapes and is shaped by their embodied reality in an ongoing, highly individual dance of health and illness. In practice, one is faced with this individual, their complex identities and experience, and their particular state of body/mind for which they may be seeking care. In this piece, we invite the reader to make space and time: to contemplate population-level difference and similarity, and to enter into the complexity of those individual, intersectional and gendered experiences.

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Credit author statement

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Data availability

No data was used for the research described in the article.

Appendix

In this commentary, we use comics to illustrate, contextualize, and encourage deep engagement with the topic of gender and health as explored in

this special issue (see Appendix A).

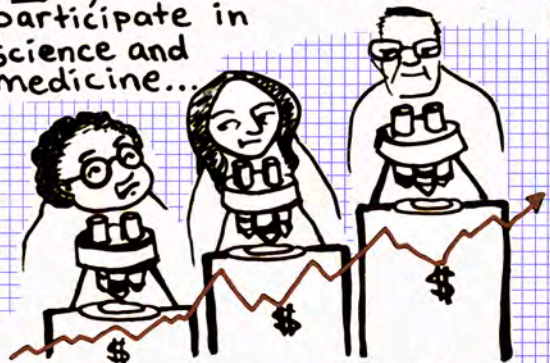


I'm Ann. Sometimes, I feel like a nerdy Swiss army knife. I have a PhD in Neuroscience and spent years as a researcher and educator.



Now, I'm a newly licensed MSW (social worker) and therapist.

As a queer, multiracial person, it was always clear to me that **WHO** you are impacts **HOW** you participate in science and medicine...



and shapes access within health care.

Doing mental health-related research, for me, led into clinical practice.

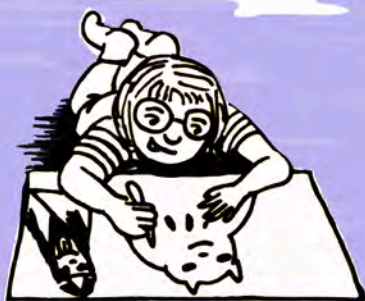


People's stories matter a lot to me, especially those stories that tend to get buried. In science, in medicine, and in life.



Comics open a door to those stories. Our stories.

Comics are also a deeply engrained part of my culture. They are home. They have always been with me.



And they help. To think through tough questions. To teach. To learn.



To connect with each other.







TRANS BROKEN ARMS

THERE IS A PHENOMENON THAT WE IN THE COMMUNITY CALL...

TRANS
BROKEN
ARM
SYNDROME

IT LOOKS LIKE THIS.

I FELL ON THE ICE AND MY ARM REALLY HURTS

SO HOW
LONG
HAVE YOU
BEEN ON
ESTROGEN?

AND IT'S NOT LIMITED TO ARMS

AT WHAT AGE DID YOU KNOW?

ABOUT THE STABBING
PAIN IN MY BELLY?

THERE ARE VARIATIONS

I'M HAVING SURGERY
NEXT WEEK

OH HH, THE SURGERY?

NO, WHAT?! MY BACK

THE PARADOX IS THAT NOT EVERYTHING ABOUT OUR BODIES & HEALTH IS ABOUT OUR SEX HORMONES AND SURGERIES

I LOVE THE EYE DOCTOR BECAUSE I JUST GET TO BE A PERSON

SAME! AND THE DENTIST.
JUST GET TO BE HUMAN

BUT OUR LIVES, OUR WELL-BEING, OUR SELVES CAN'T BE SEPARATED FROM OUR TRANSNESS

SO YOU'VE JUST BEEN COUCH-SURFING FOR THE LAST 6 MONTHS?

PARENTS KICKED ME OUT

WHEN
I CAME
OUT.

STORIES OF THE BODY

The Statistics say: Women are twice as likely as men to be diagnosed with depression, anxiety, PTSD. LGBTQ+ folks are more than twice as likely to be depressed, have thoughts of suicide. It's easy to ask: "What's **WRONG** with these populations?" To use phrases like "the weaker sex". Using the seemingly neutral language of risk and vulnerability provides distance. It's easier.





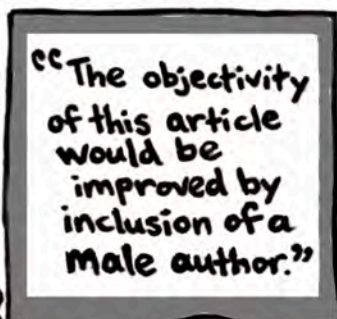
They have hope,
and they have
pain.

Feel - good stories
and
Feel - bad stories.



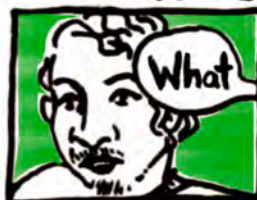
Can you
hear
them
both?

To speak of gender and health is to speak of POWER, in all of its manifestations. Gendered stories of illness are built not only on major acts of violence, but on a lifetime of little moments —



FUNNELED CONTINUOUSLY INTO THE CORPUS.

So. What would it take to both see the bodies before us
and to ask:







WORTHY OF NOTE

ONCE A YEAR OR SO, I HAVE MY HORMONE LEVELS CHECKED.



IT'S MY FAVORITE KIND OF APPOINTMENT— CLOTHES ON, NO POKING OR PRODDING.



WOW! THAT'S AMAZING CONGRATS!

THANK YOU!



ALRIGHT... MEDICATIONS THE SAME?

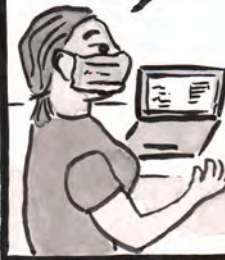
ANY DYSPHORIA?

YUP

ANY EUPHORIA?

NAH

HAHA SOMETIMES



NOTHING COMES TO MIND?



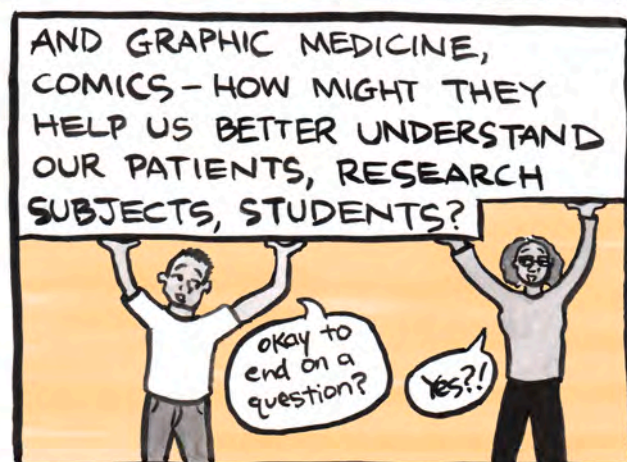
NO STORIES?

OH YOU'RE REALLY ASKING?





IN CONCLUSION...



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