

Crisis Averted in Infinite Lives: Utilizing Comics as Clinical Art Therapy

By Ally Shwed

This thesis argues that sequential art (comics) can become a successfully implemented component of established art therapy programs. The primary focus demonstrates that the versatility and flexibility of sequential art as a medium make it a beneficial addition to art therapy practices. The aim of the thesis is to draw parallels between established art therapy practices and potential applications that utilize sequential art. Furthermore, the thesis studies the ways in which comics have already been used indirectly as a source of therapy as well as suggesting new, more clinical ways in which sequential art can be utilized by licensed therapists.

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INTRODUCTION

The practice of art therapy has been a formal part of psychotherapy in the United States for over seventy years. Incorporating different art media and the creative process, art therapy seeks to improve or restore a client's functionality and his or her sense of personal well-being through artwork created by the client during a therapy session (American Art Therapy Association). Art therapy is employed in a wide variety of settings, from hospitals and psychiatric rehabilitation facilities to schools and private practices. It utilizes such art forms as drawing, painting, sculpture, and writing to examine and enhance a client's physical and mental health via the therapeutic benefits gained through artistic self-expression.

However, noticeably missing from the list of art forms regularly used in art therapy practices is sequential art, or as it's more commonly known, comics: the combining of images and text to formulate a visual narrative. Although most art forms inherently tell a story, sequential art streamlines and even enhances the process with its versatility and adaptability to a variety of styles and artistic levels. Few empirical studies exist to acknowledge the formal therapeutic qualities of sequential art in relation to medicine and art therapy (Green and Myers), but given the already well-established techniques and strategies of the art therapy discipline and the observable parallels that can be made to the creation of sequential art, comics can easily be added to the repertoire of art therapy practices.

In general terms, art is used as a form of therapy because of the specific way in which it stimulates the mind. Art therapy is most readily used with psychotherapeutic patients who find it particularly hard to express their thoughts and feelings verbally (British Association of Art Therapists); it draws on parts of the brain that normal speech-based therapy does not, as well as stimulating the senses to trigger dormant thoughts and repressed emotions (American Art Therapy Association). But research shows how the combining of images and text activates still different information processing systems within the brain; consequently, understanding of a thought or message through visual narrative is therefore enhanced (Green and Myers). Thus, even outside the prescribed bounds of therapy, sequential art implicitly accomplishes many of the same goals that art therapy strives to achieve, perhaps even augmenting the methodologies already established within this particular type of therapeutic treatment.

THE VERSATILITY OF THE SEQUENTIAL ART MEDIUM

For decades, comic book creators have been using the medium to communicate with more depth than is allowed through conventional writing (Bodell 1). This is possible because of the versatility of styles available to the comic book creator: in terms of drawing, art can be realistic or representational; in terms of writing, the story can be fictitious or autobiographical; and because of its emphasis on storytelling, sequential art embraces a variety of artistic skill levels, from simple line-art to perfect anatomical figures (Fig. 1-3). In addition to style, there are the possibilities inherent in the layout and design of the comic page: the arrangement, shape, and size of the panels as storytelling devices; the information that is included (or omitted) from panel to panel and what is left for interpretation in the gutters in between; the use of word balloons, thought balloons, caption boxes, or even silence, as sources of dialogue. These artistic options all supply the comic creator with tools to portray identity from a variety of angles and explore multiple perspectives in more depth than text or drawing alone (1). And since art therapy, at its core, is not concerned with the aesthetic output of a client's work but rather seeks to elicit communication and exploration of identity from its clients (British Association of Art Therapists), sequential art is a medium already primed to fit within the

framework of this type of psychotherapy. Comics may even prove less daunting to a patient than painting or sculpture or drawing without words to support the images, because essentially, all a patient needs to create sequential art is a story: if a patient has a tale to tell—and every patient does (Sanders)—he can tell it through comics.



Figures 1-3: The varying styles of Art Spiegelman, Marjane Satrapi, and Harvey Pekar.

PROFESSIONAL COMIC ARTISTS AND THERAPY

Informally, the argument can be made that comics have already been serving as a source of therapy for its creators (as well as their readers) for decades. Two recent key examples include Alison Bechdel's 2006 graphic memoir *Fun Home: A Family Tragicomic* and Dean Trippe's short comic story *Something Terrible*, which was released online in 2013 and will be self-published in hardback in 2014. Both stories generally fall under the genre of autobiography, for which researcher Valerie Bodell argues comics are particularly well suited: they are a beneficial way to

explore multiple self-identities, and their stylization emphasizes the iconic nature available to character creation, allowing characters to be representative instead of fully identical to the narrator or creator (Bodell 3). Scholar Gillian Whitlock has referred to this characterization as the “autobiographical avatar” (Whitlock 971) that provides a new outlet for the sequential artist to portray or examine himself. On an artistic level, this simply seems like an additional option for creativity; but on the therapeutic level, such freedom of personal representation allows the artist to present himself as he thinks he is or how he wishes he could be.

For Bechdel, *Fun Home* allowed the author to portray her not-so-average everyday experiences of her small-town, mid-twentieth-century life, which she placed within the context of personal feminist and political criticism. The story follows Bechdel through childhood and into adulthood, as she comes to terms with her own homosexuality while learning about her father’s closeted homosexuality and affairs with younger men. Bechdel, who while growing up wanted to become either a cartoonist or a psychologist, considers herself “a person who has difficulty with emotion” (*Rencontre Internationale*); but through her self-ascribed “cerebral” books, she attempts to reach that seemingly hidden, more emotional place: “You have this chaotic mess of your real life,” she says; but through memoirs, it all becomes a “really fun puzzle to work on” rather than the chaos (*Rencontre Internationale*).

Throughout *Fun Home*, evident stylistic choices are used to enhance the storytelling, and consequently the therapeutic, process. For instance, Bechdel uses multiple drawings styles as narrative elements, contrasting realistic reproductions of photographs with more cartoon-like images of her past. This provides a juxtaposition of actual history with her subjective interpretation of her memories (Watson 37). The subjective representations serve as Whitlock’s autobiographical avatars, and thus Bechdel opens the door to exploration of her identity and experience on multiple levels (Fig. 4). Bechdel also utilizes the caption box to provide a voice for her detached narration of events, what therapists would label as a form of externalization: a separation from the problems of self, which allows for interaction with said problems and, consequently, the increased expression of emotions and a sense of empowerment over them (Keeling and Bermudez 405).



Figure 4: Excerpt from *Fun Home*, page 120.

As she tells her personal tale of identity exploration and trauma, Bechdel allows her story to become what scholar Julia Watson calls “a site of struggle for liberation that has analogs in human rights battles being waged around the world, particularly for homosexuals and women” (Watson 53). Thus, not only did the creation of *Fun Home* prove therapeutic for its author; it continually allows readers of the book to empathize with Bechdel and perhaps come to terms with personal issues of their own. Bechdel states how there exists “the dynamics of oppression and liberation inside of us,” and she hopes in reading *Fun Home*, it “encourages other people in their own struggles” (*Rencontre Internationale*).

Likewise, Trippe’s *Something Terrible* offers levels of therapeutic benefits to both author and audience alike. Trippe’s story, although based on the true events of sexual abuse he suffered as a child, employs elements of fiction to develop the narrative. When Trippe was going through this abusive experience, he turned to comic book characters as a source of escape and mental rescue; so when he made the decision, decades later, to tell his personal tale as a comic, the incorporation of characters such as Batman and Doctor Who were useful and even integral to the telling of the story.

In an interview with Newsarama, Trippe tells contributor Lan Pitts that comic book characters forged him into the person, and artist, that he is today. As a child, he mentally hid in the world of Batman to achieve a sense of safety; but, he says that creating *Something Terrible* finally allowed him to externalize his experiences with abuse and be liberated from their toxic effects. “I drew so much strength from the story of Batman,” Trippe admits, “but it took drawing him rescuing me...to finally be freed of it” (*Newsarama*).



Figure 5: Excerpt from *Something Terrible*.

Trippe goes on to state that while the creative process of the comic has brought him a definite sense of closure, he also finds solace in the fact that the story will reach others and help anyone who has experienced a similar situation:

...it’s been great being freed from that sense that there might be some secret, psychologically encoded, terrible thing lurking inside me. But making my whole story into a comic has been just as freeing, it turns out, because now I feel like my life and what I learned while trapped by fear and shame can help others find their way out of that same darkness. (*Newsarama*)

Trippe’s experiences, not unlike those of Bechdel (and Art Spiegelman [*Maus*], Harvey Pekar [*American Splendor*], and Marjane Satrapi [*Persepolis*], to name just a few), demonstrate what

Whitlock observed as the “potential of comics to open up new and troubled spaces” (Whitlock 976), a fundamental step in the healing processes of any type of therapy.

While these examples illustrate how established sequential artists indirectly achieved therapeutic effects through their regular comic-creating processes, their experiences can serve as the foundation for formally bringing sequential art into the clinical world of art therapy. This discipline serves a diverse client population, the artist and non-artist alike, and so considerations must be made for efficacy when implementing new therapeutic strategies. However, the flexibility that is inherently built into the creation of sequential art makes it perfectly adaptable to a wide variety of client/patient profiles.

SAMPLE THERAPY SESSION

For the purposes of this proposed sample therapy session, the following profile will be used:

- Patient: Adolescent child (age 7) hospitalized for treatment of cystic fibrosis
- Setting: Hospital
- Size of group: Individual therapy
- Length of therapy: Weekly one-hour sessions for the length of hospitalization

The purpose of the therapy would be to provide an outlet for the patient’s anxiety and fear over the treatments he is undergoing and the overall experience of hospitalization.

Based on techniques outlined in Renuka Sundaram’s 1995 case study published in the *American Journal of Art Therapy*, the overall structure that needs to be implemented for successful adolescent treatment includes an introduction of the art as an act of play, which then becomes transitioned into acts of therapy (Sundaram 3). In terms of sequential art, the act of play can be introduced by the reading of comics, particularly ones with a subject matter in which the individual patient might have an inherent interest or connection. Sundaram notes that the subject of his study was hesitant to engage in materials with which he was unfamiliar, becoming “guarded and defensive,” and thus inhibiting the therapy (1). Therefore the therapist should take note of the patient’s particular likes and dislikes, either by bringing a variety of appropriate graphic novels and comics from which the patient can choose, or by profiling the patient prior to the first session. Sundaram points out that it is important to preserve the patient’s autonomy throughout therapy, giving him some level of control within his restricted hospitalized setting; as such, allowing the patient to select reading material himself might be most beneficial. Upon selection of material, the therapist and patient will collectively read from the graphic novel; the therapist would appropriately gauge whether the patient should read aloud, be read to, or a combination of the two. Sundaram refers to Violet Oaklander’s 1988 study on psychotherapy to assert that “the therapist often serves as a model” for the patient; thus it is imperative for the therapist to participate along with the patient during all points in the therapy (2), including reading with the patient.

After the initial experience with reading has taken place, the therapist can begin transitioning the play of reading into the creation process. As with every step of the therapeutic process, the therapist must be attuned to the patient’s resistance and inhibitions, facilitating activity and communication accordingly. A possible transition from the reading to the creation of a sequential narrative might be to start small, with a comic strip format, as opposed to a full-page or longer story. The therapist may also prepare pre-designed blank

comic page templates and word balloon options in the form of stickers or paste-ons from which the patient can choose to tell his story.

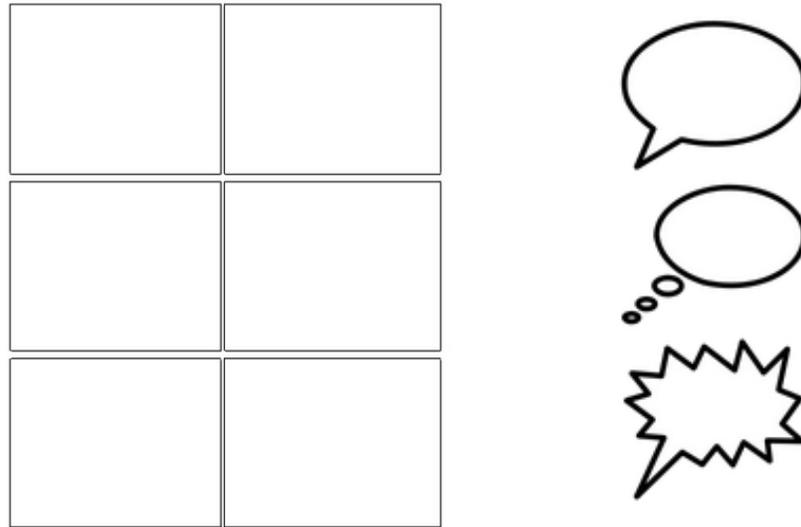


Figure 6: Examples of therapy resource materials.

It can be assumed that most patients have not ever created their own comic pages; as such, this technique would ease the pressure of design and creation off the patient, accounting for a lack of ability or confidence that might pose a threat to the natural storytelling, and therefore the therapeutic, process. It is key, however, for the patient to create and arrange (and rearrange, if need be) the images and story for himself, as it is this creation process that is at the core of art therapy and is the source of diagnosis for the therapist (British Association of Art Therapists). Furthermore, it is crucial for the therapist to continue to engage in the same activity alongside the patient while also guiding him to create his own piece; empathy, sincerity, and trust are at the foundation of therapy (Sundaram 3).

At this point, it would be at the therapist's discretion, based on the patient profile, as to how to further direct the storytelling and drawing process. Story prompts could be provided for the more reticent patient; but it is still imperative to allow for the patient to exercise control and freedom within the therapy (3). Then, as within the typical process of art therapy, the created art would be interpreted by the therapist, with attention given to the arrangement of the images to tell the story as well as the interpretation of the images themselves. (It is important to reiterate that art therapy is not concerned with making an aesthetic assessment of the image [British Association of Art Therapists].) Discussion with the patient would then be facilitated by the work created, assessments would be conducted, and the consequent therapy would be adjusted accordingly. Tanis Dick quotes Barbara Sprayregen in her essay for the *American Journal of Art Therapy*, impressing that art therapists need to "reassess their roles and modify their methods to suit the needs of the patient...they are treating" (qtd. in Dick 1). As the therapy sessions continue, activities can further transition into longer stories and less prearranged page designs; the therapist can also opt for the patient to keep or continue with a given project after the therapy session has ended, thus carrying on the therapeutic effects even outside the structured session and allowing for the patient to achieve a gratifying sense of accomplishment at creating something (3).

Dick imparts the idea that "art can be a 'safe place' to rehearse a 'new self,'" (4), and the bounds of sequential art inherently encompass this philosophy. In an essay published by the

Journal of the American Art Therapy Association, Matthew J. Mulholland recounts how he found sequential art as a source of healing and used the creation of comic book characters and worlds to work through problems in his life (Mulholland 42). He, like Trippe, turned specifically to superheroes for help as a child, creating his own character, “Super Derf”—his alter-ego. Once Super Derf put on his cape and boots, the character was able to overcome any obstacle, including the fear and insecurities that were a daily reality for Mulholland. Through Super Derf, Mulholland says, “I could show the person I was and the person I wanted to be with nothing but a costume change” (42). As he grew older, Mulholland continued to create comics for the sake of therapy; the creation of such art gave him a sense of control over what happened in his life as well as a sense of release: “the more of my feelings I put on the paper,” he says, “the less that remained inside me” (43).

Mulholland’s case is a good example of how someone who is not a comic artist by profession was able to use the medium as therapy. Again, this is possible in part because of the versatility of comics, an art form that Mulholland calls “a safe avenue of release” because the characters carry only the risks and consequences that the artist chooses to include in his personalities (43). The stories created within the sequential art medium could be as factual as Bechdel’s, allowing for a release of hidden truths, or as fantastical as Mulholland’s, telling stories that carry “no repercussions in the real world” with situations that the artist can resolve in any way he likes (43). Again, this supports the potential sequential art holds for art therapy applications: patients could choose to tell their autobiographical story with characters that closely resemble themselves, or opt to tell a seemingly unrelated fiction with animals or inanimate objects as the main characters (Hughes, King, Perkins, and Fuke 607). Patients could even relate their stories as silent comics or use photographs in place of drawn images (604). Even these seemingly technical stylistic decisions would provide the therapist with analytical information to consider, thus adding to the valid forms of assessment that sequential art could potentially offer towards achieving therapeutic success.

WIDER APPLICATIONS AND POTENTIAL OBSTACLES

While the sample therapy session outlined above focuses mainly on individual implementation for an adolescent in a hospital setting, the overall strategies can be adapted to include older patient profiles, group therapy, or therapy in other environments. For example, because of the variety of themes and storylines explored in graphic novels, the appeal extends across a wide range of ages, from adolescent to adult; and the “play” essential to the beginning stages of therapy as outlined by Sundaram is not necessarily play in the juvenile sense of the word, but more so refers to a level of enjoyment, in opposition to work. In terms of the number of patients at which a single therapy session is being aimed, groups can begin to explore graphic novels through a “literature circle” or book-club approach in which every patient selects a graphic novel pertaining to his personal interests and shares the readings with the rest of the group (603). When the group reaches the step of creating their own comics, patients can opt to work individually or collaborate on the drawing and writing process. (With group therapy, it is important to keep in mind the variety of patient profiles that might be included in a single group, e.g. “the observer, the uncommitted participant, and the full participant” [Dick 2]. Thus the therapist needs to be flexible, offering many options to his patients, while still providing the structure and support requisite of successful therapy.) In a school-based therapy setting, the same principles could be applied; and as comics and graphic novels are not traditionally seen as educational resources, students might be less willing to see them as a

source of therapy and more willing to view them as “play” and thus engage in their creation (Hughes, King, Perkins, and Fuke 603). This mindset lends itself to a more willful acceptance of the therapy procedures. Furthermore, once a program has been developed by a licensed art therapist and the groundwork of strategies and techniques has been outlined, the activities could easily be implemented by a teacher or school counselor and adapted as needed for the clients at hand.

Of course, this is not to say a sequential art-based therapy program would not be without its obstacles. As with any art therapy program, certain factors might arise that would threaten to impede the therapy process. As previously mentioned in the Sample Therapy Session, there is the possibility of patient resistance to this specific type of therapy, particularly for the patient who has never read a graphic novel or does not consider himself an artist or a writer. But beyond that, considerations need to be made for such factors as time constraints and monetary concerns. In a hospital-based setting, health care management and administration control how therapeutic services are provided, and with a trend toward shorter average lengths of stay, therapists need to adapt their services accordingly (Dick 1). Likewise, the cost of resources needed to create an effective therapeutic environment has to be taken into consideration: while providing a computer program such as ComicLife or Manga Studio might aid in the expediency of sequential art creation, the acquisition of such programs might not be cost effective or even possible. However, the creation of sequential art can accommodate most financial and time constraints: comics can vary in length from single panels to strips to hundred-page tomes; and while the comic-making process could be taken to the level of inking and coloring if time allowed, little more than paper and a pencil are necessary for a basic comic story to be told. Furthermore, as mentioned earlier, once the patient feels comfortable with the creative process of sequential art, he can proceed to work on his comic even outside the watchful eye of the therapist. As a sense of accomplishment is an integral part of art therapy (3)—the patient needs to be able to see the results of his work for assessments to be successful—the obstacles of time and money should not be taken lightly. Luckily, the adaptable nature of sequential art can take this into account, and even the shortest and simplest of comics could serve as a gratifying therapeutic experience.

CONCLUSION

The integration of sequential art into the formal discipline of art therapy is not without its challenges, but as outlined above, the potential benefits outweigh any impediments that might be faced by this addition to the art therapy catalog of practices. Perhaps the main reason sequential art therapy is not more widespread is simply because most doctors and therapists have not yet considered its merits (Green and Myers). There is a small but growing trend toward what doctor Ian Williams coined as “graphic medicine,” expounding on the potential of comics as a resource for medical professionals. Williams states that comics have the capability to reflect cultural perceptions of medicine; to relate the subjective patient/health care provider experience; and to enable discussion of difficult topics (Williams). In light of his reflections, it seems like a logical step to formally embrace sequential art as a resource for the medical patient. Anyone who has a story to tell can create a comic; and since the purpose of art therapy is to extract latent stories to create a deeper sense of self-understanding, why not utilize sequential art as a potential source of relief and recovery for patients of all physical and mental health backgrounds?

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