

Practice-Based Article**Depicting Trauma, Building Community: Expanding the Scope of Graphic Medicine-Comics, Shared Experience and Collective Care****Author: Jane Burns, MBA, MLIS, MPhil, FLAI**

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ABSTRACT

Graphic Medicine is an interdisciplinary field that brings together comics, visual storytelling and health sciences to explore experiences of health, illness, disability, grief and care. It understands the graphic as visual language that bridges lived experience and clinical knowledge, enabling perspectives that are often difficult to capture through text alone. By valuing both the study and creation of comics, Graphic Medicine broadens how healthcare culture is represented and understood.

While Graphic Medicine has become an established field for examining illness narratives, its capacity to address broader experiences of trauma remains underexamined. There is focus on individual trauma and experiences but it is also an increasing area for dealing with the issues of collective trauma within groups, communities and cultures. This article argues that comics within the Graphic Medicine tradition are uniquely positioned to depict individual and collective trauma while also fostering forms of community that extend beyond clinical settings. Drawing on a case study this paper uses recent immigration enforcement activity in Minnesota, USA as reflected in the artwork of K. Woodman-Maynard. As a case study it examines how these comics functioned as a means of collective reflection, community identification and health related meaning making in contexts of a contemporary comic centred on shared traumatic experience. The article demonstrates how visual narrative conveys trauma through fragmentation, style and metaphor, while constructing communal meaning within both the narrative world and among engaged readers. By examining how these comics function as spaces of recognition, validation and connection, the article expands current understandings of Graphic Medicine to include trauma across many cultures and communities. It concludes by considering implications for health sciences libraries and education, highlighting the role of graphic narratives in trauma informed collections and practices.

KEYWORDS

graphic medicine, comics, trauma, displacement, collective care

DEFINING TRAUMA

For the purposes of this article, trauma is understood not only as an individual psychological response to discrete events, but as a condition that operates across social and structural contexts, shaping wellbeing, identity and community life. Contemporary health research increasingly recognises trauma as a significant determinant of mental and physical health that may persist even when it does not manifest as a formally diagnosed clinical condition (Herman, 2015; Farmer, 2004). Socioeconomic factors such as displacement, precarity, surveillance and chronic insecurity are closely linked to adverse health outcomes and emotional distress, yet these experiences frequently fall outside the scope of individualised clinical encounters and biomedical models of care (Marmot, 2010; Wilkinson & Pickett, 2009). While Graphic Medicine has traditionally foregrounded illness narratives situated within healthcare settings (Green & Myers, 2010; Czerwiec et al., 2015), comics also provide a vital means of representing trauma that emerges from social conditions rather than from singular medical events. Through visual strategies such as fragmentation, metaphor and the deliberate use of silence, graphic narratives are particularly well suited to expressing the cumulative, non-linear and often unspeakable dimensions of socio-economic trauma (Chute, 2016). Importantly, these narratives do more than document hardship. They create spaces of recognition and shared understanding that support collective reflection and can foster a sense of community both within the narrative itself and among readers who engage with the work (Charon, 2006; Bagnall & Fickel, 2019).

GRAPHIC MEDICINE, TRAUMA AND COMMUNITY

This article is informed by sustained engagement with Graphic Medicine as both a research field and a collaborative practice. Graphic Medicine is best understood not as a fixed corpus of texts, but as a collective endeavour that brings together artists, readers, educators, clinicians, librarians, and researchers concerned with health, illness, and social experience. The Graphic Medicine International Collective, while based in the United States, operates through interconnected chapters in multiple countries, including Italy, Spain, Germany, Japan, and Ireland, where a national chapter was established in May 2026. Across these contexts, individual perspectives reflect a shared set of goals, most centrally a commitment to making space for voices that are often excluded from dominant medical, academic, and social narratives.

Positioning trauma within Graphic Medicine does not involve redefining the field, but rather making visible what already lies at its core. From its earliest formulations, Graphic Medicine has been concerned with lived experience, narrative agency, and whose knowledge is recognised as meaningful. This focus is especially relevant for those experiencing trauma, as trauma frequently involves the loss, disruption or erosion of voice, both medically and figuratively. Individuals affected by trauma are often spoken for within institutional systems, rendered silent by fear, stigma, language barriers or cognitive and emotional overload. Graphic Medicine offers modes of expression that do not rely exclusively on verbal fluency or written literacy, thereby widening the conditions under which experience can be communicated and received.

Understanding Graphic Medicine as a community rather than solely as an academic field or publication genre is central to this argument. The Graphic Medicine ecosystem includes not only books and journals, but also workshops, classrooms, reading groups, zines, newsletters, and informal digital platforms such as Substack and social media. Within these spaces, meaning is created dialogically through reader response, shared interpretation, and reciprocity. Experience circulates between creators and audiences, often blurring

distinctions between expert and non-expert knowledge. From this perspective, comics do not simply depict communities affected by trauma. They help constitute those communities by enabling recognition, connection, and shared reflection.

The use of drawing is particularly significant in this context. Visual storytelling can function as a form of connectable literacy, allowing communication to occur even when individuals do not share a spoken language or level of formal education. For people experiencing trauma, drawing can offer a way to express embodied memory, emotion, and uncertainty without the pressure of coherent verbal narration. In both clinical and community settings, comics and drawing practices can therefore support understanding, consolation, and the exchange of information where conventional modes of communication may be inaccessible or insufficient. This capacity to restore or reconfigure voice is central to Graphic Medicine's core aim and underscores why trauma belongs squarely within its scope.

Figure 1.

Washed Ashore



Artist: Murat Sayin

Within a Graphic Medicine framework, Murat Sayin's illustration can be read as a health humanities intervention that visualises collective trauma beyond the clinic. While the image centres on the lifeless body of a refugee child, its power lies equally in how it implicates the viewer. The drifting paper boat serves as a visual metaphor for distance, safety, and failed protection, positioning the observer as a witness whose physical distance reflects wider global patterns of awareness without intervention. In this way, the comic addresses not only the trauma experienced by displaced populations, but also the moral and psychological burden carried by those who witness suffering from a place of relative security (Sayin, 2015).

Graphic Medicine is particularly suited to such representations because it recognises health as socially and structurally produced rather than solely clinically defined. Sayin's work communicates grief, vulnerability and loss without reliance on text, diagnosis or spoken language, making it accessible across linguistic and cultural boundaries. This visual literacy allows the image to function simultaneously as documentation, memorial and communicative bridge, enabling shared recognition of trauma among diverse audiences. In doing so, the illustration exemplifies Graphic Medicine's core aim to give voice to experiences that are often rendered silent, especially where trauma disrupts an individual's capacity to speak or be heard within medical or institutional systems (DeMilked, n.d.).

Situating this analysis within Graphic Medicine allows engagement which draws on participant observer

insight without becoming autobiographical. Attention is paid to dialogue, reader engagement and shared meaning making as methodological realities of the field. This framing supports the broader claim that Graphic Medicine is uniquely positioned to engage with collective trauma, not only by representing it, but by fostering forms of voice, connection and community that are themselves health relevant acts.

GRAPHIC MEDICINE IN PRACTICE: A SELECTED RANGE OF TOPICS

Graphic Medicine has been defined as the intersection between the medium of comics and the discourse of healthcare (Green & Myers, 2010). Since its initial articulation, the field has expanded beyond individual illness narratives to encompass the broader social, political and structural conditions that shape wellbeing, including trauma, displacement, socioeconomic precarity and systems of control (Czerwiec et al., 2015). Within this expanded scope, comics that engage with collective trauma play a particularly important role in fostering community recognition, shared meaning making and visibility for lived experiences that are often marginalised or rendered invisible within clinical and institutional contexts.

Collective trauma refers to the shared psychological, emotional and social impact of experiences such as war, forced migration, incarceration, racialised violence and authoritarian governance. These experiences are not only endured by individuals but are carried across families, communities and generations, shaping both mental and physical health outcomes over time. Scholars have argued that comics are especially well suited to representing collective trauma because they can accommodate contradiction, fragmentation and affect while remaining accessible to diverse audiences (Leone, 2018). Through visual sequencing, spatial arrangement and the use of silence, comics enable readers to engage with embodied experiences of fear, loss, resilience and survival, supporting processes of identification and empathetic witnessing.

Several key works within Graphic Medicine and adjacent fields foreground the relationship between trauma, health and community. *Looking at Trauma: A Toolkit for Clinicians* situates trauma within relational, cultural and historical frameworks rather than positioning it solely as an individual pathology (Hershler et al., n.d.). Although designed for clinical audiences, the collection reflects an understanding of trauma as socially produced and collectively experienced, aligning with public health perspectives that recognise community environments, family systems and structural harm as determinants of wellbeing.

Steve Haines's *Trauma Is Really Strange* further demonstrates how comics can democratise knowledge about trauma by making complex neurobiological and psychological processes visually legible (Haines, 2016). Widely used in educational, therapeutic and community contexts, the work illustrates how visual metaphor can support shared recognition of trauma responses, reduce stigma and enable collective reflection, particularly in communities where exposure to violence or insecurity has become normalised.

Intergenerational and community-based trauma is central to Grace Chiang's *Healing the Whole Family* (n.d.), which addresses Asian American and Pacific Islander experiences of migration, silence and mental health stigma. By framing trauma within family narratives and cultural histories, the graphic novel illustrates how collective experiences shape individual wellbeing across generations, giving voice to communities whose mental health needs are often underrepresented in dominant healthcare discourses.

War, displacement and life under authoritarian or heavily policed systems recur across many foundational texts. Marjane Satrapi's *Persepolis* remains a widely cited example of how personal narrative operates as collective testimony. Through childhood perspective and return, the work depicts how revolution, war and surveillance shape everyday life, identity formation and psychological wellbeing (Satrapi, 2000). Similarly, Olivier Kugler's *Escaping Wars and Waves* documents encounters with Syrian refugees through observational drawing and recorded testimony, foregrounding listening and ethical witnessing while making visible the health consequences of forced migration and prolonged uncertainty (Kugler, 2017). Nora

Krug's *Diaries of War* extends this documentary mode by juxtaposing visual accounts from Ukraine and Russia, illustrating how collective trauma unfolds differently within opposing communities while remaining deeply embodied and ongoing (Krug, 2023).

Historical collective trauma is explored in *Unjust Incarceration* by Richard Cahan and Michael Williams, which examines the forced incarceration of Japanese descended communities during the Second World War. The work highlights the long term psychological, social and health consequences of state sanctioned injustice and reinforces the role of narrative in acknowledgement, memory and communal healing (Cahan & Williams, 2022). Yazan Al Saadi's *Lebanon Is Burning and Other Dispatches* (2024) similarly captures the cumulative exhaustion and resilience of communities living through repeated crisis, depicting trauma as a chronic condition embedded within ongoing political and social instability.

Other influential works further illustrate the breadth of Graphic Medicine's engagement with trauma and community. Art Spiegelman's *Maus* (2003), although not originally framed within Graphic Medicine, is now widely discussed in the field for its depiction of trauma, memory and intergenerational survival, demonstrating how comics can represent historical and collective trauma as socially and temporally situated. Joe Sacco's *Footnotes in Gaza* (2003) documents displacement and structural violence through comics journalism, intersecting with public health concerns by showing how socioeconomic and political conditions shape long term wellbeing. Lynda Barry's *Making Comics* (2019), frequently used in educational and therapeutic settings, emphasises communal storytelling and collective meaning making, demonstrating how comics function as participatory tools that support connection, reflection and voice rather than solely recounting illness narratives.

Scholarly engagement with these works underscores their importance within health humanities. Leone (2018) describes war comics as sites where invisible wounds become legible, while Utell (2021) situates graphic trauma narratives within life writing and embodied history, emphasising ethical responsibility and witnessing. Curated resources such as Electric Literature's overview of comics about trauma further demonstrates the diversity of themes, styles, and cultural contexts within this growing field (Electric Literature, 2025).

Taken together, these texts illustrate that Graphic Medicine is not limited to discrete diagnoses or clinical encounters. Rather, it encompasses a wide range of experiences that shape health, including trauma, displacement, socioeconomic precarity, caregiving and community belonging. For readers seeking to explore this field further, the Graphic Medicine International Collective website (n.d.) provides accessible book reviews, teaching resources and reflections on these and many other Graphic Medicine titles, offering a valuable entry point into ongoing interdisciplinary dialogue and practice.

CASE STUDY – I.C.E. OUT

In recent years, immigration enforcement activity conducted by U.S. Immigration and Customs Enforcement has been reported across several regions of Minnesota, involving the detention of individuals identified as being in violation of federal immigration regulations. Public reporting and community responses indicate that these actions affected not only those detained, but also families, workplaces, schools and wider community networks. Although framed legally as administrative enforcement, such actions have been associated by community organisations and service providers with heightened stress, fear and disruption to everyday life within immigrant communities.

This case study does not evaluate immigration policy or enforcement practice. Instead, it examines the social and health related contexts in which these events were experienced. Approaching the material through a framework of collective trauma allows attention to be paid to how uncertainty, surveillance and

the risk of separation shape mental and physical wellbeing at a community level. Within this context, the paper explores a comics-based response that emerged organically as a means of shared expression, processing and connection.

In *What Comics Can Do When the News Is Your Neighborhood*, Woodman-Maynard describes how intensified immigration enforcement, experienced as part of everyday life, prompted her to use comics as an accessible and ethically grounded form of communication. This recognition directly motivated the call to action that became *I.C.E. Out Comics* (Woodman-Maynard, 2026a, b).

Published on Substack, the *I.C.E. Out Comics* series offers a clear example of community responsive cartooning produced in close temporal proximity to unfolding events. Rather than reflecting retrospectively, the comics were created alongside lived experience, allowing repetition, fragmentation and uncertainty to remain visible as narrative features. Read collectively, the series functions as an evolving body of work that documents everyday impacts while acknowledging the emotional and ethical complexity of representing ongoing conditions.

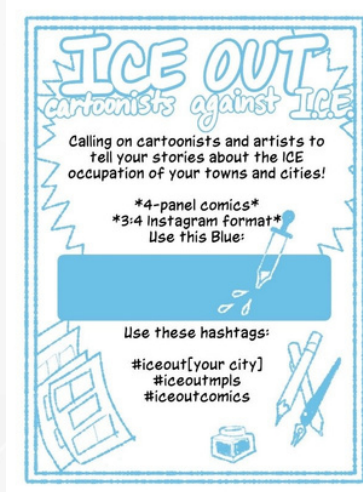
Formal consistency plays a central role in the series' reach and uptake. A simple four panel layout established visual rhythm and accessibility, while a restricted blue and white colour palette creates a strong and recognisable identity. The palette carries affective weight, evoking coldness, exposure and emotional constriction, and reinforcing the embodied dimensions of prolonged stress. These constraints operate as invitations rather than limits, signalling that participation does not depend on specialised artistic resources.

As the series circulated, engagement moved beyond passive readership. Other artists and non-artists adopted the same format to create and share their own comics, transforming individual observation into collective reflection. Within a Graphic Medicine framework, this case demonstrates how short form comics can support shared recognition and relational meaning making beyond clinical settings, functioning as ethical, community level interventions in contexts shaped by fear and precarity.

Within the framework, this case also illustrates how short-form comics can address health-related experience beyond clinical or institutional settings. By holding space for ongoing uncertainty rather than imposing narrative resolution, the *I.C.E. Out Comics* series demonstrates how comics can function as ethical, community-level interventions—supporting visibility, relational meaning-making and collective voice in contexts shaped by precarity and fear.

Figure 2.

ICE OUT-Call to Action



Artist: K. Woodman-Maynard

The following comics in this series highlighted such things as collective support and individual experiences. All of the comics are drawn in a square of four panels.

Figure 3.

ICE OUT-Passports



#ICEOUTCOMICS

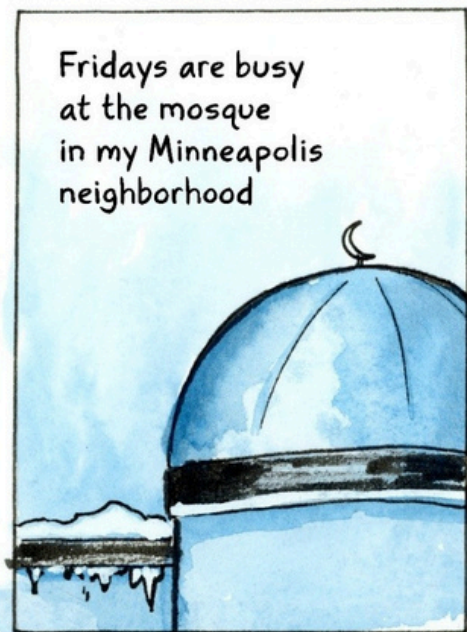
K. WOODMAN-MAYNARD

Artist: K. Woodman-Maynard

Developing community support and empathy is depicted in these series of panels entitled Mosque.

Figure 4.

ICE OUT-Mosque



Fridays are busy
at the mosque
in my Minneapolis
neighborhood



And I.C.E. agents can be
seen circling our blocks
on most days



A group of neighbors has
organized themselves
to stand outside
during Friday
services



This sort of thing is
happening all over
Minneapolis

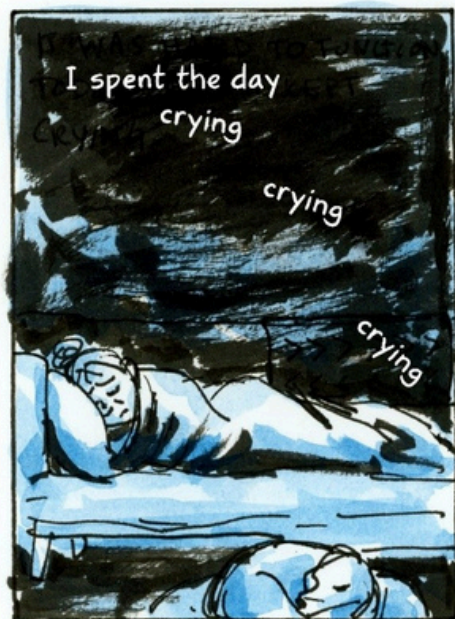
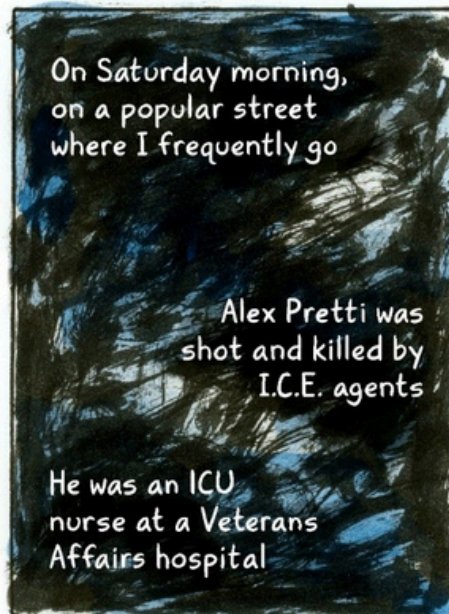
Even when it's -15° F
outside, like today

#ICEOUTCOMICS #ICEOUTMPLS

K. WOODMAN-MAYNARD

Artist: K. Woodman-Maynard

Figure 5.
ICE OUT-March 4th



#ICEOUTCOMICS #ICEOUTMPLS

K. WOODMAN-MAYNARD

Artist: K. Woodman-Maynard

Figure 6.*ICE OUT-Call to Action*

Artist: K. Woodman-Maynard

The final instalment of *I.C.E. Out Comics* (<https://woodmanmaynard.substack.com/p/the-power-of-communityand-cartoonists>) foregrounds collective participation by presenting a range of comics created by other artists and contributors who adopted Woodman-Maynard's four-panel structure and restricted blue-and-white palette, making visible a shared visual language of response (Woodman-Maynard, n.d.). Rather than providing narrative closure, the comic page documents how formal constraint enabled recognition, accessibility and distributed witnessing, allowing diverse experiences to be read as part of a coherent communal exchange. Within a Graphic Medicine framework, this instalment demonstrates how comics can function as connective infrastructure, facilitating shared reflection and relational meaning-making under conditions of ongoing collective stress (Graphic Medicine International Collective, n.d.).

DISCUSSION

This article emerges from a simple but profound recognition: life is hard, life is short, and it is deeply precious. The idea that a person could be suddenly torn from their home, their families and their community is, to me, profoundly unsettling. When life is at its most difficult, it is often the ordinary anchors that sustain us. A familiar street, a shared meal, the quiet reassurance of belonging somewhere. To have these taken away through fear or disruption is not abstract harm, but a deeply embodied form of trauma.

We often imagine that war, invasion, political instability or the erosion of basic freedoms are events that happen elsewhere. They feel distant, theoretical or historical. Yet this research confronts the fragility of that assumption. Communities are not only defined by crisis but by care, shared culture and mutual recognition. When these are threatened, the impact extends well beyond those directly targeted, shaping the emotional and physical wellbeing of entire neighbourhoods.

Comics matter here because they speak to this precarity with clarity and compassion. As an art form, comics have long provided me with ways to navigate difficult experiences that resist easy explanation. Graphic Medicine, in particular, has offered language for understanding distress, uncertainty and endurance when traditional narratives fall short. Through images and fragments, comics allow space for fear, grief and solidarity to coexist without resolution.

What this case study ultimately demonstrates is the power of expression that does not seek to dominate, persuade or conclude, but simply to witness and connect. While life will always contain hardship, we still carry responsibility for how much suffering we allow or impose. To be human is to recognise one another, to understand vulnerability as shared, and to acknowledge that we all inhabit the same fragile home. Comics remind us of this, quietly and insistently, by requiring attention, empathy and care.

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