

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

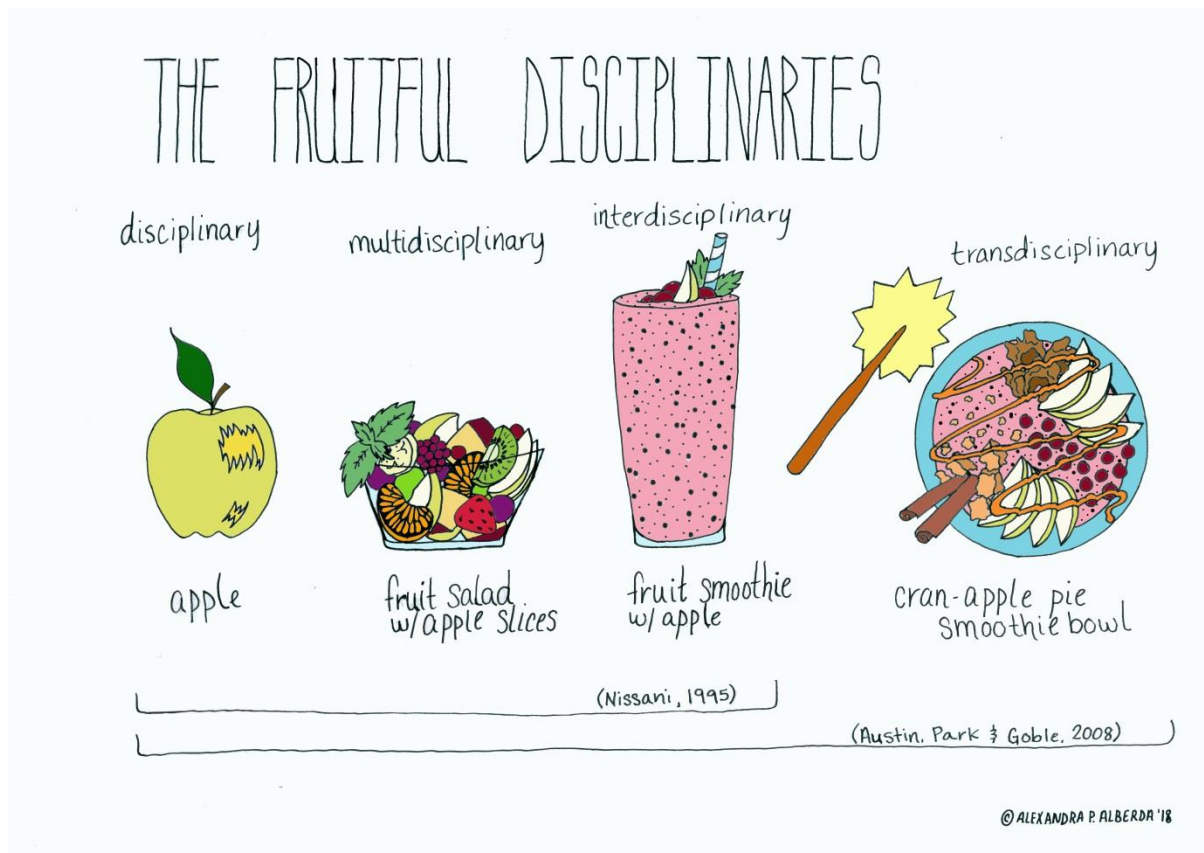


Figure 1. Research Illustration: The Fruitful Disciplinaries by Alexandra P. Alberda, 2018.

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 'Z' 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.

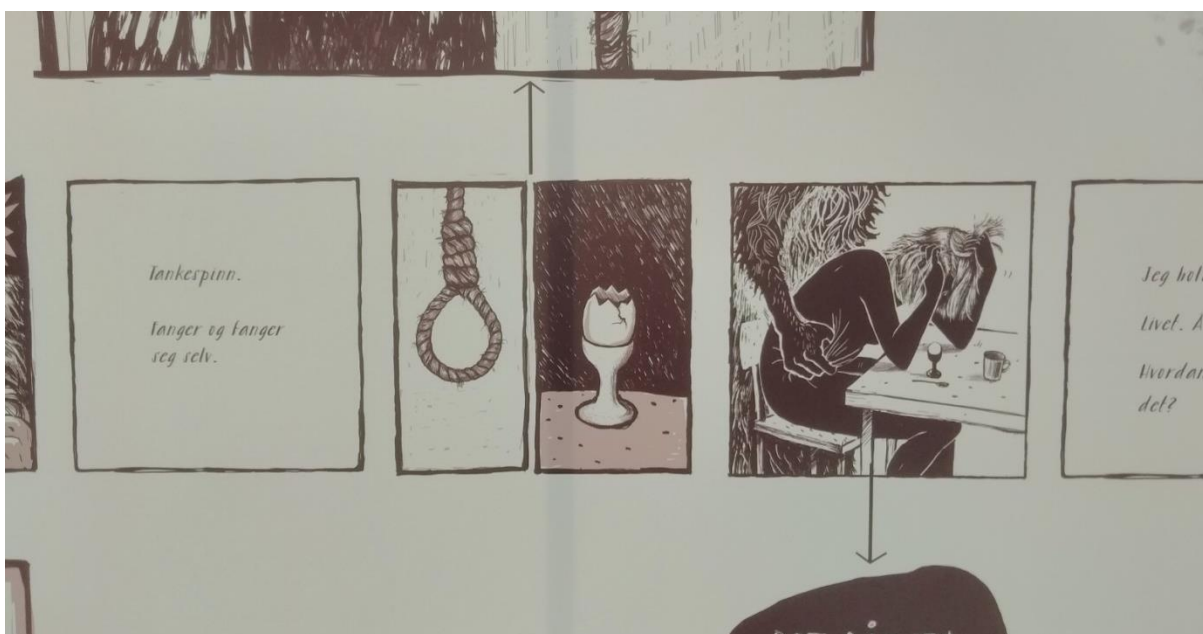


Figure 11. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.



Figure 12. Graphic Medicine wall panel. Image from The Polyphony. Accessed 23 December 2019.

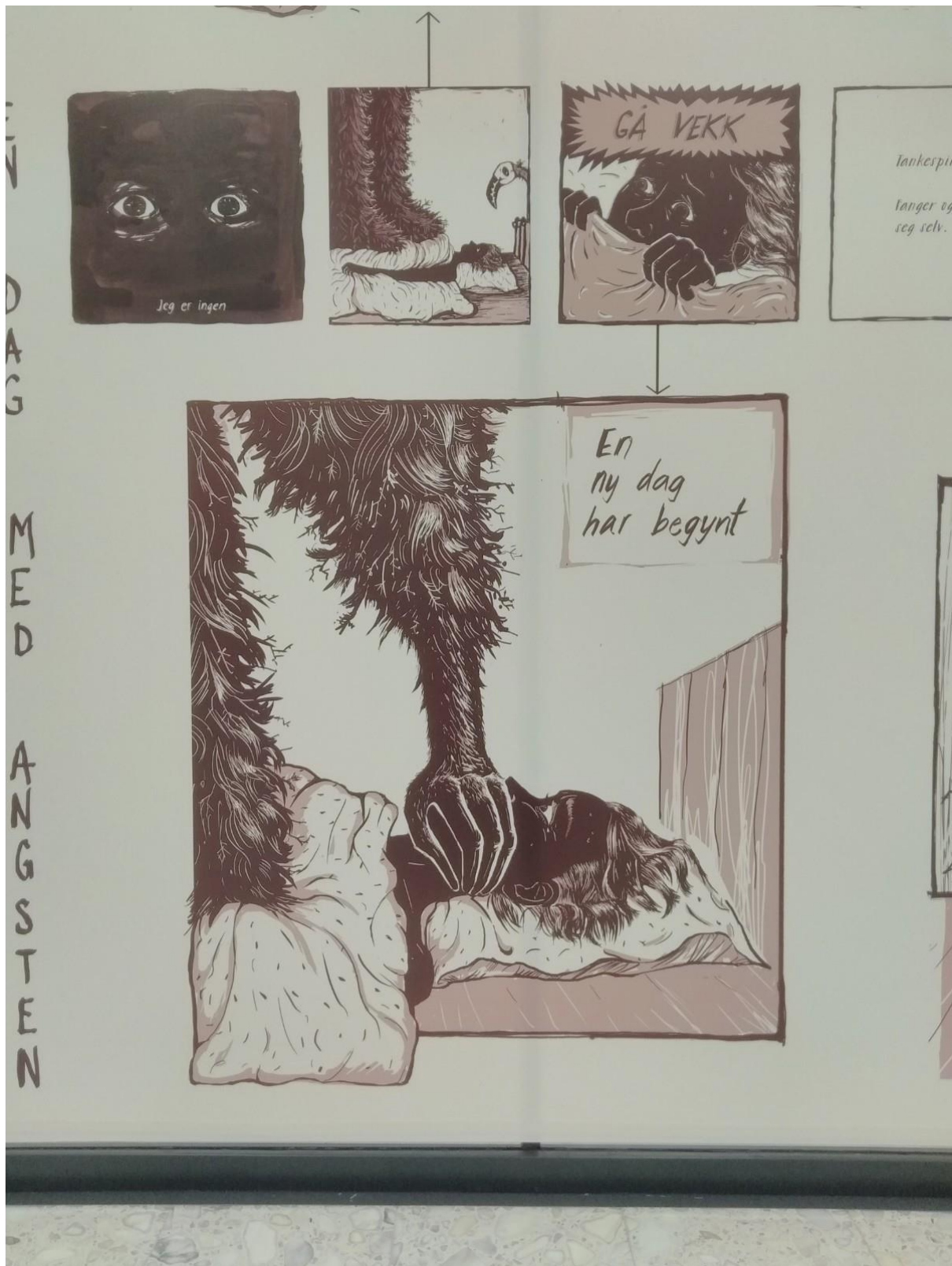


Figure 13. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

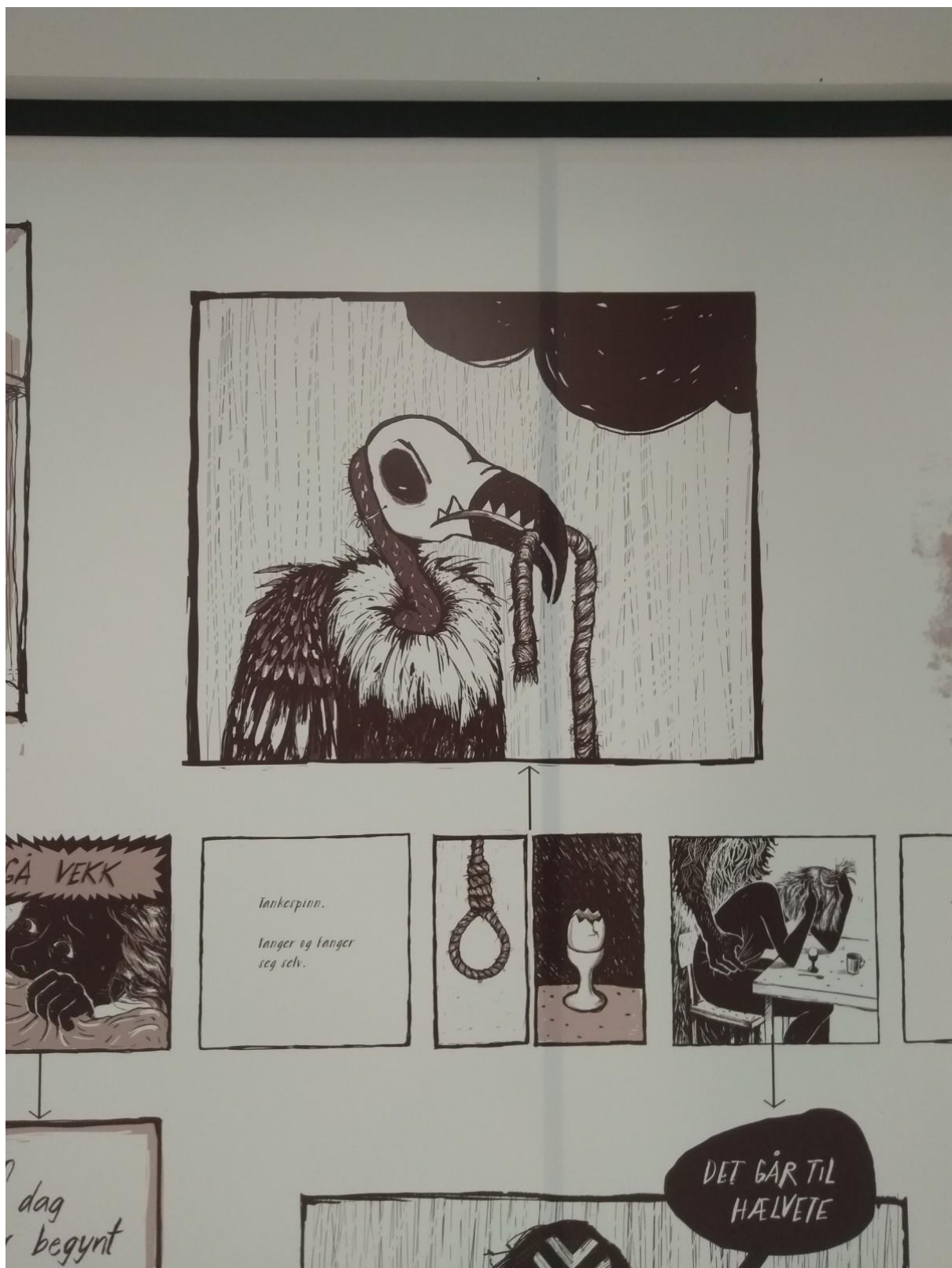


Figure 14. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.



Figure 15. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

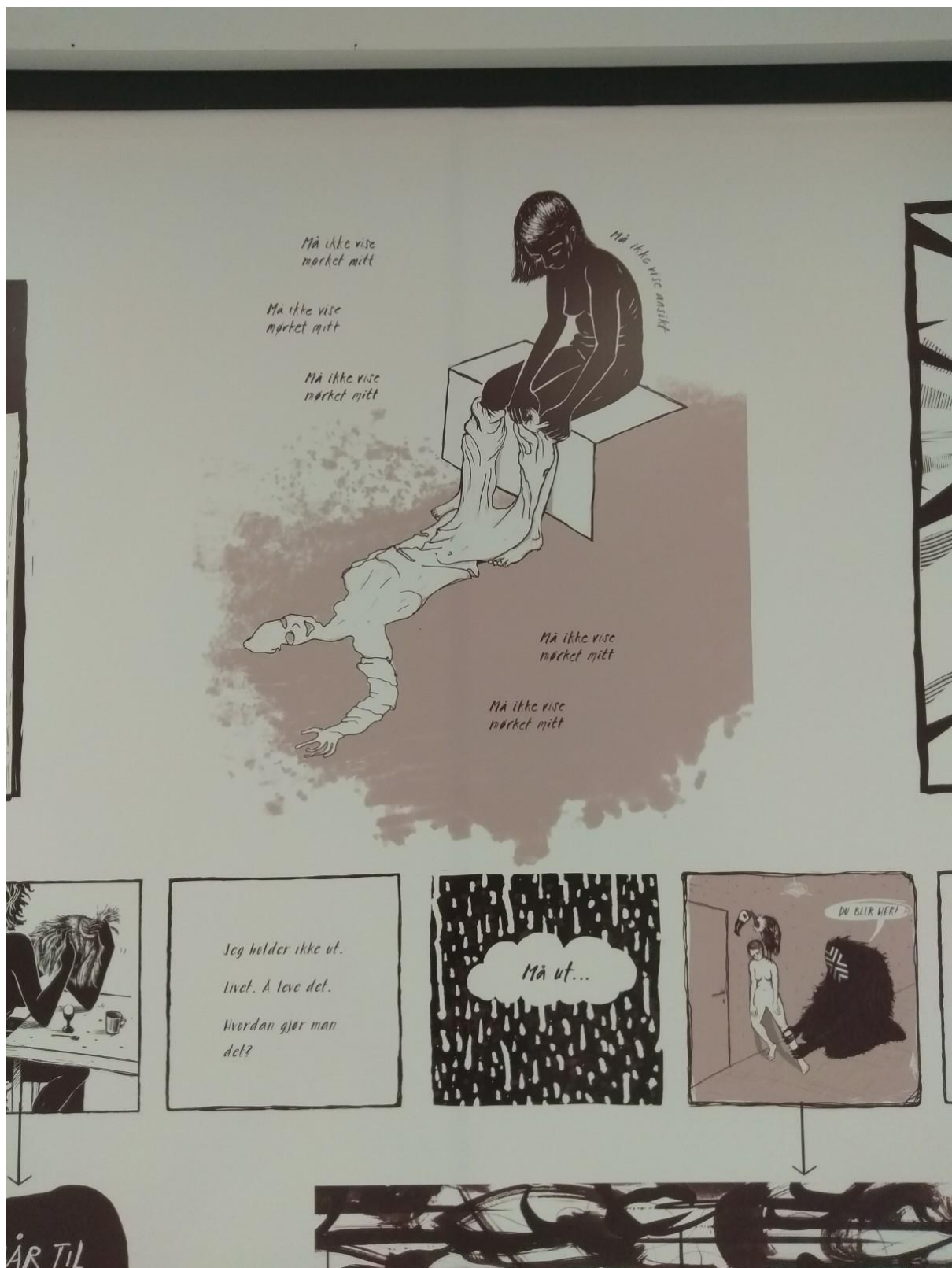


Figure 16. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

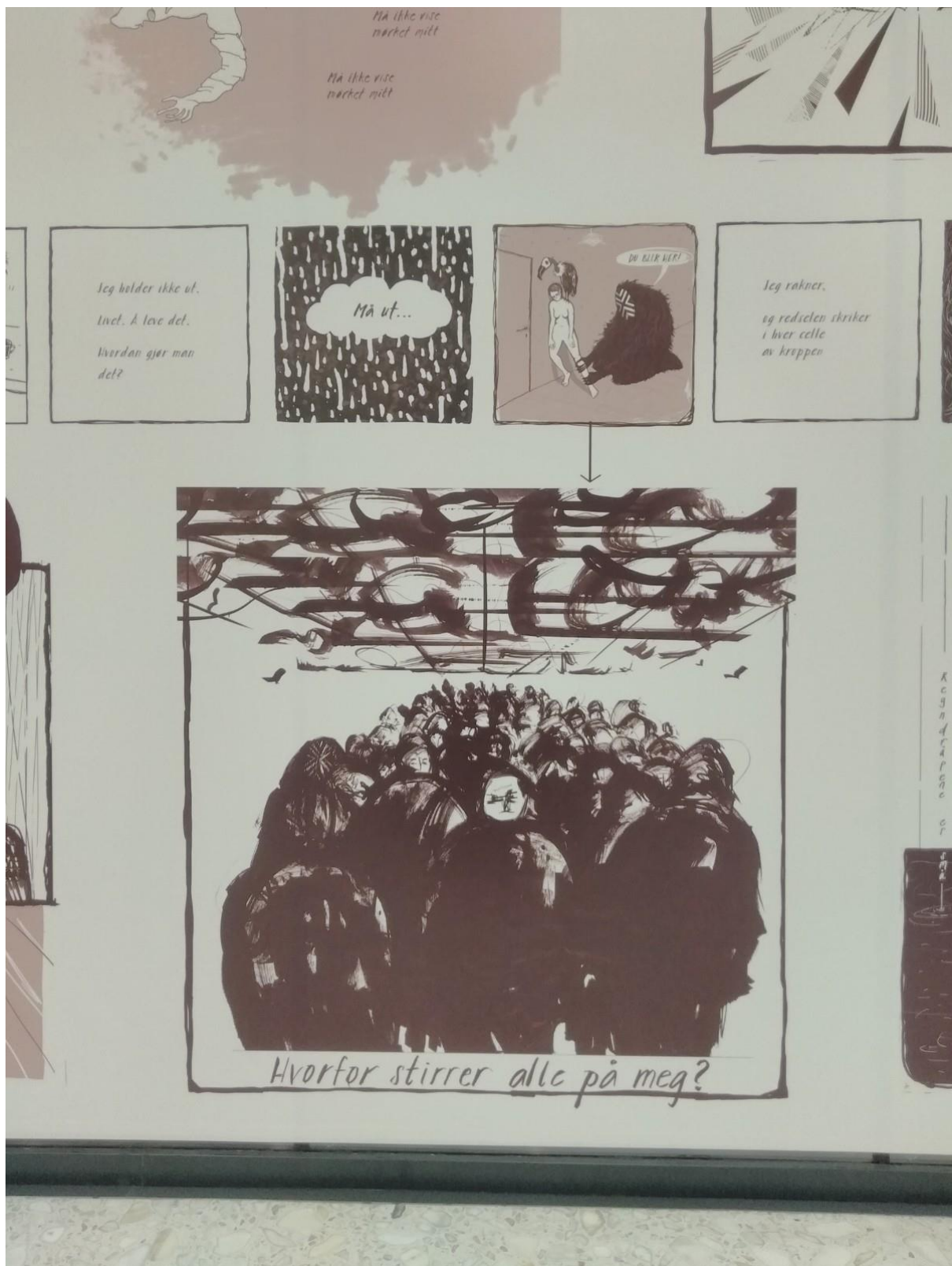


Figure 17. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

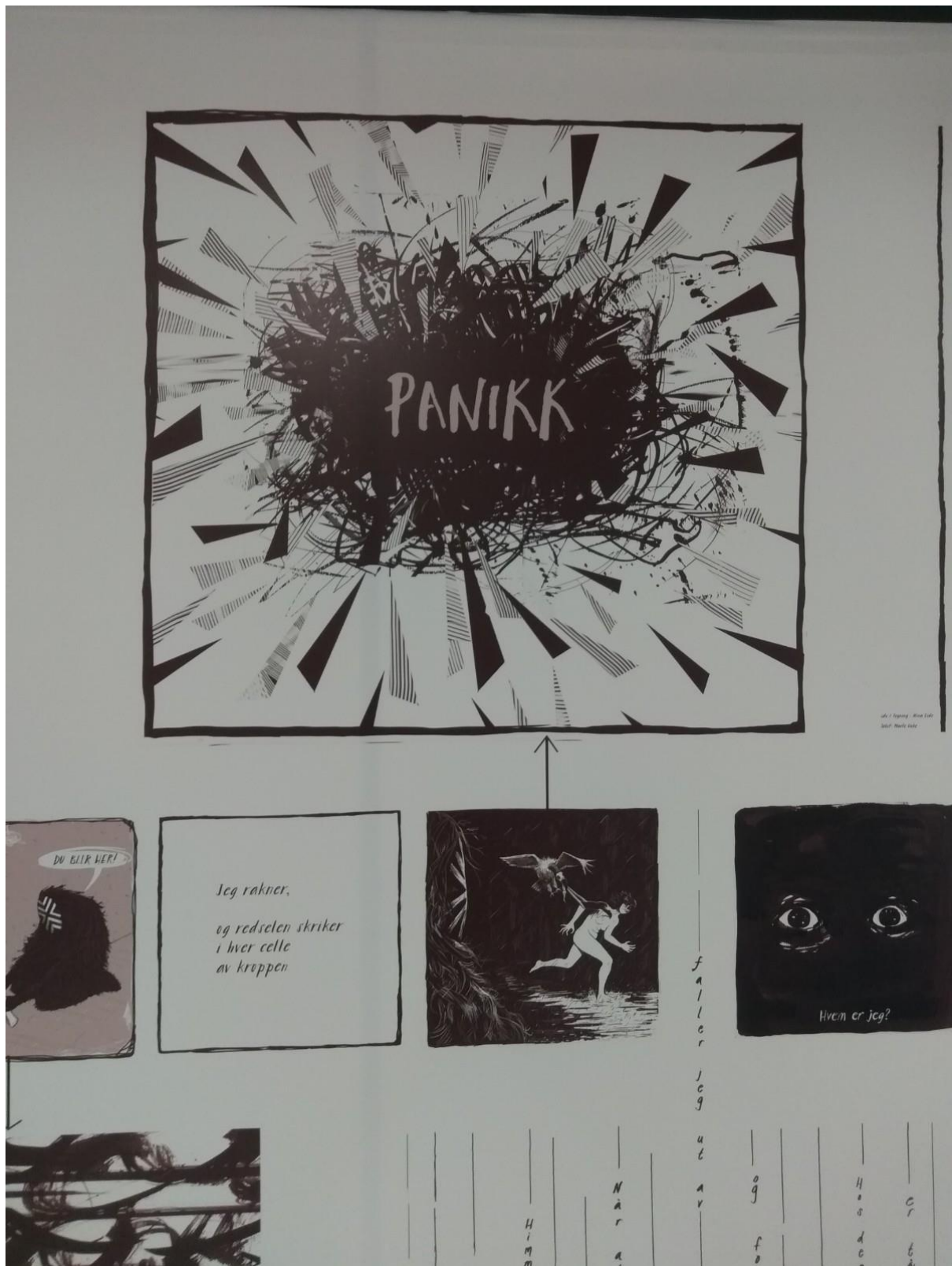


Figure 18. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

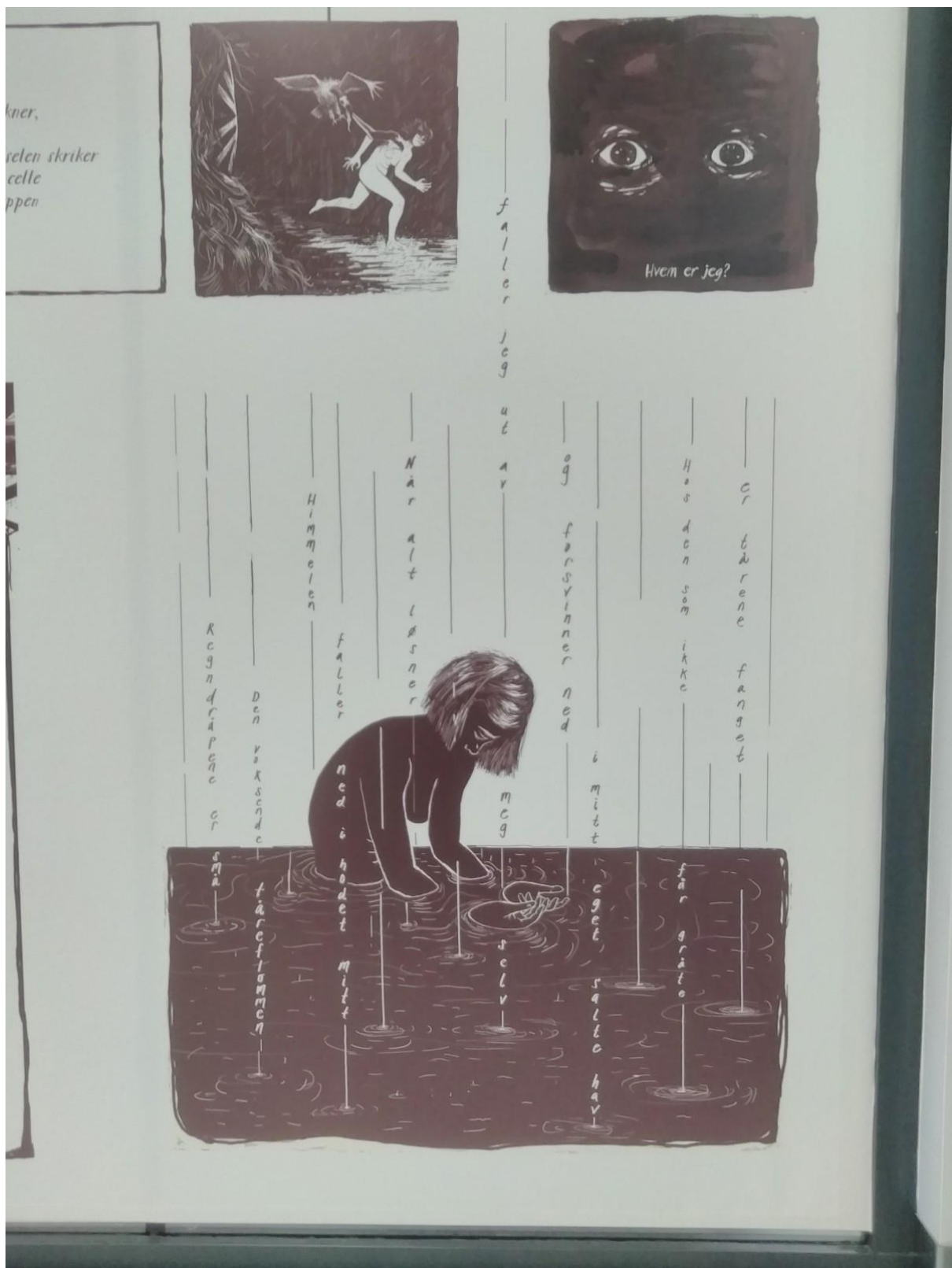


Figure 19. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

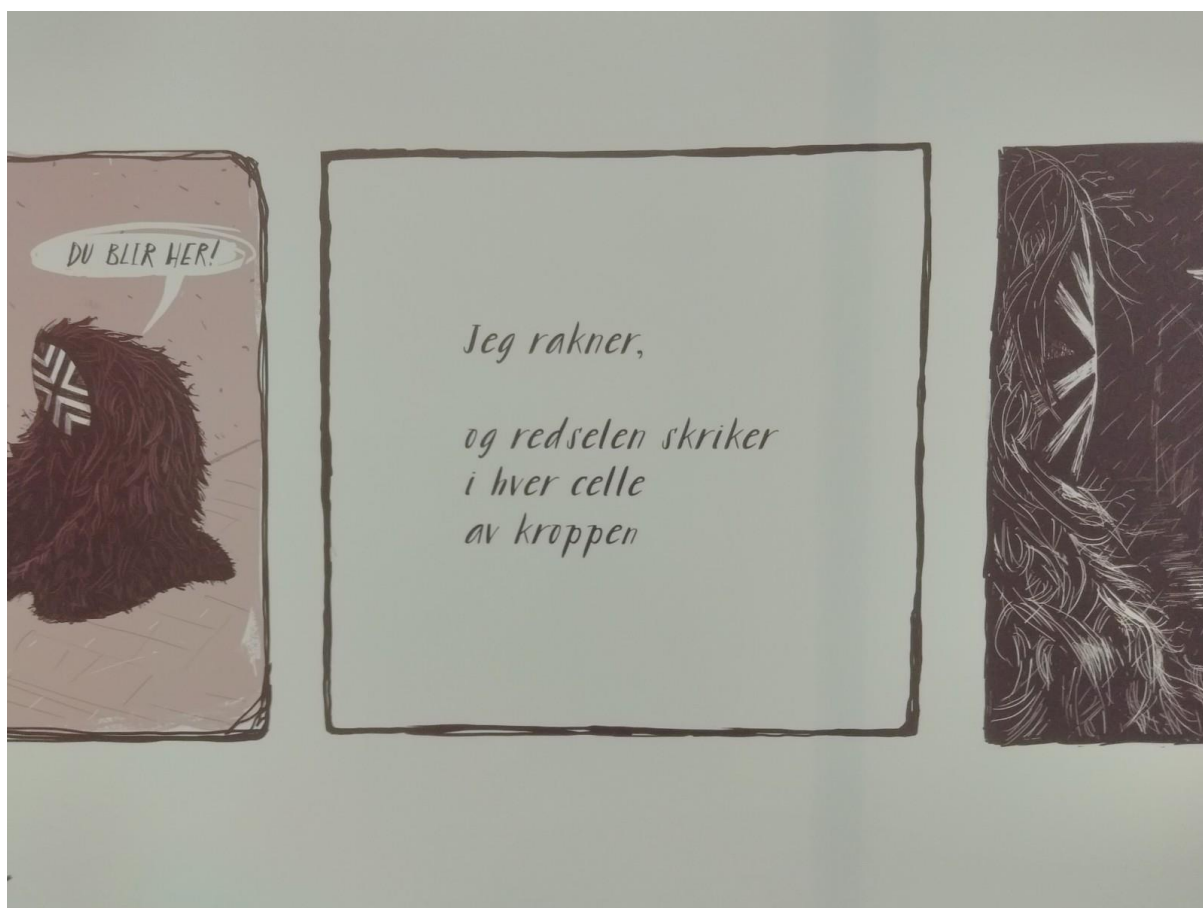


Figure 20. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

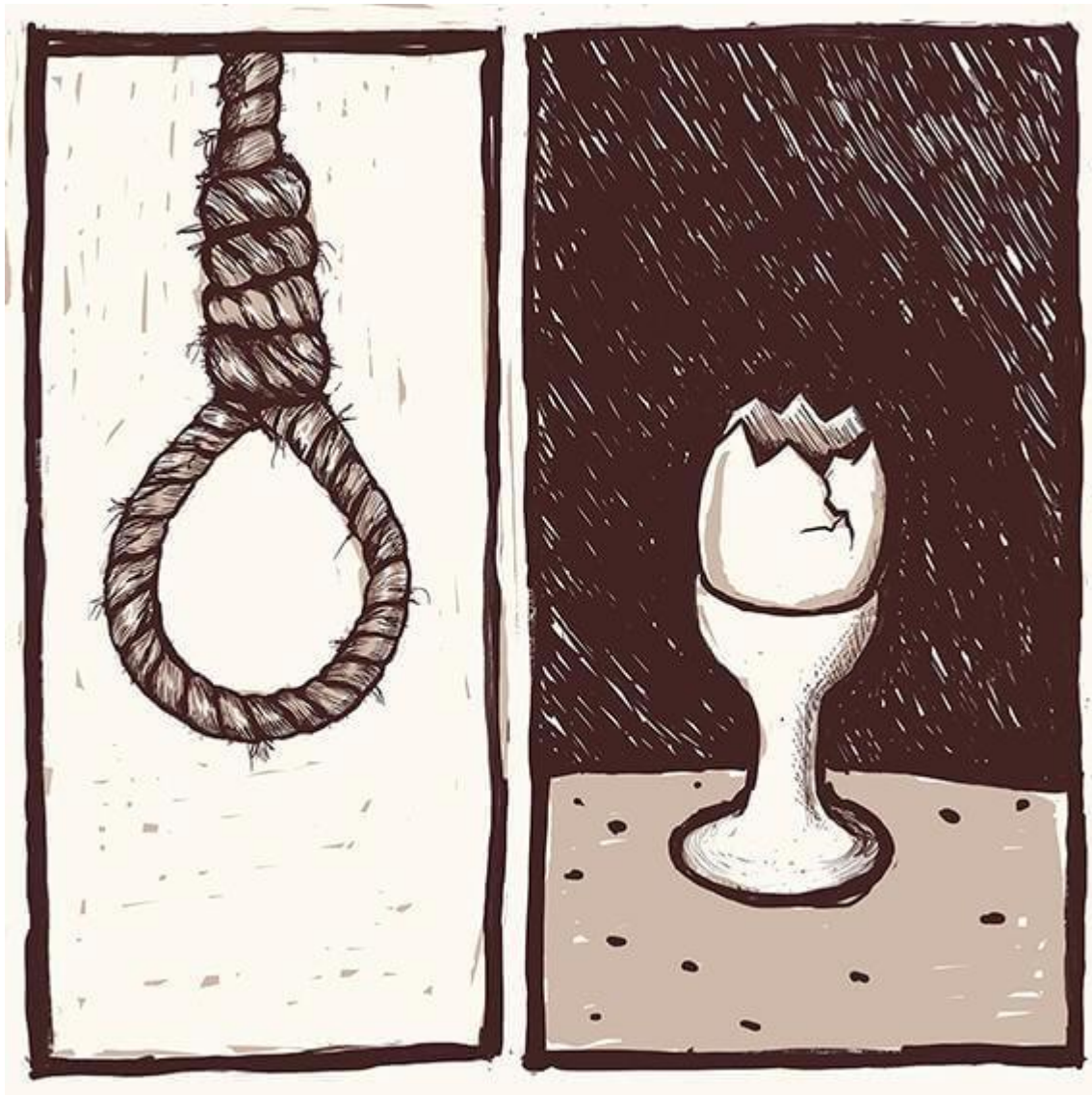


Figure 21. Graphic Medicine wall panels. Image from The Polyphony. Accessed 23 December 2019.



Figure 22. Graphic Medicine wall panel. Image from The Polyphony. Accessed 23 December 2019.

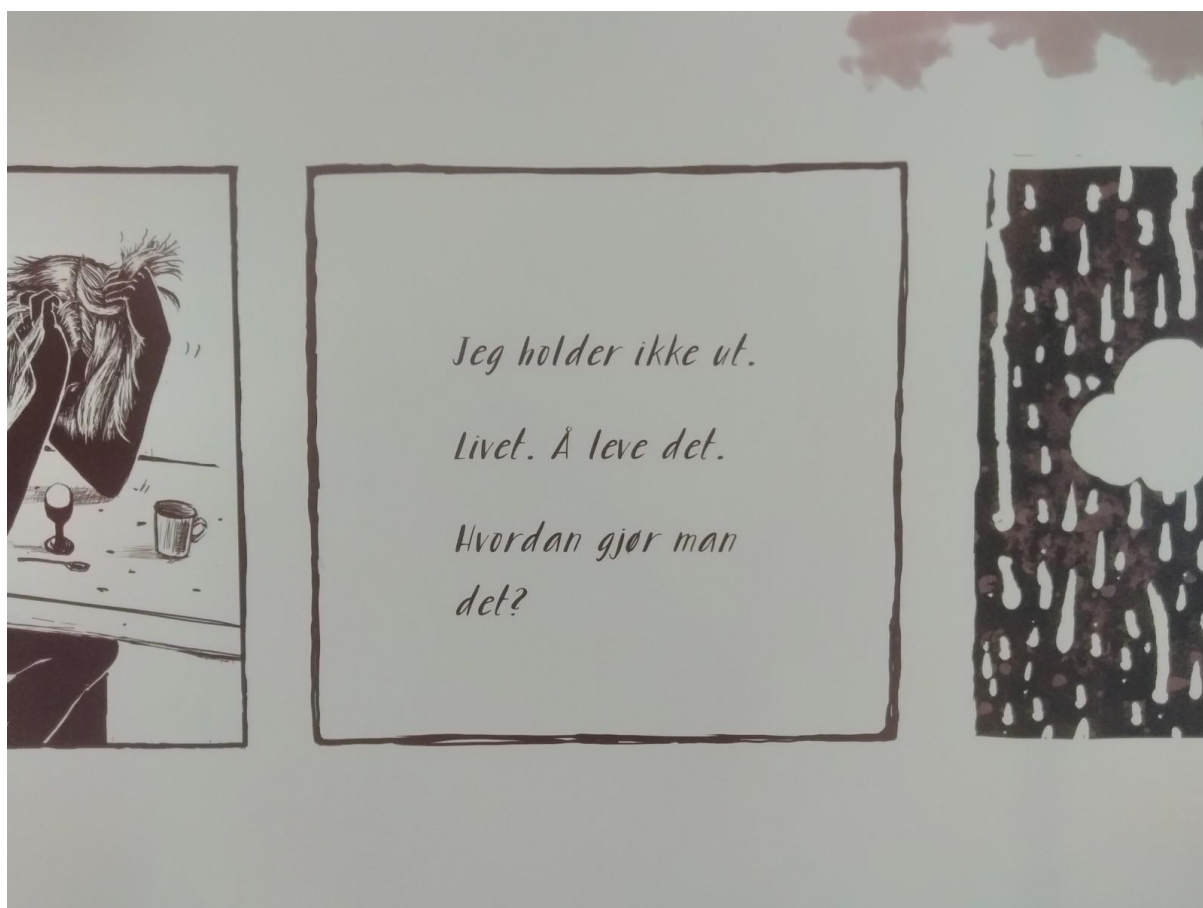


Figure 23. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

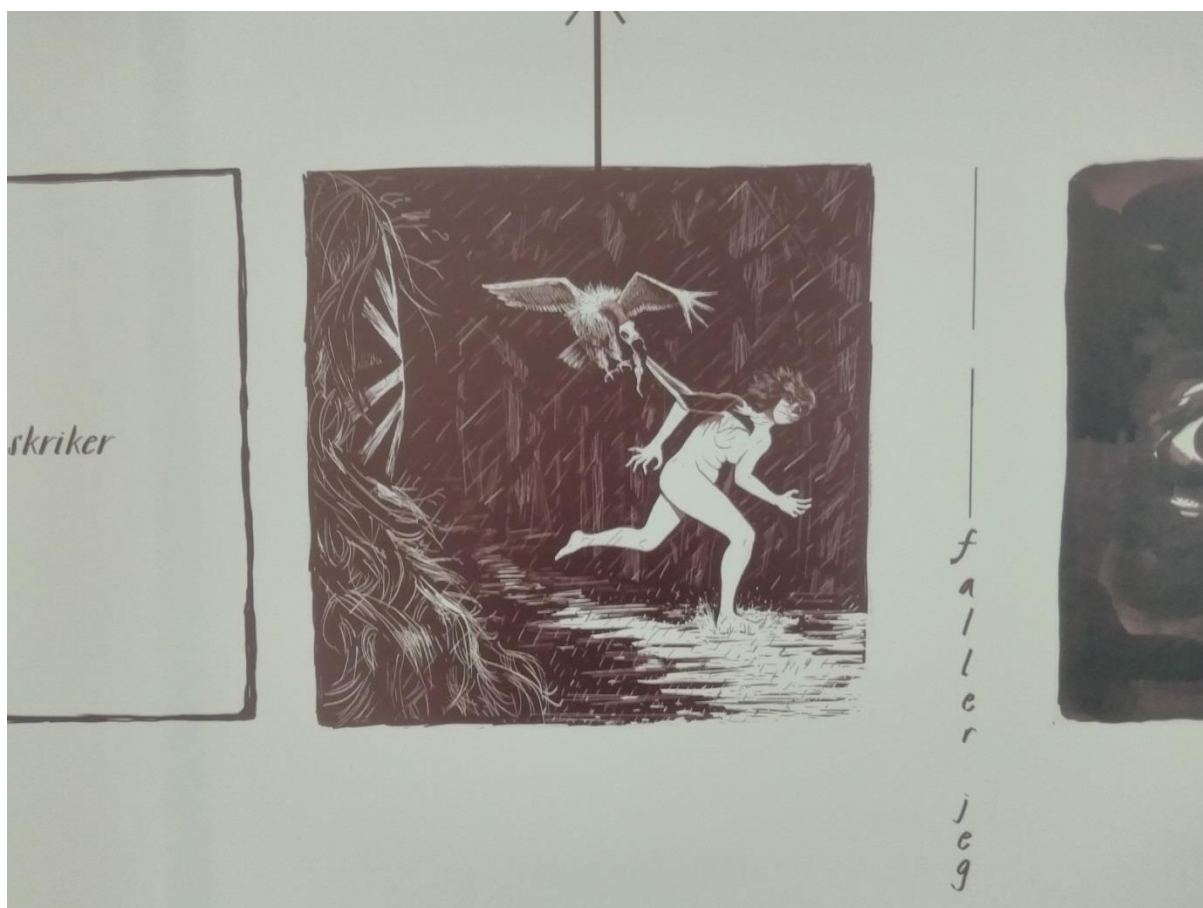


Figure 24. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

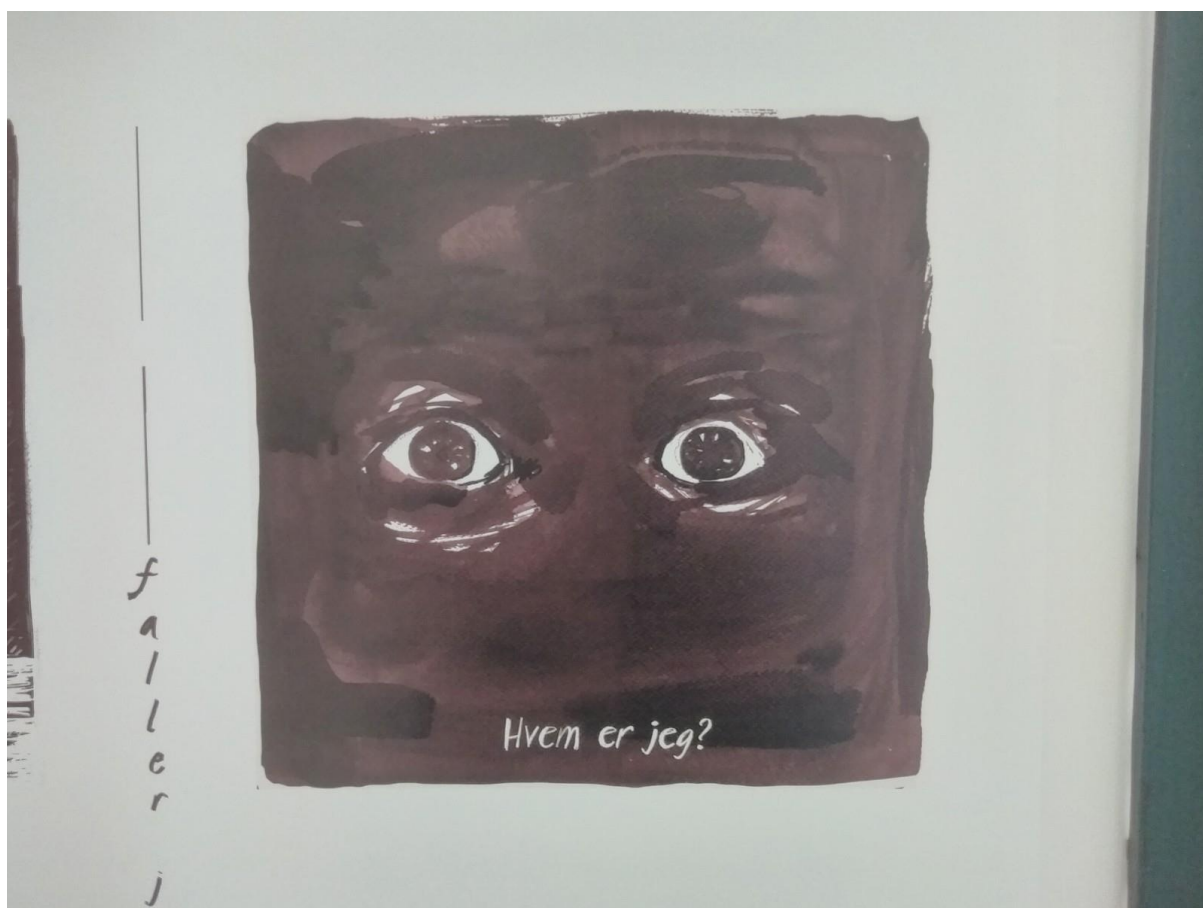


Figure 25. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

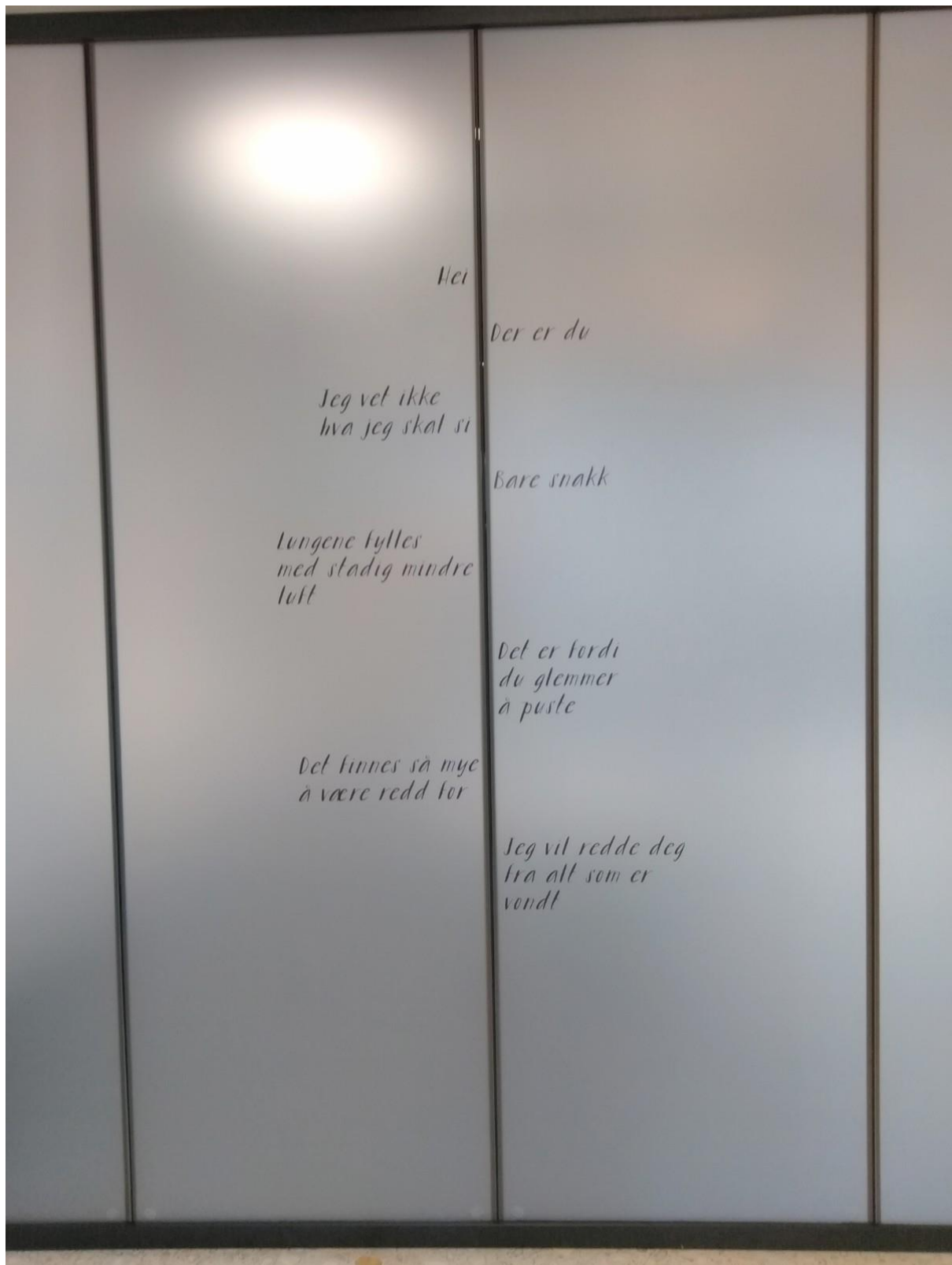


Figure 26. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.



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.

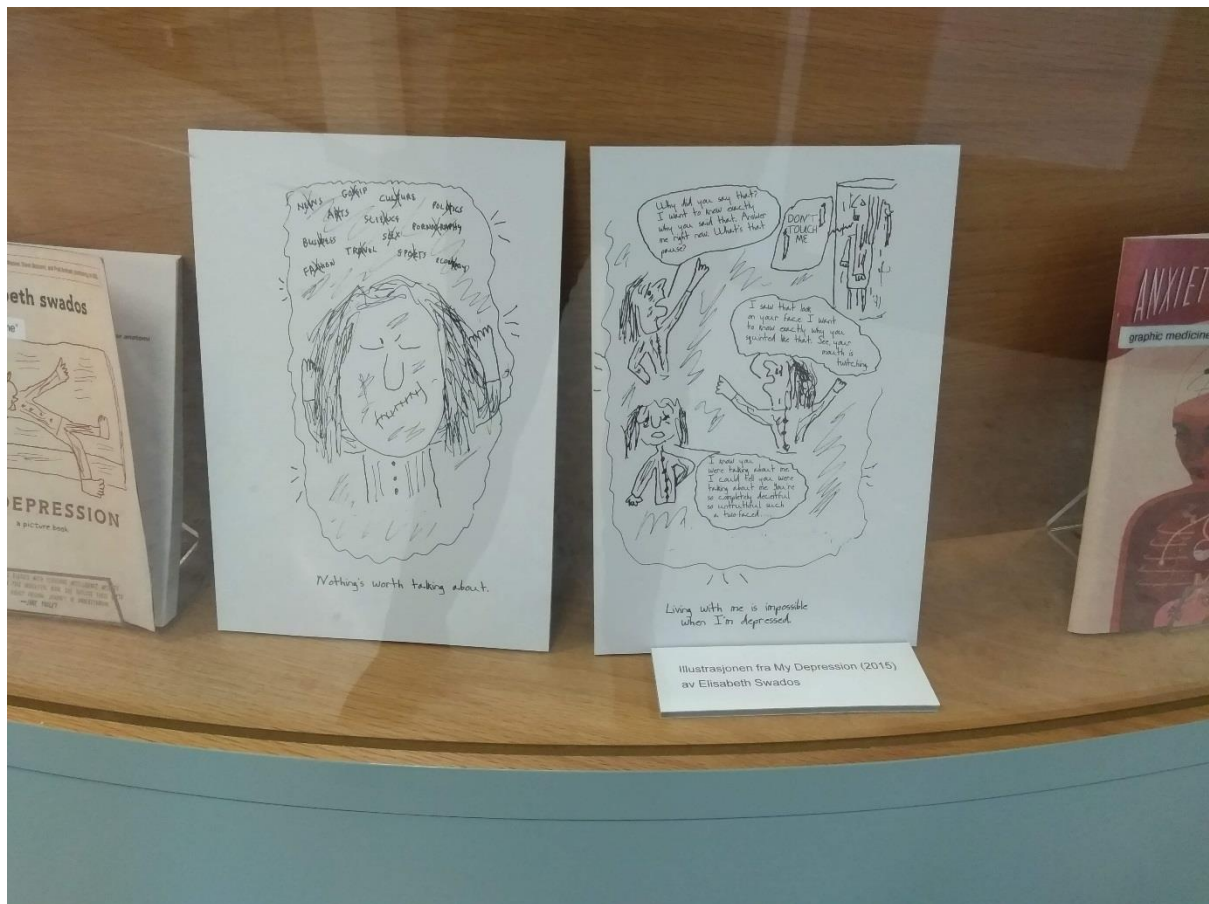


Figure 31. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.

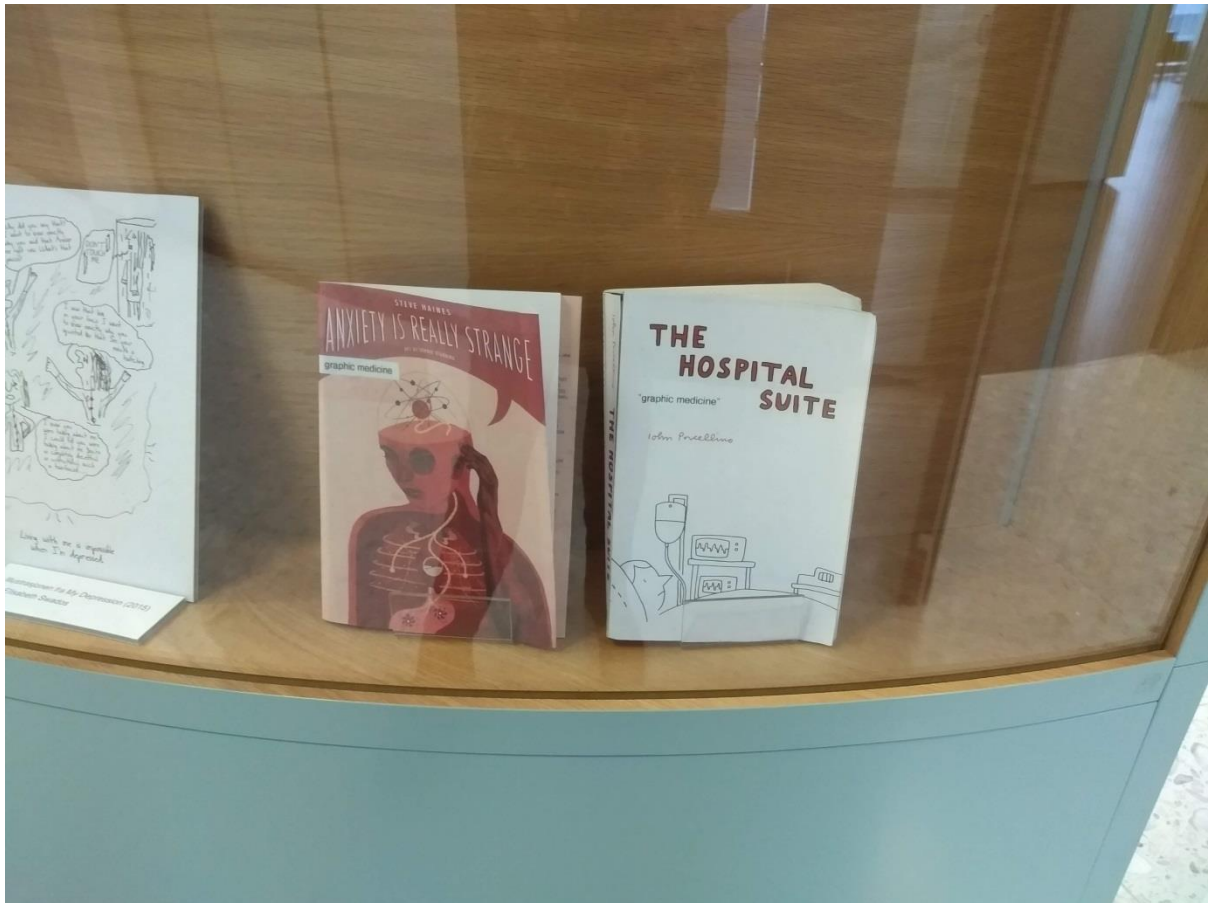


Figure 32. Gallery Room 1 Graphic Medicine Wall (detail). 8 November 2019.



Slipp alt du har, og hold fast

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.

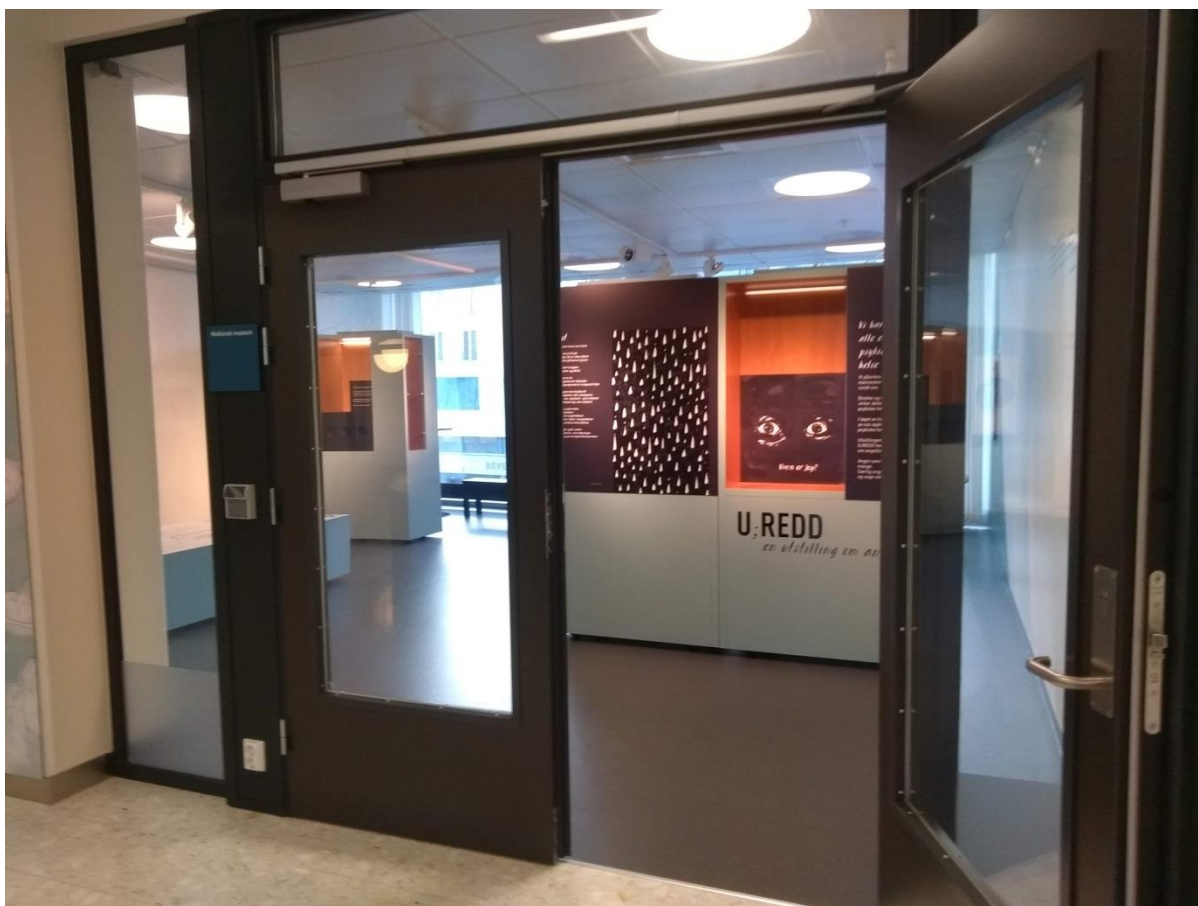


Figure 35. Gallery Room 2 context images. 8 November 2019.

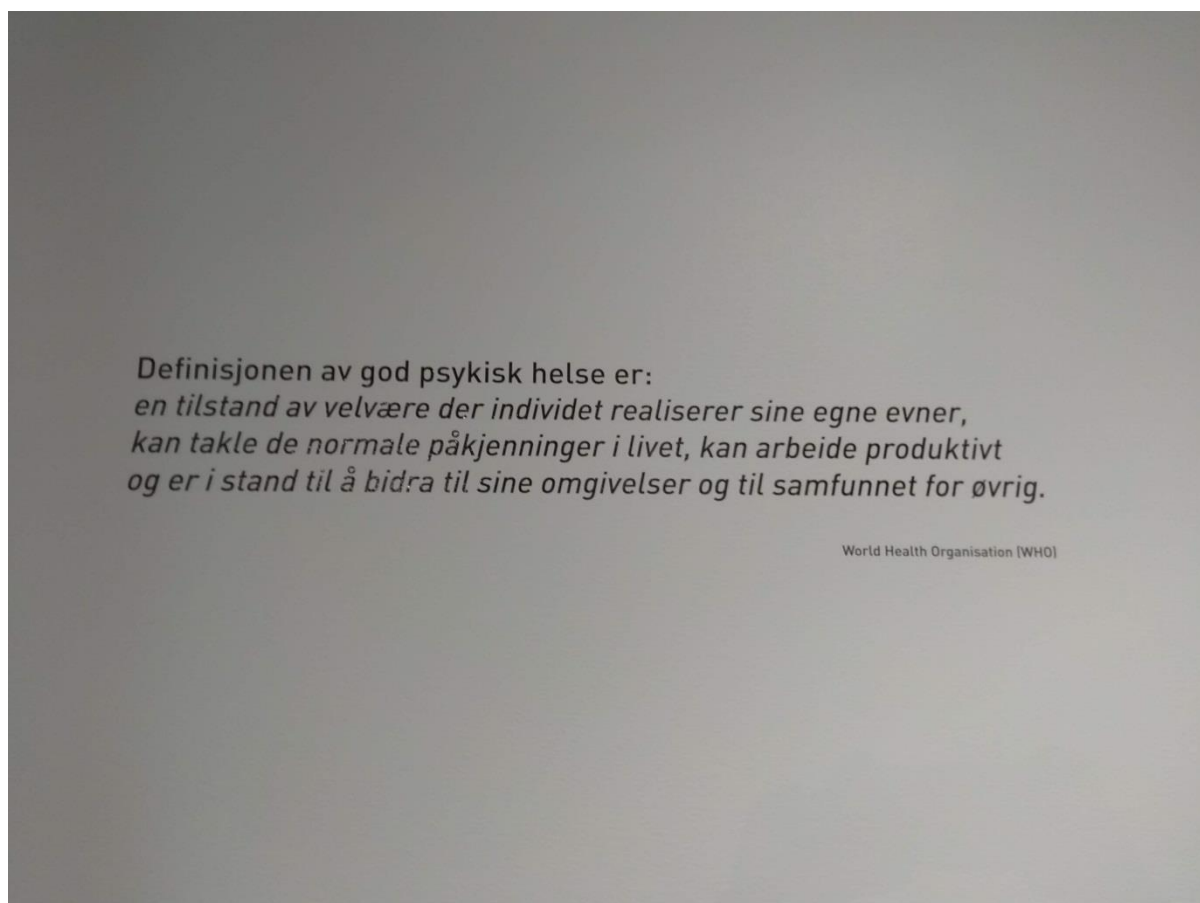


Figure 36. Gallery Room 2 context images. 8 November 2019.

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.

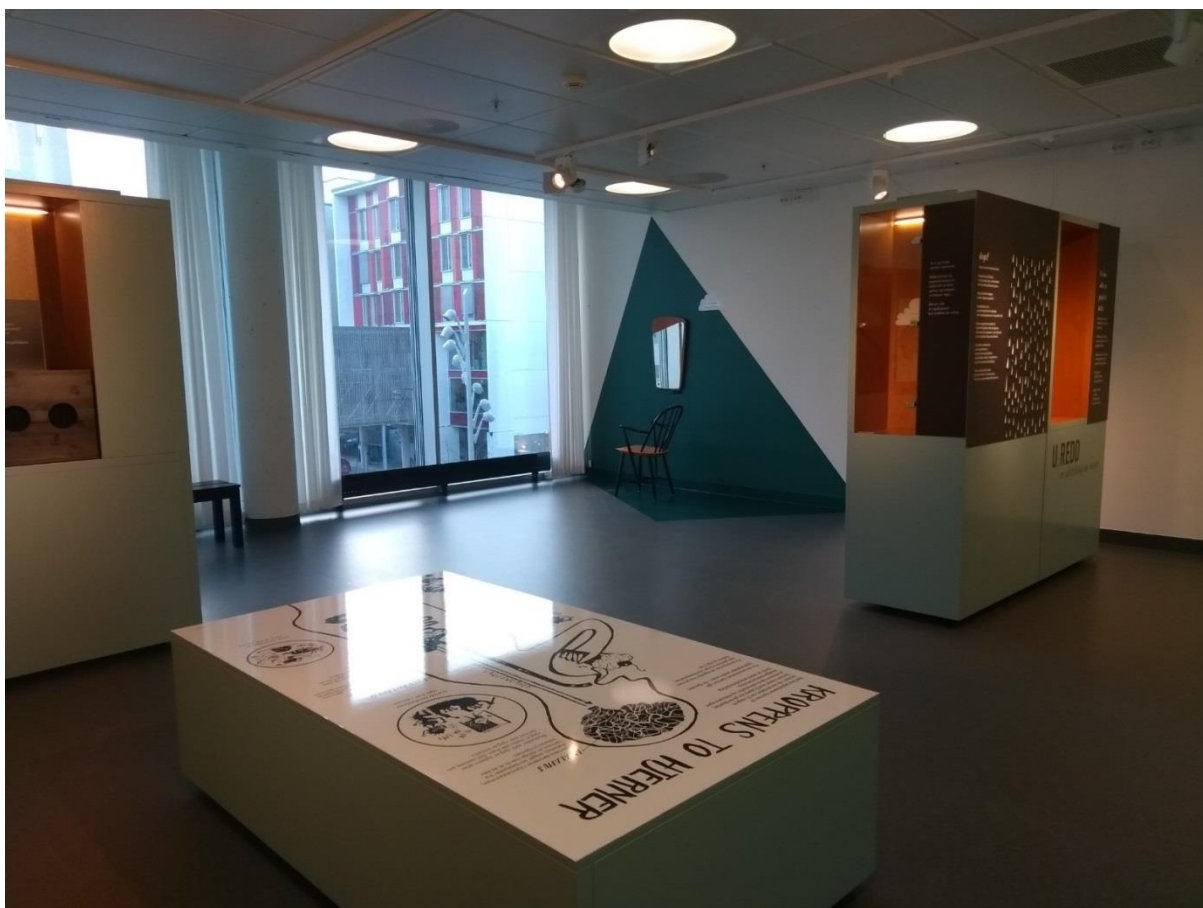


Figure 40. Gallery Room 2 context images. 8 November 2019.



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



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

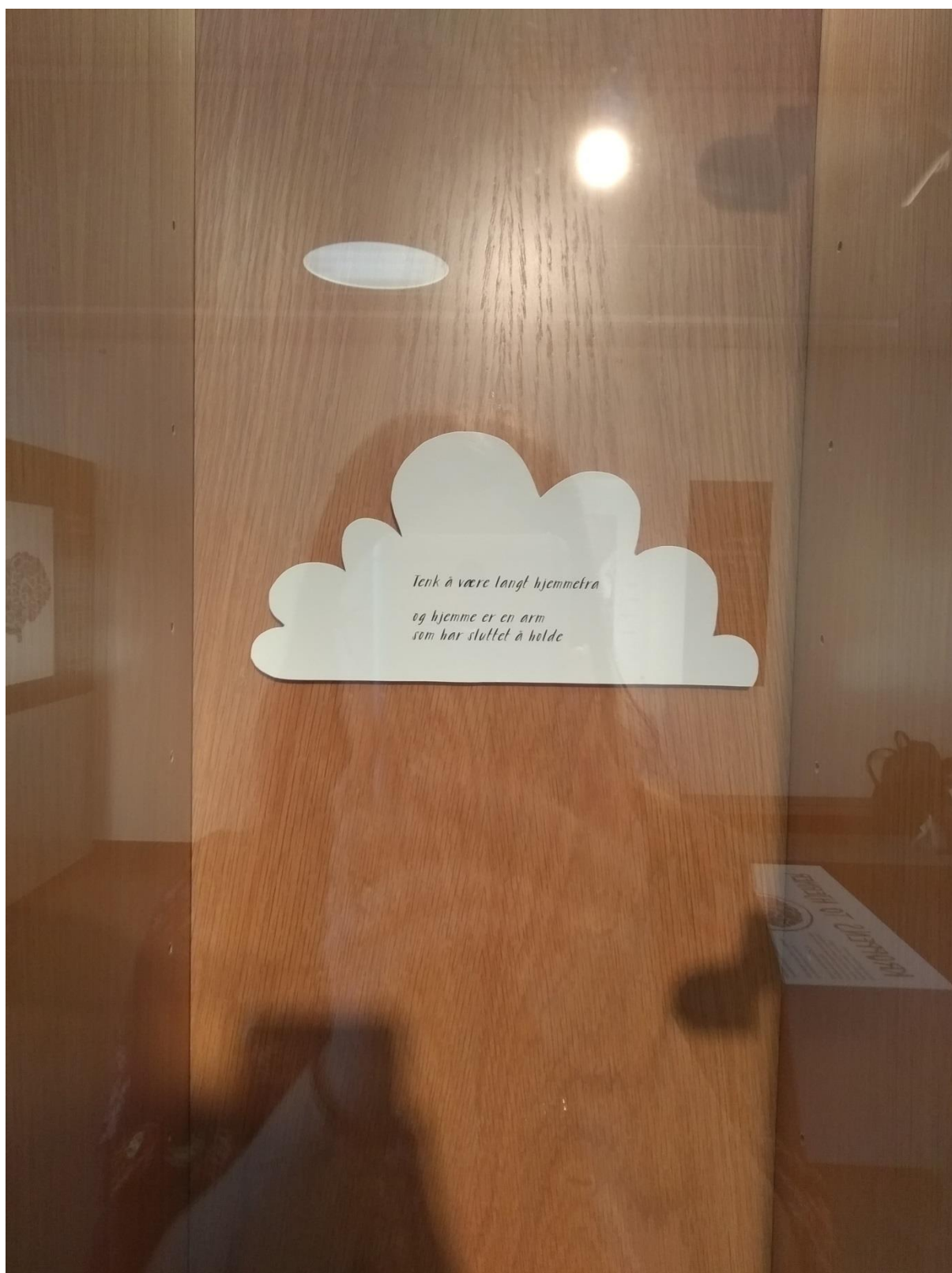


Figure 43. Gallery Room 2 (detail). 8 November 2019.



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

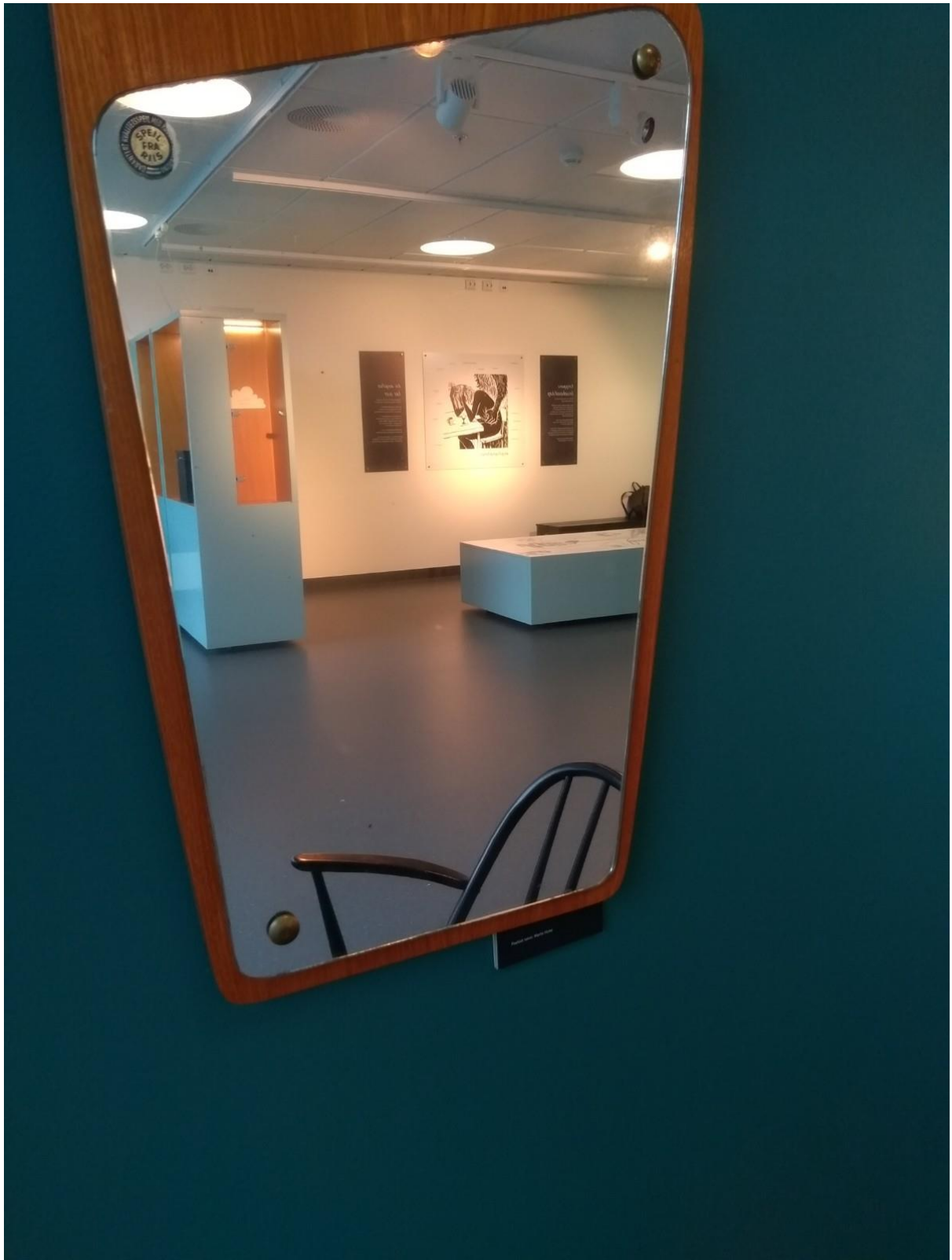


Figure 45. Gallery Room 2 (detail). 8 November 2019.

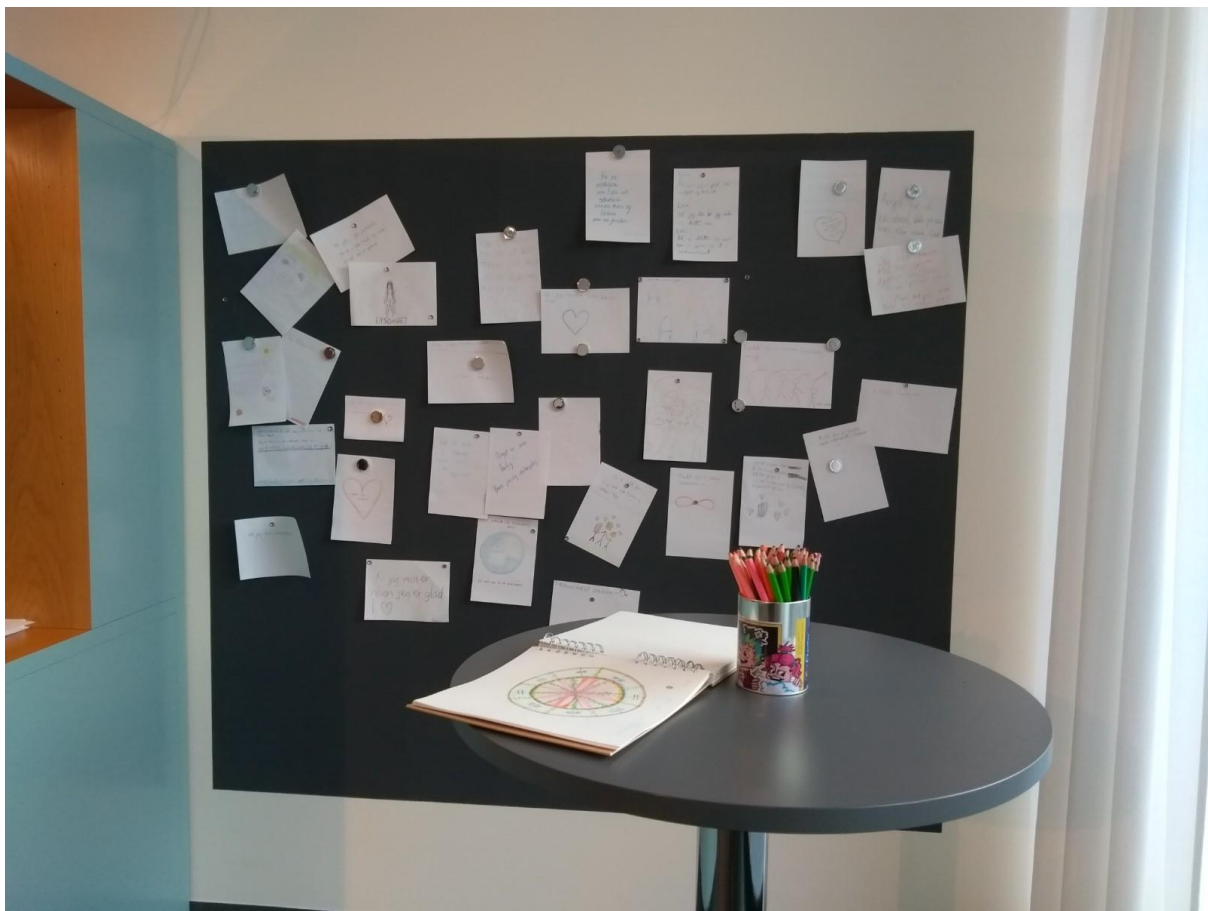


Figure 46. Gallery Room 2 (detail). 8 November 2019.



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

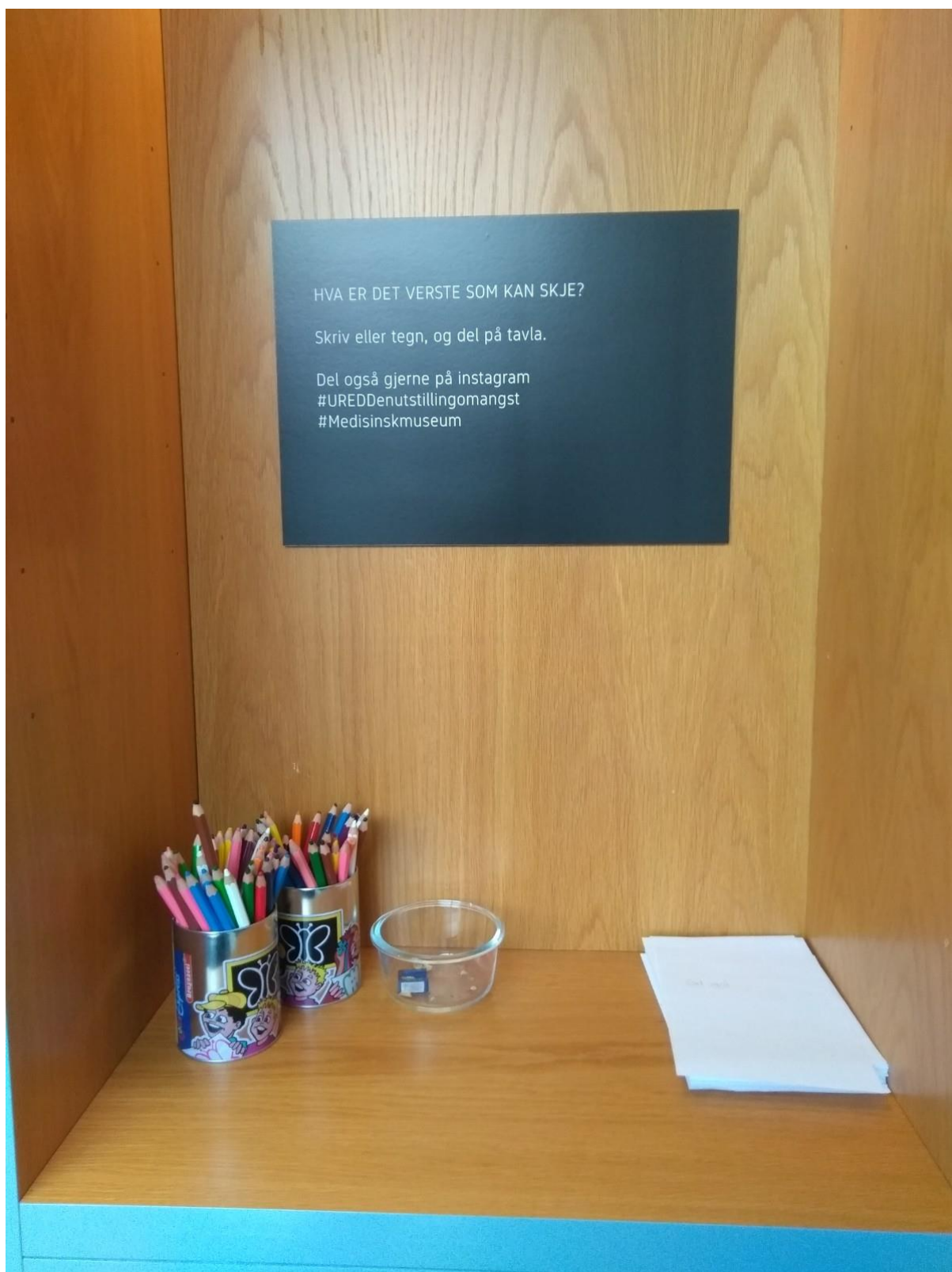


Figure 48. Gallery Room 2 (detail). 8 November 2019.



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



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

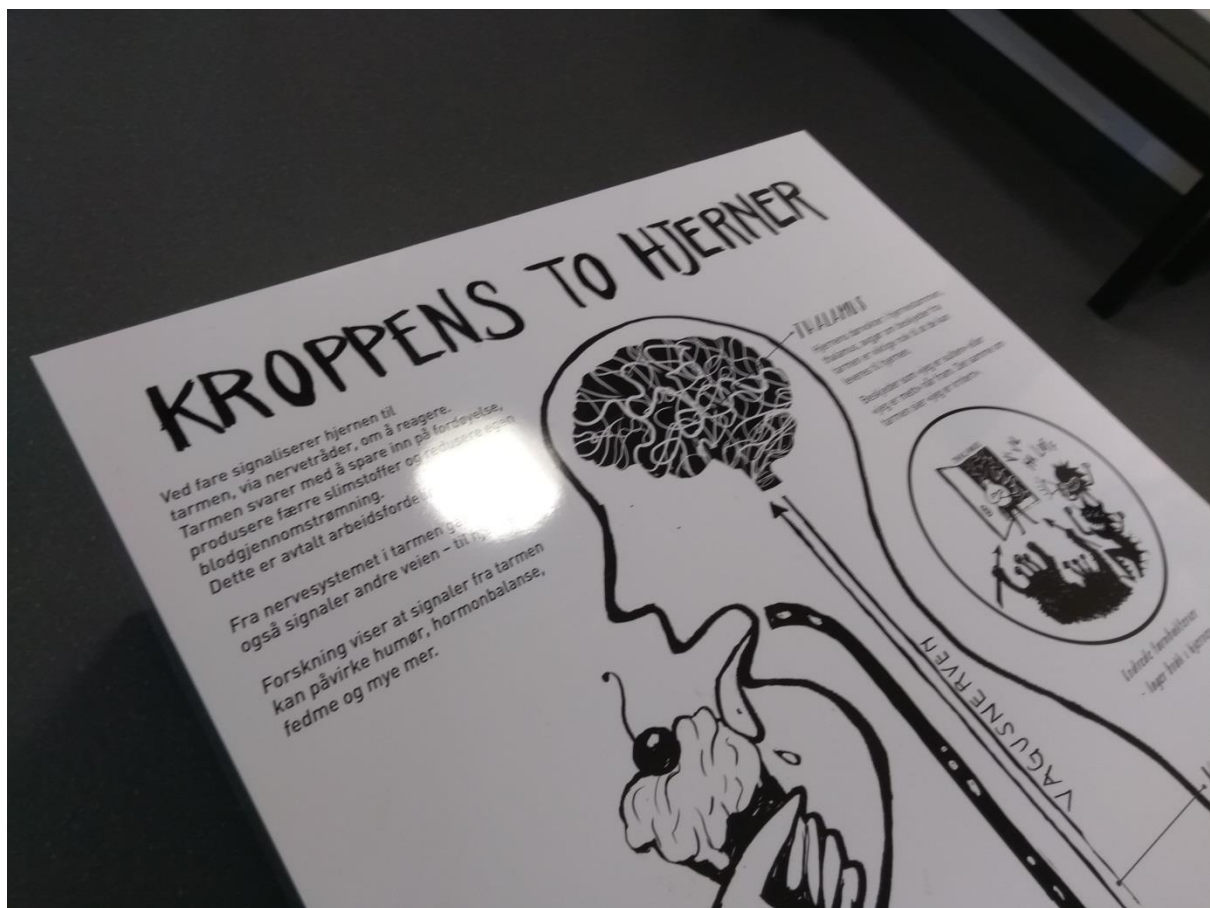


Figure 51. Gallery Room 2 (detail). 8 November 2019.

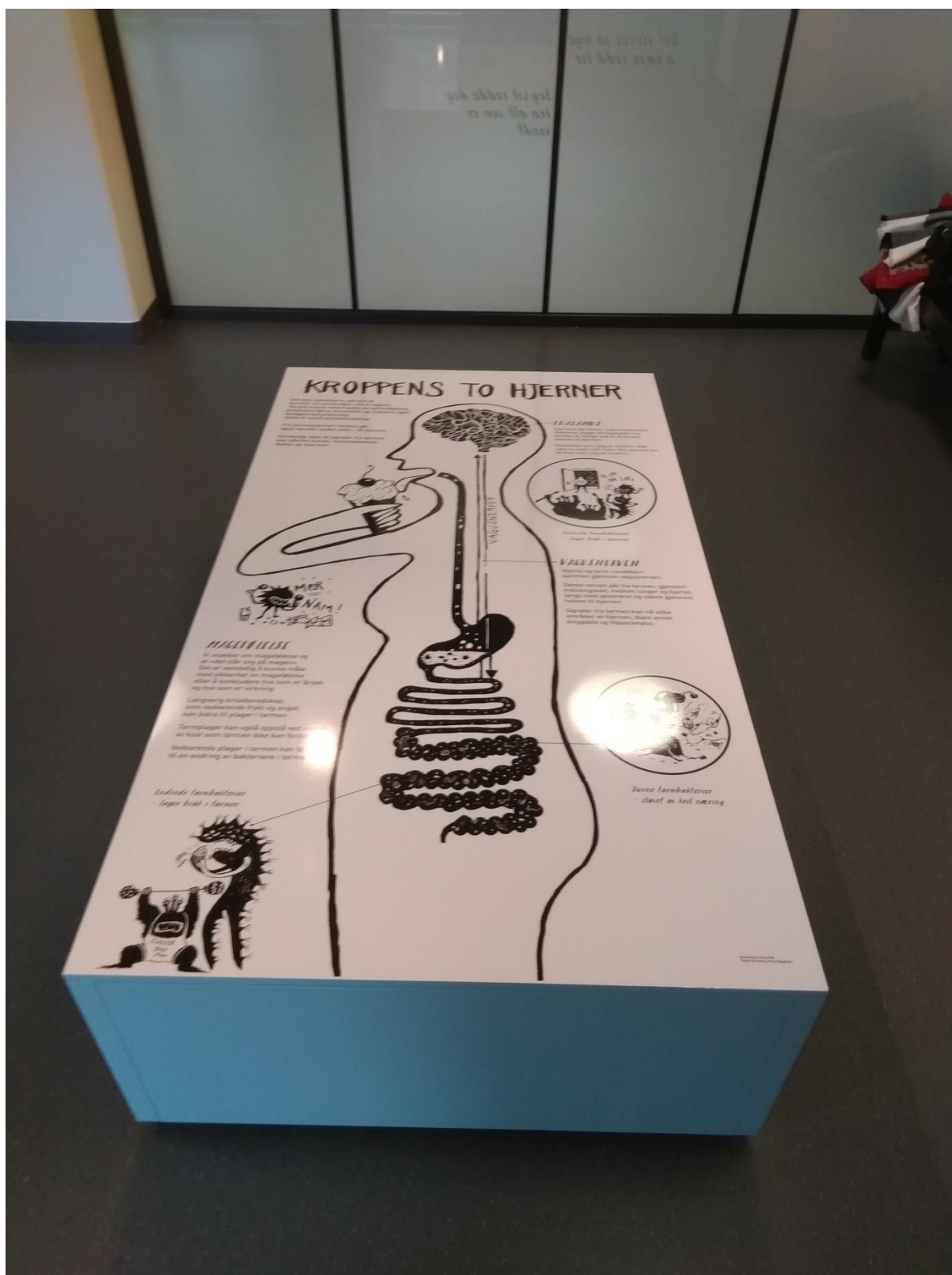




Figure 53. Gallery Room 2 (detail). 8 November 2019.

2.2.4 Library Images



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

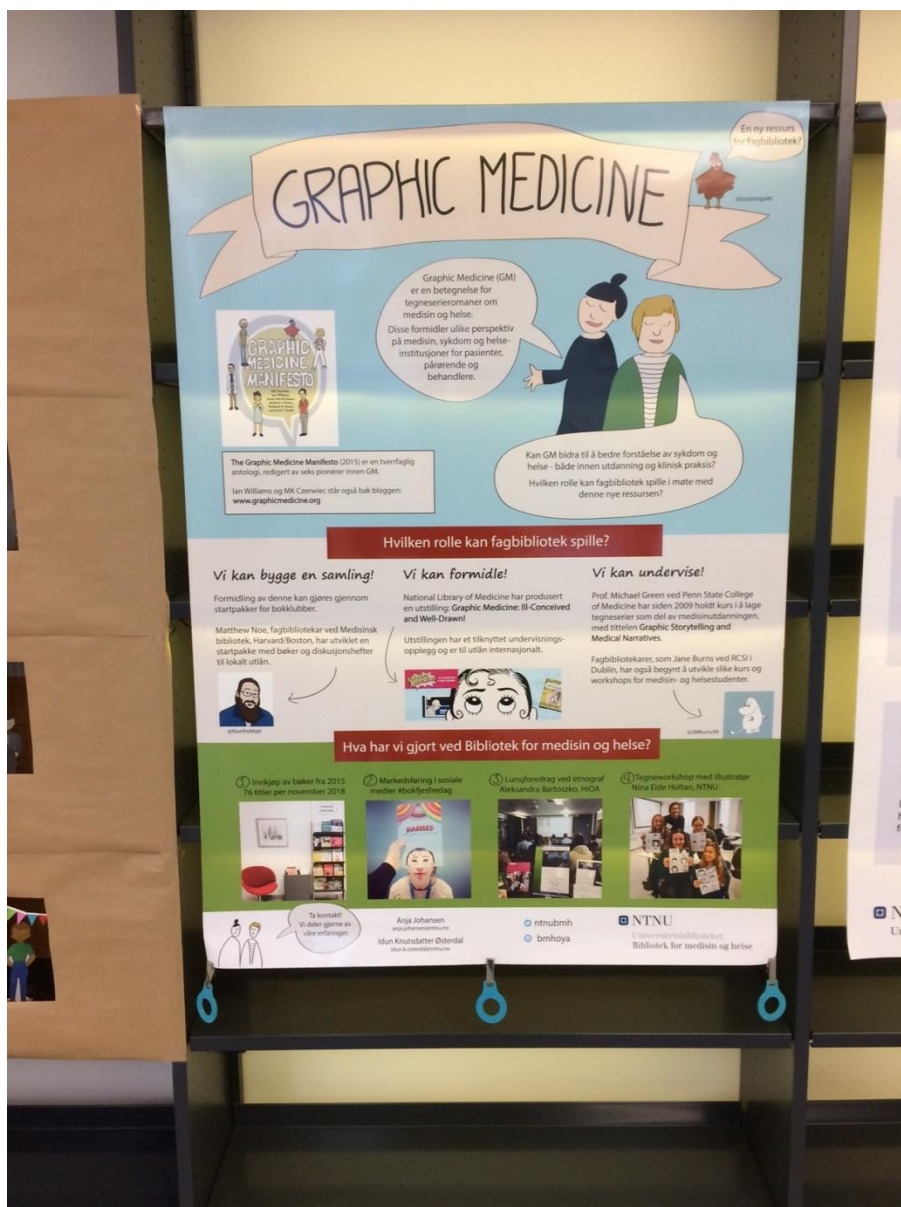


Figure 55. Library Graphic Medicine poster. 8 November 2019.



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.

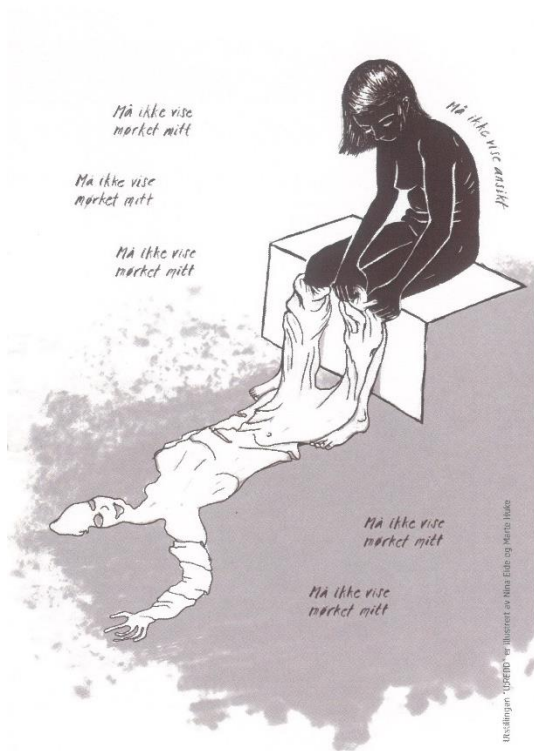
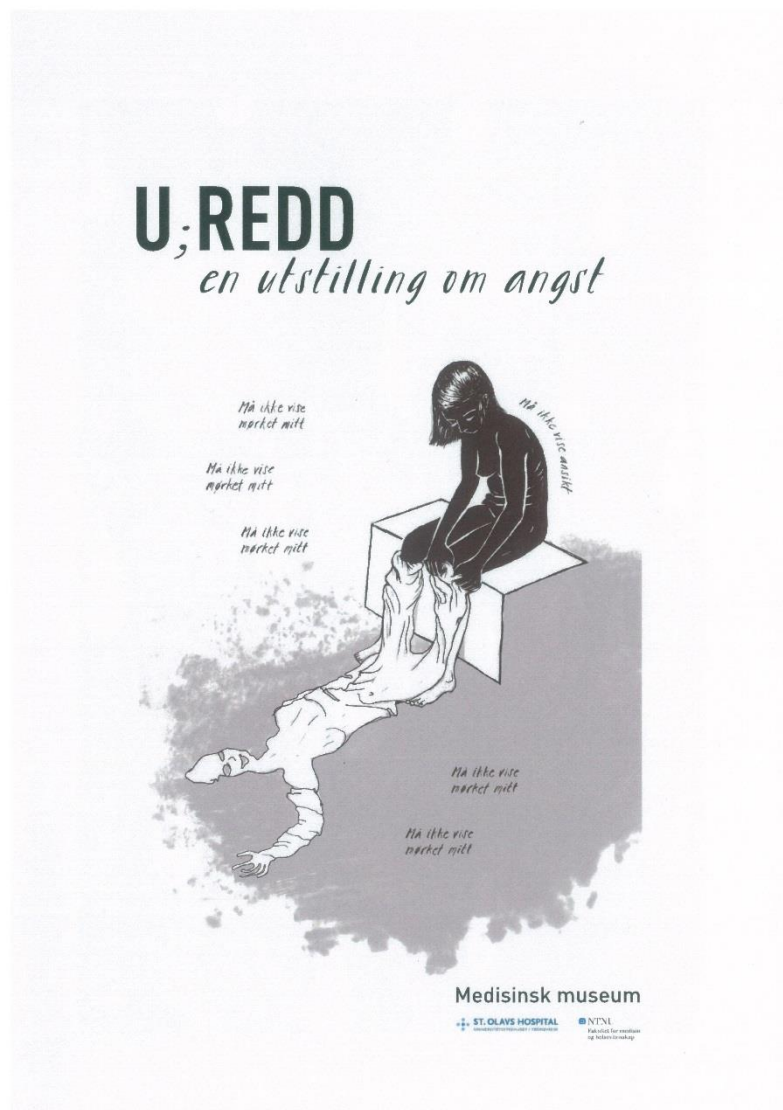


Figure 58. U;REDD postcard B. 8 November 2019.

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 kontakinfo se hjemmesider:
Medisinsk museum: www.ntnu.no/medisinskmuseum

Marte Huke: www.marthehuke.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

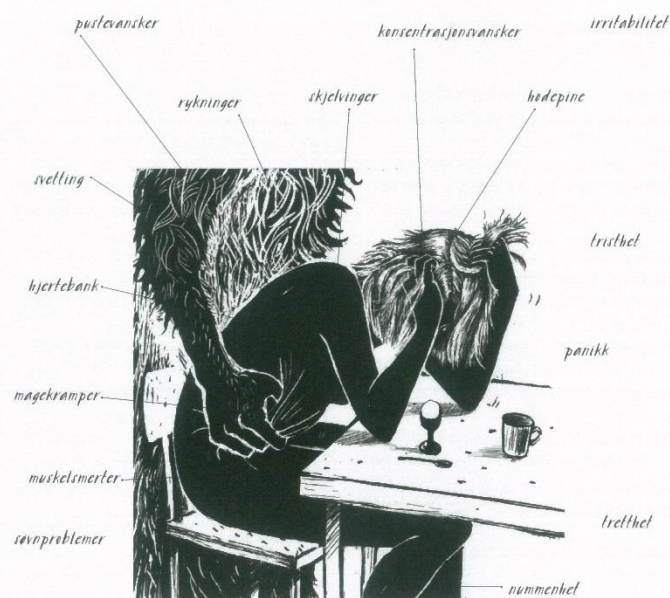
Angsten kan bli så sterk at den hindrer deg i å fungere som du vil.

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.



angstsymptomer

Illustrasjon: Nina Eide

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.

Nervene 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

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.

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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

Prosjektledelse for utstillingen

Ansatte ved Medisinsk museum og medlemmer i Museumsutvalget:
Anne Mari Kvam, Ivar Skjåk Nordrum, Janne Hjelde Wold, Mona Ødegården

Museumsutvalget

Ivar Skjåk Nordrum (leder), Petter Aadahl, Karen Johanne Buset, Anne Mari Kvam, Morten Sylvestre

Arbeidsgruppe

Divisjon psykisk helsevern, St. Olavs hospital

- Møyfrid Breivik, rådgiver BUP-klinikk
- Inger Marie Opøien, fagrådgiver BUP-klinikk
- Bjørn Einar Moe, brukergruppe psykisk helsevern
- Vivi Ann Stephansen, rådgiver divisjonssjefens stab
- Randolf Terje Vågen, rådgiver divisjonssjefens stab
- Hilde Siraas Myran, rådgiver Nidaros DPS
- Heidi Bøe Roaldsøy, spesialergoterapeut Nidaros DPS

Institutt for psykisk helse (IPH), Fakultet for medisin og helsevitenskap, NTNU

- Irene Aspli, kommunikasjonsmedarbeider

Klinikk for rus- og avhengighetsmedisin, St. Olavs hospital

- Stig Dragseth, avdelingssjef Klinikk for rus- og avhengighetsmedisin

Kunstnerisk utsmykning

Nina Eide Holtan, tegning

Marte Huke, tekst

Tekster

Utstillingstekster: prosjektledelse, arbeidsgruppe og Museumsutvalget

Poetisk tekst i småskap og v/speil: Marte Huke

Utstillingsformgivning

Nina Eide Holtan, Marte Huke, Mona Ødegården

Grafisk formgivning

Mona Ødegården

Trykk&innramming

Fotoimport AS

Ramm

Skipnes kommunikasjon

St. Olavs hospital Driftservice

Tilskjæring av skyer

Finmekanisk verksted ved Fakultet for naturvitenskap, NTNU

«Edderkoppboks»

Jørn Ove Sæternes, Institutt for klinisk og molekylær medisin (IKOM), NTNU

Takk til

Alle bidragsytere



HJELPETELEFONER OG NETTSTEDER

Mental Helse hjelpetelefonen: 116 123

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eller melding via nettsidene: www.korspahalsen.no

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Brukerorganisasjoner:

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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)

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.

U;REDD: en utstilling om angst (FEARLESS: an exhibition about anxiety)

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.

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 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 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)

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.

Om angsten tar over

(Whether anxiety takes 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 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.

Nervene 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.

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.

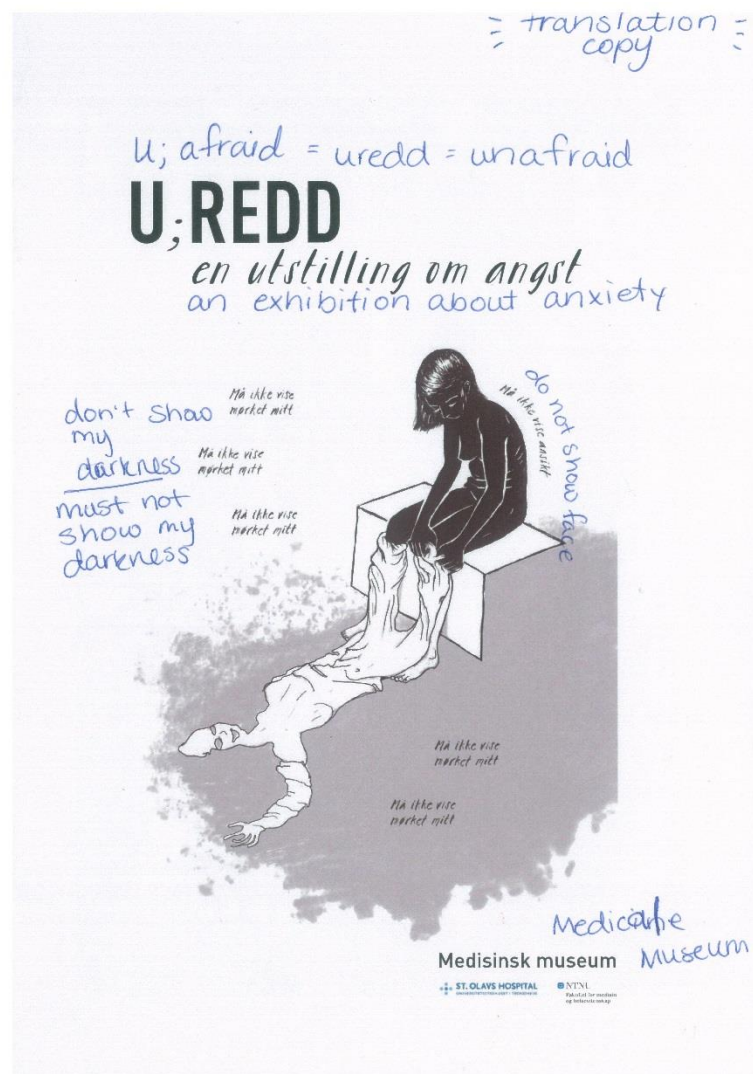
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Det er ikke sikkert at det å bli bedre betyr at angsten forsvinner.

Å være frisk vil si at man kan gjenkjenne tankene og vite at man har verktøy for å mestre dem.

Det er håp.

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.

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Utstillingens faktadel gir opplysning om angst og angstlidelser.

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For mer informasjon om utstillinga og kontakinfo 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

Exhibit open 21 March 2018

✓ = typed translation in appendix

We all have
Mental
Health ✓

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.

Anxiety

Angst ✓

Angst rammer hvem som helst.

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Whether anxiety takes over

Om angsten tar over ✓

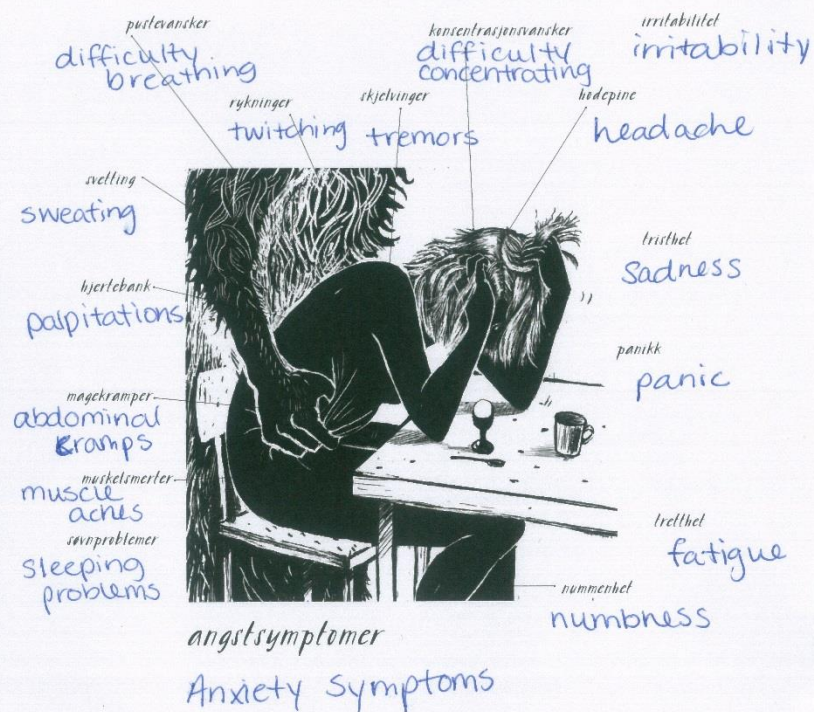
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Illustrasjon: Nina Eide

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Håp



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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

Project management for the exhibition

Prosjektledelse for utstillingen

Ansatte ved Medisinsk museum og medlemmer i Museumsutvalget:

Anne Mari Kvam, Ivar Skjåk Nordrum, Janne Hjelde Wold, Mona Ødegården

medical museum staff
and members of the
museum committee

Museumsutvalget

Ivar Skjåk Nordrum (leder), Petter Aadahl, Karen Johanne Buset, Anne Mari Kvam, Morten Sylvester

Museum Committee

workgroup

Arbeidsgruppe

Divisjon psykisk helsevern, St. Olavs hospital

• Mayfrid Breivik, rådgiver BUP-klinikk

• Inger Marie Opøien, fagrådgiver BUP-klinikk

• Bjørn Einar Moe, brukergroupe psykisk helsevern

• Vivi Ann Stephansen, rådgiver divisjonssjefens stab

• Randolf Terje Vågen, rådgiver divisjonssjefens stab

• Hilde Siraas Myran, rådgiver Nidaros DPS

• Heidi Bøe Roaldsøy, spesialergoterapeut Nidaros DPS

Institutt for psykisk helse (IPH), Fakultet for medisin og helsevitenskap, NTNU

• Irene Aspli, kommunikasjonsmedarbeider

Klinikk for rus- og avhengighetsmedisin, St. Olavs hospital

• Stig Dragseth, avdelingssjef Klinikk for rus- og avhengighetsmedisin

Department of
Mental Health

Kunstnerisk utsmykning

Nina Eide Holtan, tegning

Marte Huke, tekst

Artistic Decoration

drug and addiction
clinic

Tekster

Utstillingstekster: prosjektledelse, arbeidsgruppe og Museumsutvalget

Poetisk tekst i småskap og v/speil: Marte Huke

Utstillingsformgiving

Nina Eide Holtan, Marte Huke, Mona Ødegården

Exhibition Design

Grafisk formgiving

Mona Ødegården

Graphic Design

Trykk&innramming

Fotoimport AS

Ramm

Skipnes kommunikasjon

St. Olavs hospital Driftservice

Print and framing

Tilskjæring av skyer

Finmekanisk verksted ved Fakultet for naturvitenskap, NTNU

cloud cover

«Edderkoppboks»

Jørn Ove Sæternes, Institutt for klinisk og molekylær medisin (IKOM), NTNU

spiderbox

Takk til

Alle bidragsytere

all contributors

Thank to

ST. OLAVS HOSPITAL

NTNU

Fakultet for medisin
og helsevitenskap



Help phones and websites
~~? "helptines"?~~

HJELPETELEFONER OG NETTSTEDER

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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:

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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

Utsedd 2016, 2. Oppgave 120 Illustrasjon: Nina F. Helseth/Mente Helse Layout: M. Ødegården Trykk: St. Olavs hospital design

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 onomopoeia '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?)

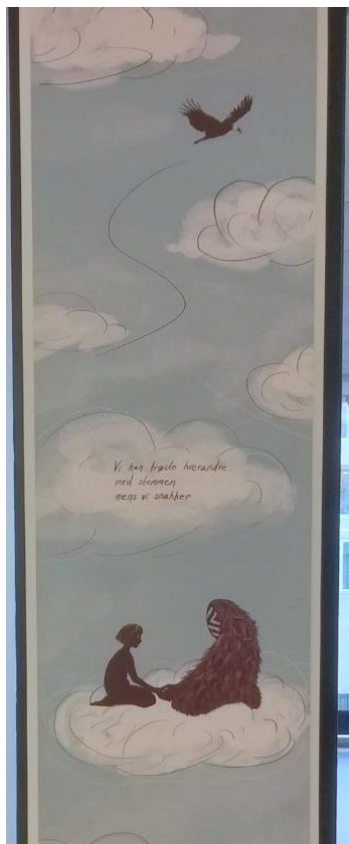
This panel repeats the appearance of the first panel with a pair of wide eyes in a dark void, but below these is the question, "who am I?"

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	
Jeg vet ikke hva jeg skal si	Der er du	I do not know what to say	There you are
Lungene fylles med stadig mindre luft	Bare snakk	The lungs fill with still less air	Just talk
Det finnes så mye å være redd for	Det er fordi du glemmer å putse	There is so much to be scared of	It is because you forget breathing
	Jeg vil redde deg fra alt som er vondt		I want to save you from everything that is hurt



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)

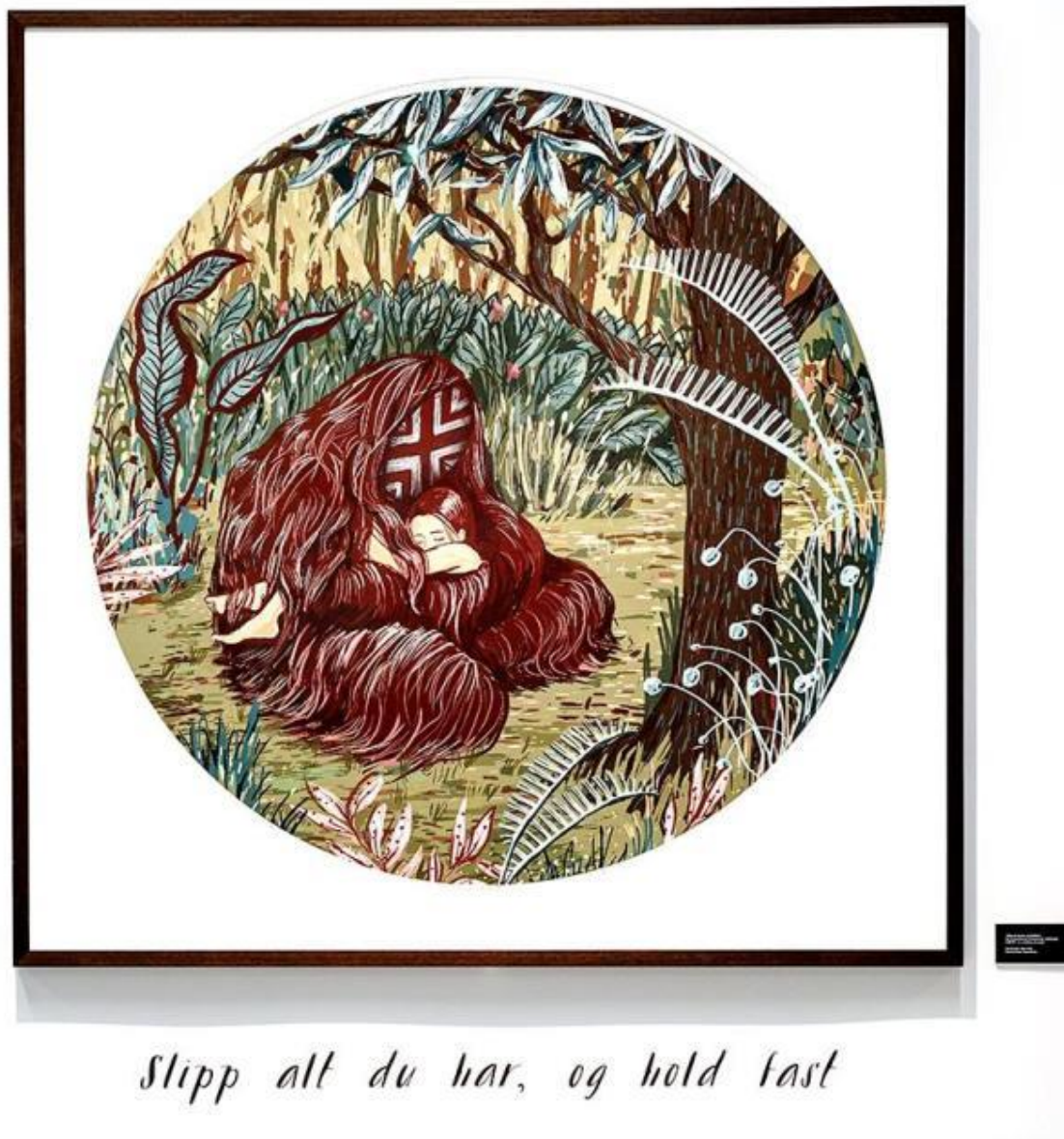
The woman and the monstrous figure are sitting in the clouds facing each other in meditative poses holding hands. In another cloud just above them is the words, “we can comfort one another as we speak.” There is no speech bubble tail included here, but the woman’s mouth is depicted as open and in the 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.

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.



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 Unflattering. 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.

Curator Interviews (2) (damaged).nvp - NVivo 12 Pro

File Home Import Create Explore Share

Clipboard: Cut, Copy, Paste, Merge

Properties: Open, Memo Link, Create As Code, Create As Cases

Explore: Query, Visualize

Coding: Code, Auto Code, Range Code, Uncode

Classification: Case Classification, File Classification

Workspace: Detail View, Sort By, Undock, Navigation View, List View, Find

Quick Access: Files, Memos, Nodes

Data: Files (Curator Interviews, Exhibition Photographs, Exhibition Printed Mate, Exhibition Web Conten, Non-Interviewed GM E, References), File Classifications, Externals

Codes: Nodes, Relationships, Relationship Types

Cases: Cases, Case Classifications

Notes

Search

Maps

Output

Nodes

Name	Files	References	Created On	Created By	Modified On	Modified By
Curator Experiences - Grounded Theory		0	0 20/01/2020 13:18	APA	20/01/2020 13:24	APA
Curator Values and Intentions - Grounded Theory		0	0 20/01/2020 13:18	APA	20/01/2020 13:57	APA
Exhibition Characteristics		0	0 20/01/2020 13:27	APA	20/01/2020 13:27	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

3.2.2 Curator Interview- Parent and sub nodes (multiple screenshots)

Curator Interviews (2) (damaged).nvp - NVivo 12 Pro

File Home Import Create Explore Share

Paste Copy Cut Merge Clipboard Properties Open Memo Link Add To Set Create As Code Create As Cases Query Visualize Code Auto Code Range Code Uncode Case Classification File Classification Detail View Sort By Undock Navigation View List View Find

Quick Access Files Memos Nodes

Data Files Curator Interviews Exhibition Photographs Exhibition Printed Material Exhibition Web Content Non-Interviewed GM E References File Classifications Externals

Codes Nodes Relationships Relationship Types

Cases Cases Case Classifications

Notes

Search

Maps Maps

Output

Nodes

Name Files References Created On Created By Modified On Modified By

Curator Experiences - Grounded Theory		0	0	20/01/2020 13:18	APA	20/01/2020 13:24	APA
Barrier or Challenge		13	118	20/01/2020 13:56	APA	27/07/2020 16:00	APA
Connection to Comics		6	6	11/03/2020 11:16	APA	27/07/2020 16:00	APA
Feedback or Observations		12	72	20/01/2020 13:56	APA	27/07/2020 16:00	APA
Curator Values and Intentions - Grounded Theory		0	0	20/01/2020 13:18	APA	20/01/2020 13:57	APA
Accessible		9	28	11/03/2020 11:22	APA	27/07/2020 16:00	APA
Approachable		5	10	11/03/2020 11:22	APA	27/07/2020 16:00	APA
Attract Stumbling In or Non-Intended Visitors		7	18	11/03/2020 13:11	APA	27/07/2020 16:00	APA
comics can be serious		8	13	11/03/2020 12:53	APA	27/07/2020 16:00	APA
Contact or Touch with Medium (Comics reading in space or interaction)		6	13	11/03/2020 12:37	APA	27/07/2020 15:55	APA
Curating space = experience of viewing (like comic for some)		5	11	11/03/2020 12:39	APA	27/07/2020 16:00	APA
Curation Affecting Engagement (Professionalism or Empathetic Ability)		10	39	11/03/2020 14:48	APA	27/07/2020 16:00	APA
Direct Value of Graphic Medicine		11	29	11/03/2020 13:14	APA	27/07/2020 16:00	APA
Educative Leisure (including comments on communication of facts)		10	39	11/03/2020 13:20	APA	27/07/2020 16:00	APA
Emotive Engagement		12	42	11/03/2020 11:00	APA	27/07/2020 16:00	APA
Empower or Give Voice		11	46	11/03/2020 13:06	APA	27/07/2020 16:00	APA
Increase Readership		7	26	20/01/2020 13:56	APA	27/07/2020 16:00	APA
Local Identity or Community		8	21	11/03/2020 10:56	APA	27/07/2020 16:00	APA
Non-Location Based Support		5	5	20/01/2020 13:59	APA	27/07/2020 16:00	APA
Readers to Creators - Creative Opportunity		7	15	11/03/2020 10:57	APA	27/07/2020 16:00	APA
Relatable		11	35	11/03/2020 11:22	APA	27/07/2020 16:00	APA
Show Process		4	8	12/03/2020 10:56	APA	27/07/2020 16:00	APA
Start Conversation (Aim)		10	31	20/01/2020 13:55	APA	27/07/2020 16:00	APA
Strengths of Comics Medium		8	36	11/03/2020 11:18	APA	27/07/2020 16:00	APA
Exhibition Characteristics		0	0	20/01/2020 13:27	APA	20/01/2020 13:27	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

12:29 18/04/2021

Curator Interviews (2) (damaged).nvp - NVivo 12 Pro

File Home Import Create Explore Share

Paste Cut Copy Merge Properties Open Memo Link Item Add To Set Create As Code Create As Cases Query Visualize Code Auto Code Range Code Uncode Case Classification File Classification Detail View Undock List View Sort By Navigation View Find Workspace

Quick Access

- Files
- Memos
- Nodes

Data

- Files
 - Curator Interviews
 - Exhibition Photographs
 - Exhibition Printed Material
 - Exhibition Web Content
 - Non-Interviewed GM E
 - References
 - File Classifications
 - Externals
- Codes
 - Nodes
 - Relationships
 - Relationship Types
- Cases
 - Cases
 - Case Classifications
- Notes
- Search
- Maps
 - Maps
- Output

Nodes

Name	Files	References	Created On	Created By	Modified On	Modified By
Exhibition Characteristics		0	20/01/2020 13:27	APA	20/01/2020 13:27	APA
Alongside other objects		5	20/01/2020 13:48	APA	27/07/2020 17:33	APA
Call for Contributors		1	20/01/2020 13:51	APA	27/07/2020 16:23	APA
Creative Corners or Workshops		3	20/01/2020 13:42	APA	27/07/2020 17:26	APA
Curated by Non-Professional Curators		0	20/01/2020 13:41	APA	20/01/2020 13:41	APA
Curated through existing Networks		4	20/01/2020 13:40	APA	27/07/2020 15:44	APA
Dedicated Reading Corners or Comics in Space		3	20/01/2020 13:42	APA	27/07/2020 17:26	APA
Define Graphic Medicine		5	20/01/2020 13:35	APA	27/07/2020 17:26	APA
Democratic Spaces or Places		6	20/01/2020 13:38	APA	27/07/2020 17:26	APA
Exhibit Single Artist or Team (Non-Variety)		2	20/01/2020 13:53	APA	27/07/2020 17:25	APA
Exhibit Wide Diversity		5	20/01/2020 13:49	APA	27/07/2020 17:39	APA
Experimental Comics Works		1	20/01/2020 13:52	APA	27/07/2020 17:25	APA
In Dedicated Gallery Space (might be democratic)		6	20/01/2020 13:45	APA	27/07/2020 17:34	APA
In Mixed Media Exhibitions		3	20/01/2020 13:50	APA	27/07/2020 17:35	APA
In Permanent Collections		1	20/01/2020 13:53	APA	27/07/2020 16:21	APA
Include PE or Social Programming		10	20/01/2020 13:41	APA	27/07/2020 17:43	APA
Included Original Work		4	20/01/2020 13:51	APA	27/07/2020 17:25	APA
Interactivity - Displays or Technology (not creative corners)		3	20/01/2020 13:52	APA	27/07/2020 17:43	APA
Lack of Diversity		1	20/01/2020 13:35	APA	27/07/2020 17:25	APA
Overall Theme - about GM		3	20/01/2020 13:44	APA	27/07/2020 16:21	APA
Overall Theme - about specific health topic		5	27/07/2020 13:51	APA	27/07/2020 17:26	APA
Paratext or Part of Something Else		7	20/01/2020 13:37	APA	27/07/2020 17:31	APA
Produced Written Materials		5	20/01/2020 13:44	APA	27/07/2020 17:32	APA
Reproductions of Work		8	20/01/2020 13:34	APA	27/07/2020 17:25	APA
Short Exhibition Time (up to one month)		5	20/01/2020 13:40	APA	27/07/2020 17:43	APA
Titled What is Graphic Medicine		0	20/01/2020 13:39	APA	20/01/2020 13:39	APA
Traveling Exhibit		5	20/01/2020 13:51	APA	27/07/2020 17:02	APA
Wide Variety of Works (Group Shows)		7	20/01/2020 13:36	APA	27/07/2020 17:38	APA
Exhibition Project Framing		0	20/01/2020 13:21	APA	20/01/2020 13:21	APA
Narrative Inquiry Framing		0	20/01/2020 13:15	APA	20/01/2020 13:17	APA
Themes of Risk		0	20/01/2020 13:30	APA	20/01/2020 13:30	APA
Visitor Experiences - Grounded Theory		0	20/01/2020 13:14	APA	20/01/2020 13:17	APA
Visitor Values - Grounded Theory		0	20/01/2020 13:14	APA	20/01/2020 13:17	APA

APA 81 Items

12:30 18/04/2021

Curator Interviews (2) (damaged).nvp - NVivo 12 Pro

File Home Import Create Explore Share

Paste Cut Copy Merge Clipboard Properties Open Memo Link Create As Cases Add To Set Create As Code Query Visualize Code Auto Code Range Code Uncode Case Classification File Classification Detail View Undock List View Sort By Navigation View Find

Quick Access

- Files
- Memos
- Nodes

Data

- Files
 - Curator Interviews
 - Exhibition Photographs
 - Exhibition Printed Mate
 - Exhibition Web Conten
 - Non-Interviewed GM E
 - References
 - File Classifications
 - Externals
- Codes
 - Nodes
 - Relationships
 - Relationship Types
- Cases
 - Cases
 - Case Classifications
- Notes
- Search
- Maps
- Output

Nodes

Search Project

Name	Files	References	Created On	Created By	Modified On	Modified By
Curator Experiences - Grounded Theory		0	0 20/01/2020 13:18	APA	20/01/2020 13:24	APA
Curator Values and Intentions - Grounded Theory		0	0 20/01/2020 13:18	APA	20/01/2020 13:57	APA
Exhibition Characteristics		0	0 20/01/2020 13:27	APA	20/01/2020 13:27	APA
Exhibition Project Framing		0	0 20/01/2020 13:21	APA	20/01/2020 13:21	APA
Aim or Remit		11	45 20/01/2020 13:22	APA	27/07/2020 16:00	APA
Location(s)		9	24 20/01/2020 13:23	APA	27/07/2020 16:00	APA
Target Audiences		11	33 20/01/2020 13:22	APA	27/07/2020 16:00	APA
Team		12	31 20/01/2020 13:23	APA	27/07/2020 16:00	APA
Validation Structures		12	44 20/01/2020 13:23	APA	27/07/2020 16:00	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
Active and passive linguistics		3	4 20/01/2020 13:31	APA	27/07/2020 16:00	APA
Authenticity and Experience & Authenticity of Experience		6	18 20/01/2020 13:33	APA	27/07/2020 16:00	APA
Expertise, voice, timing		9	35 20/01/2020 13:30	APA	27/07/2020 16:00	APA
NEW Amateur Curator		2	6 13/03/2020 16:08	APA	13/03/2020 18:53	APA
NEW Institutional Barrier		8	22 13/03/2020 18:16	APA	27/07/2020 16:00	APA
NEW Related to Medium of Comics		9	17 13/03/2020 16:01	APA	27/07/2020 16:00	APA
NEW Technical Challenge Related to Exhibition		11	25 13/03/2020 16:10	APA	27/07/2020 16:00	APA
Ownership, control, discovery		8	25 20/01/2020 13:30	APA	27/07/2020 16:00	APA
Transferrable Audience Experiences		13	38 20/01/2020 13:32	APA	27/07/2020 16:00	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

12:32 18/04/2021

3.2.3 Example Showing Fragmented codes from transcripts and the coding stripes from the different codes.

The screenshot displays the NVivo 12 Pro interface with a transcript titled "Curation Affecting Engagement (1)". The transcript contains three references with fragmented codes highlighted in different colors. The coding stripes on the right side of the transcript show the distribution of these codes across the text.

Reference 1 - 0.72% Coverage

But I think like 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 like how like how can how can people interact with comics in a way that it's almost an adaptation.

Reference 2 - 4.49% Coverage

Well I think the main thing is that just just as with any time that I mentioned graphic medicine people know of health and health issues that people know about comics. I mean like even if I'm saying people who aren't really familiar with my audience I knew people not necessarily familiar with comics 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 many people. And so so that that was the main thing that I wanted to get across that it exists so that it exists that it exists in a way that is supported by the National Library of Medicine and is supported by whatever institution it is that they are in. And I'm assuming respect like their library at the University of Washington health sciences like oh graphic medicine here you know where I study you know so so. So an introduction to the idea if nothing else I would say that that's the main thing. Just like introducing them. Introducing them to the idea. And as many layers as possible. I mean the first layer is just just seeing the title and just like oh comics and health. You know who knew. And then kind of beyond that like oh it's it's kind of catchy and funny it's not like it's not necessarily. 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. And so so that. So that's the hope. What one. One layer of those completely like as far in as possible

Reference 3 - 1.06% Coverage

That was a big part of the presentation and how it was going to land. So I mean if you if you look at the traveling exhibitions just like just like you might expect the color palette is very muted and the fonts are very you know like Helvetica or you know like Times New Roman you know just really everything is like really kind of institutional. And this needed to be not institutional so

Coding Stripes:

- Local Identity or Community
- Attract Stumbling In or Non-Intended Visitors
- Approachable
- Contact or Touch with Medium (Comics reading in space or interaction)
- Increase Readership
- Start Conversation (Aim)
- comics can be serious
- Aim or Permit
- Feedback or Observations
- Curating space = experience of viewing (like comic for some)
- ELLEN
- Emotive Engagement
- Transferable Audience Experiences
- NEW Technical Challenge Related to Exhibition
- Ol Williams
- Barrier or Challenge
- Educative Leisure (including comments on communication of facts)

Nodes Table:

Name	Files	References
Curator Experiences - Grounded Theory	0	0
Curator Values and Intentions - Grounded Theory	0	0
Accessible	9	28
Approachable	5	10
Attract Stumbling In or Non-Intended Visitors	7	18
comics can be serious	8	13
Contact or Touch with Medium (Comics reading in space or	6	13
Curating space = experience of viewing (like comic for som	5	11
Curation Affecting Engagement (Professionalism or Empath	10	39
Direct Value of Graphic Medicine	11	29
Educative Leisure (including comments on communication	10	39
Emotive Engagement	12	42
Empower or Give Voice	11	46
Increase Readership	7	26
Local Identity or Community	8	21
Non-Location Based Support	5	5
Readers to Creators - Creative Opportunity	7	15
Relatable	11	35
Show Process	4	8
Start Conversation (Aim)	10	31
Strengths of Comics Medium	8	36
Exhibition Characteristics	0	0
Exhibition Project Framing	0	0
Narrative Inquiry Framing	0	0
Themes of Risk	0	0
Visitor Experiences - Grounded Theory	0	0
Visitor Values - Grounded Theory	0	0

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't know...* (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

Visitor Interviews coded.nvp - NVivo 12 Pro

File Home Import Create Explore Share

Paste Cut Copy Merge Clipboard Properties Open Memo Link Add To Set Create As Code Create As Cases Query Visualize Code Auto Code Range Code Uncode Case Classification File Classification Detail View Sort By Undo Navigation View List View Find Workspace

Quick Access

- Files
- Memos
- Nodes

Data

- Files
 - Exhibition Images
 - Exhibition Texts
 - Interview Follow Up Qu
 - Interview Transcriptions
- File Classifications
- Externals

Codes

- Nodes
- Relationships
- Relationship Types

Cases

Notes

Search

Maps

Output

Nodes

Search Project

Name	Files	References	Created On	Created By	Modified On	Modified By
Affective Comics Qualities	0	0	19/06/2020 11:08	APA	19/06/2020 11:08	APA
convo about original versus reproduction		3	19/06/2020 11:13	APA	19/06/2020 19:52	APA
How comics are read		3	19/06/2020 11:11	APA	19/06/2020 16:44	APA
How comics operate		4	19/06/2020 11:11	APA	19/06/2020 19:15	APA
Personal reading exp interpreting text and image FEELINGS		15	19/06/2020 11:12	APA	19/06/2020 20:26	APA
Free Associations	0	0	20/01/2020 14:38	APA	20/01/2020 14:38	APA
Personal memory or association (reliability)		18	19/06/2020 10:46	APA	19/06/2020 20:21	APA
Popular culture memory or association		8	19/06/2020 10:47	APA	19/06/2020 20:24	APA
Sociocultural or sociopolitical memory or association		7	19/06/2020 11:35	APA	19/06/2020 19:56	APA
Illustrate This		5	20/01/2020 14:42	APA	19/06/2020 20:24	APA
Motivations for going to exhibitions		17	19/06/2020 10:52	APA	19/06/2020 20:26	APA
Narrative Inquiry Framing	0	0	20/01/2020 14:24	APA	20/01/2020 14:24	APA
Social Experience		13	20/01/2020 14:25	APA	19/06/2020 20:10	APA
Spatial Experience (also affective quality)		17	20/01/2020 14:25	APA	19/06/2020 20:25	APA
Temporal Experience (also affective quality)		14	20/01/2020 14:25	APA	19/06/2020 20:25	APA
PE or Social Programming (drawing here too)		7	20/01/2020 14:39	APA	19/06/2020 20:10	APA
Value of GME		13	20/01/2020 14:38	APA	19/06/2020 20:25	APA

4.2.2 Example of Coding with coding stripes to show where themes related to each other.

The screenshot displays the NVivo 12 Pro software interface. The top menu bar includes File, Home, Import, Create, Explore, Share, and Node Tools. The left sidebar shows a Quick Access panel with links to Files, Memos, and Nodes, and a Data panel with links to Files, Exhibition Images, Exhibition Texts, Interview Follow Up Qu, Interview Transcriptions, File Classifications, and Externals. The main workspace is divided into three panes: Nodes, References, and Coding Stripes.

Nodes Pane: A table listing nodes and their associated files and references.

Name	Files	References
Affective Comics Qualities	0	0
convo about original versus reproduction	3	3
How comics are read	3	4
How comics operate	4	4
Personal reading exp interpreting text and image FEELIN	15	25
Free Associations	0	0
Personal memory or association (reliability)	18	54
Popular culture memory or association	8	10
Sociocultural or sociopolitical memory or association	7	15
Illustrate This	5	10
Motivations for going to exhibitions	17	25
Narrative Inquiry Framing	0	0
Social Experience	13	30
Spatial Experience (also affective quality)	17	64
Temporal Experience (also affective quality)	14	22
PE or Social Programming (drawing here too)	7	18
Value of GME	13	42

References Pane: Displays a list of references with their coverage percentages.

- Reference 8 - 0.97% Coverage
- Reference 9 - 2.23% Coverage
- Reference 10 - 0.57% Coverage

Coding Stripes Pane: A vertical bar on the right side of the References pane, showing coding stripes for each reference. The stripes are color-coded and labeled with node names: PE or Social Programming (drawing here too), Social Experience, Personal reading exp interpreting text and image FEELINGS, Sociocultural or sociopolitical memory or association, Popular culture memory or association, Motivations for going to exhibitions, Spatial Experience (also affective quality), Temporal Experience (also affective quality), and Value of GME.

Text Pane: Displays the text of the selected reference (Reference 8).

glossed up. I like things that are raw, but raw in a sense that they are actually raw, not trying to be deep.

Reference 8 - 0.97% Coverage

"is everyone sat in a chair or in a part of the room they feel comfortable?", but where I was sat there was men all around me and they weren't doing anything in any way to be threatening, but because of my experiences I felt threatened, so the whole time I am having that meeting, even if it is just to talk about the most mundane day-to-day things, I can't fully participate because I am already feeling anxious and sweating. And yeah, so that comic really resonated with me,

Reference 9 - 2.23% Coverage

And it reminded me of an art class I went to once where a little girl, she was only about five, and she drew a comic and she understood the idea of panels and she'd done all these panels and she told a story in the time it had taken the rest of us to do one comic, like one single panel, and she'd done like fifteen and understood these concepts, so it's a concept of moving through time, or moving through thought, or some sort of movement forwards, or backwards, but there's almost this tempor-spatial movement that we get, that makes sense to us and I think that that sometimes what attracts me less about other mediums, 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. Because I don't know why, I think 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 its beautiful, I don't know what to do with, because I'm like that's lovely, it looks lovely, but it doesn't say anything to me. whereas a story does.

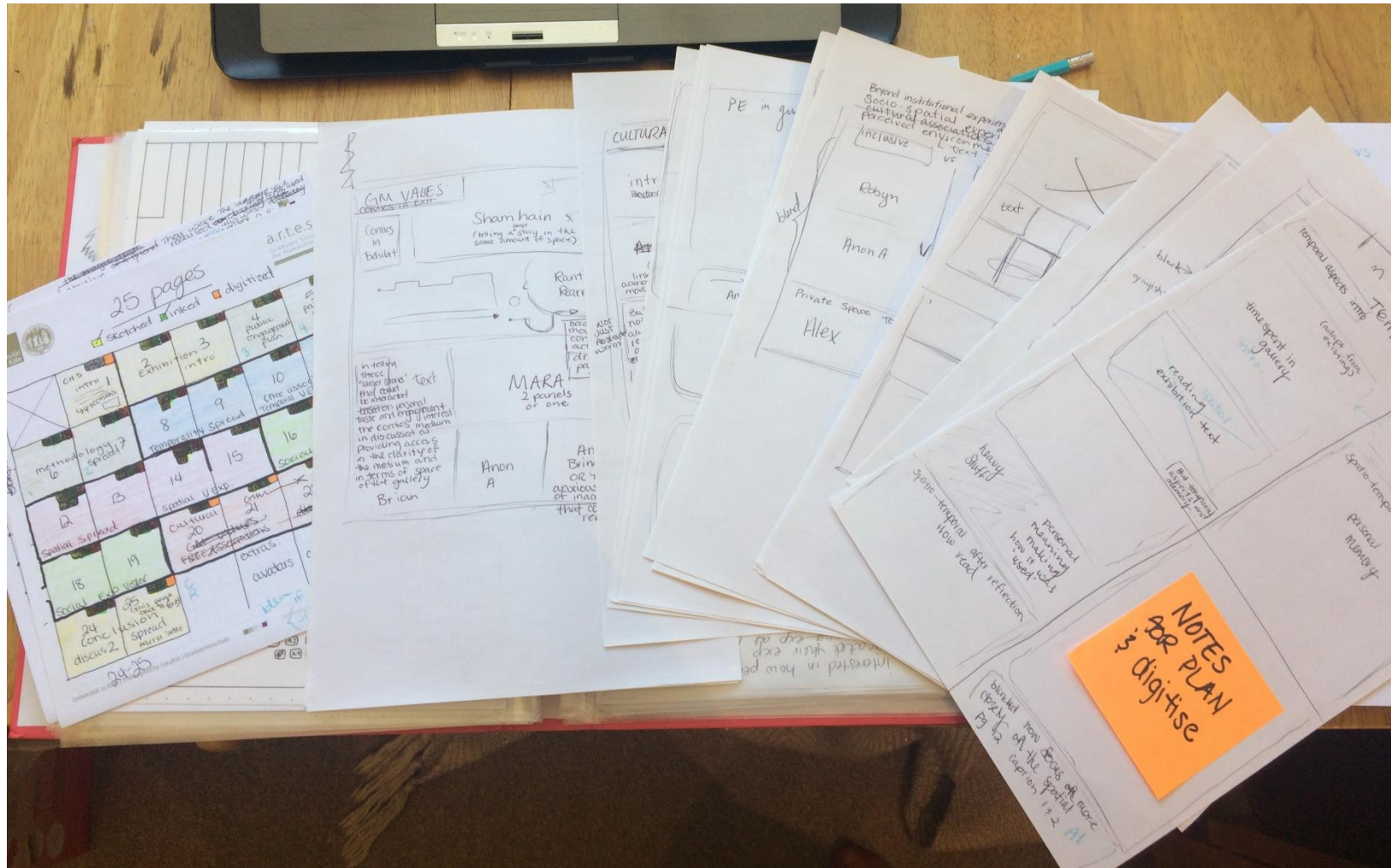
Reference 10 - 0.57% Coverage

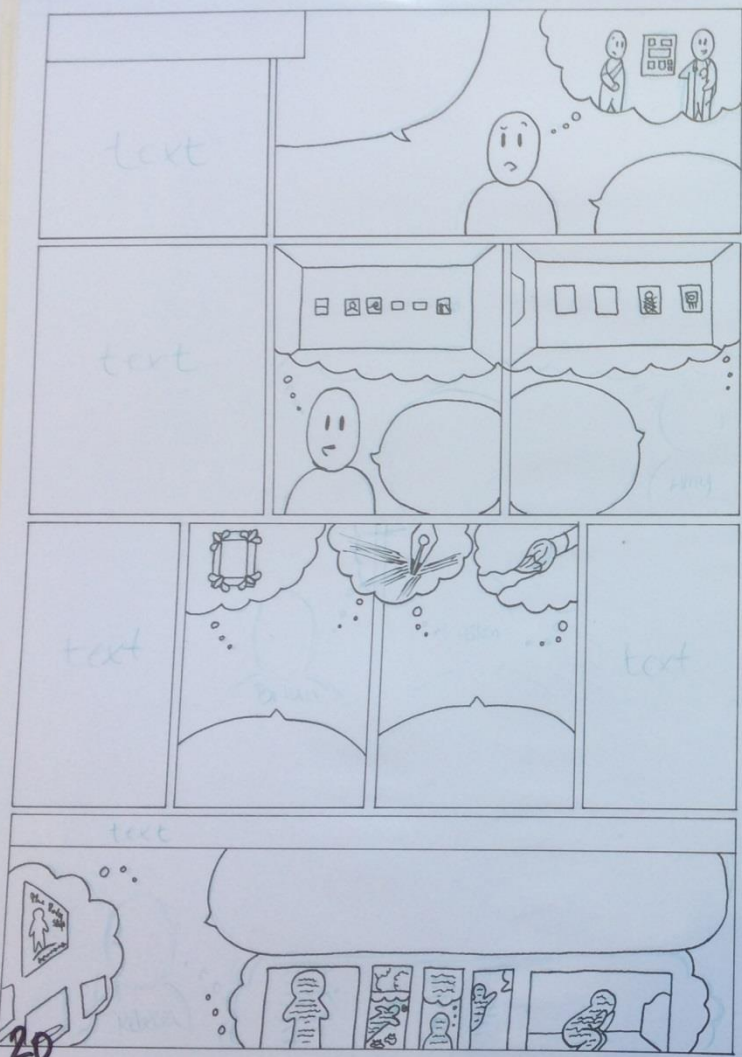
I disclosed that after watching East Enders, and there was a character in which one of the girls was being sexually abused, so A it kinda of made me aware that this was a thing that you could kinda talk ab....but also it gave me the tools, it kinda showed me what is it you even say,

The bottom status bar shows the current project state: 17 Items, Files: 18, References: 54, Unfiltered. The system clock shows 12:47 on 18/04/2021.

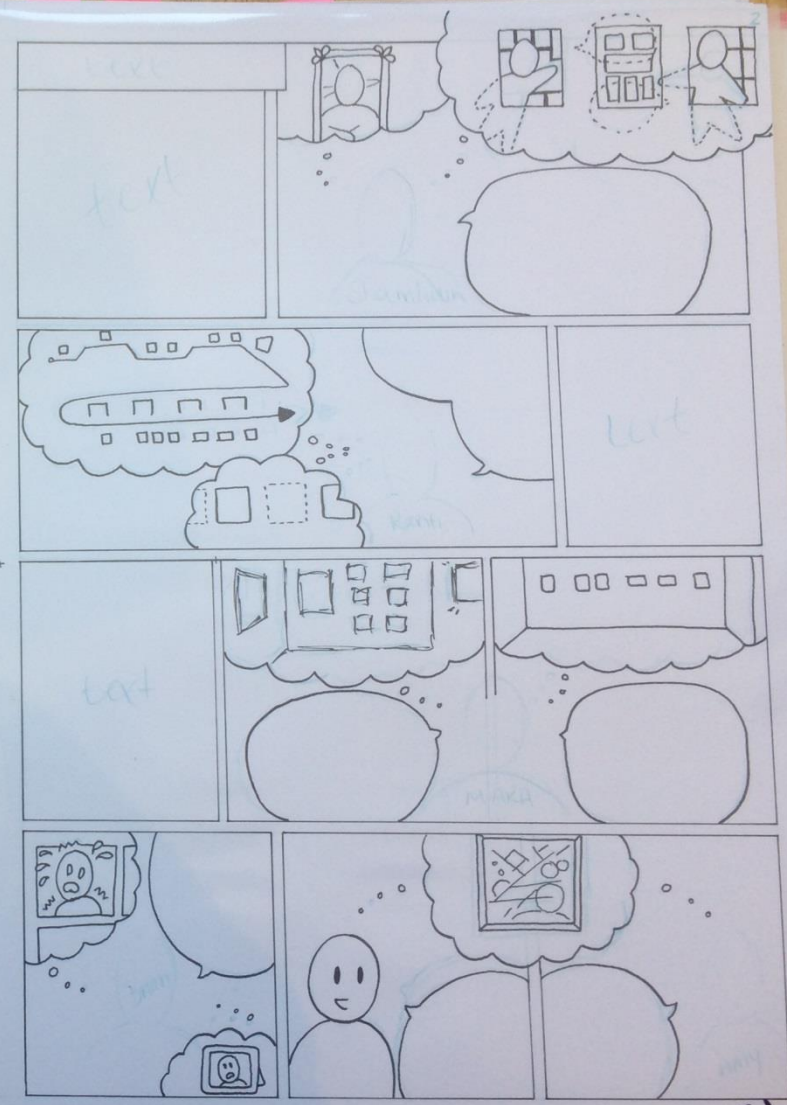
4.2.3 Images of the Comics Script

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).





20



21