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**Beyond the Clinic’s Promise: Trauma, Bioethics, and Iatrogenic Harm in Graphic Medicine Memoirs**

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**Abstract:** Graphic medicine has emerged as a significant interdisciplinary field that foregrounds the capacity of comics to represent embodied illness, patient perspectives, and the affective dimensions of healthcare. While much scholarship has focused on narratives of chronic illness, disability, and mental health, comparatively little attention has been paid to works that depict iatrogenic harm which refers to the trauma resulting from medical intervention itself. This paper argues that graphic memoir provides a uniquely effective medium for representing such experiences, as its multimodal form and iconography enables the visualization of affective states, the externalization of shame and hypervigilance, and the structural replication of the fragmented traumatic memory.

Drawing on Trauma theory and Bioethics, the study examines three seminal works: *Lighter Than My Shadow* (2013) by Katie Green, *Rx: A Graphic Memoir* (2018) by Rachel Lindsay, and *Stitches* (2009) by David Small. These texts respectively illuminate therapeutic failure, psychiatric intervention, and pediatric medical error as distinct forms of iatrogenic trauma. Through expressive linework, spatial distortion, allegorical visual systems, and nonlinear sequencing, the authors convey experiences of betrayal, dissociation, and epistemic vulnerability that resist conventional medical or narrative articulation.

Furthermore, read through a bioethical lens, particularly the principles of autonomy, beneficence, and non-maleficence, these narratives reveal how medical systems may produce harm even in the act of care. Their narratives enact forms of “narrative repair,” reclaiming interpretive authority from institutions that often silence or discredit patients. Collectively, these memoirs demonstrate that iatrogenic trauma is not exceptional but a systemic vulnerability within contemporary healthcare, demanding ethical reflection, institutional accountability, and trauma informed practice.

**Keywords:** *Graphic medicine, Iatrogenic harm, Trauma theory, Bioethics, Medical humanities, Narrative agency*

## Introduction

*The wounded patient is central to medicine.*

—Arthur Frank, *The Wounded Storyteller*

Over the last decade, the prominence of Illness narratives have spread far and wide creating a significant momentum in medical humanities. Illness narrative, situated within the broader realm of Life writings, is a genre where a patient or people related to the patient narrate their story of illness. Since the majority of them are autobiographical, they are highly subjective in their representations of illness and medical encounters. Autobiographical illness narratives are often known as Illness Memoir. Memoirs play a significant role because they portray real life experiences in a stark realistic, retrospective yet lucid manner inherently facilitating an active emotional involvement from the readers. Within this emerging field of illness memoirs, graphic medicine memoirs has emerged as a notable interdisciplinary domain that expanded the possibilities of the narrative by combining visual and textual elements. To put it simply, graphic narratives on illness mark the intersection of comics and healthcare. The present paper is an analytical inquiry into three graphic medicine memoirs *Lighter Than My Shadow* (2013) by Katie Green, *Rx: A Graphic Memoir* (2018) by Rachel Lindsay, and *Stitches* (2009) by David Small to unmask the iatrogenic harm, specifically therapeutic failure, psychiatric intervention, and pediatric medical trauma, experienced by the authors during their medical diagnosis which is reflected in their illness narration.

Graphic medicine memoirs is known for its multimodality implying the integration of visual and textual storytelling to represent medical experiences that surpasses the expressive capacities of prose narratives. Affective states that a person experiences when afflicted with illness such as fear, shame, anxiety, and vulnerability are best expressed when visual medium is catered to. As a result, graphic medicine brings to the forefront the lived experiences and perspectives of the patients thereby critiquing the clinical objectivity and institutional authority usually identified with healthcare systems.

Developed and popularized by the British Physician and comic artist Ian Williams, the term graphic medicine refers to the “the intersection of the medium of comics and the discourse of health care” (Czerwiec et al. 2015, 1). Since its inception, a lot of spotlight has been amassed by the genre due to its potentiality to illustrate experiences that couldn't be articulated verbally. The medium was further expanded by Scholars such as M. K. Czerwiec, Michael J. Green, Kimberly R. Myers, Scott Smith, and Susan Merrill Squier who together came up with *Graphic Medicine Manifesto* known as the foundational text in the field that lays down the core ideas and principles of graphic medicine. While there are many recognised graphic medicines that illustrate the lived experience of the patients and the positivism ignited by the caregivers and health care professionals, conversely, there is also a surge of memoirs that exposes and critiques the medical negligence and industrialisation in the field of

healthcare. Canonical works in the field such as Brian Fies' *Mom's Cancer* (2006), M.K. Czerwiec's *Taking Turns: Stories from HIV/AIDS Care Unit 371* (2017) and Sarah Leavitt's *Tangles* (2010) inaugurated this new wave of politics of critique and resistance in the field of healthcare. Prioritising the subjectivity of experiences, "these stories inevitably dramatise interactions with institutional medical systems from a patient's perspective" (Pigg). As Sarah Glazer posits, "in many of these accounts the medical establishment comes off as insensitive, incomprehensible, or dictatorial. Encounters with soulless medical staff or with frightening treatments . . . can appear as daunting as the patient's illness itself" (15). Such narratives shift the focus from mere medical understanding of illness to the emotional, ethical, and institutional aspects of healthcare.

Within this framework of critiquing medical institutions and healthcare for its inequities, iatrogenic harm has emerged as a crucial concern in contemporary medical humanities discourse because it highlights the grim reality behind the systems that advocate gentle healing but to the contrary end as new sources of suffering. Derived from the Greek terms *iatros* meaning "physician" and *genesis* meaning "origin," iatrogenic harm refers to the physical, psychological, or emotional injury produced unintentionally through medical intervention, diagnostic procedures or the actions of healthcare professionals. While healthcare institutions are often known for its potential to heal and cure, patient experiences reveal emotionally fraught realities that indicate institutional betrayal, and emotional breakdowns. These experiences are hard to express because medical discourse often values clinical facts more than personal feelings, which usually ignore the emotional effects of medical trauma.

The selected graphic medicine memoirs Katie Green's *Lighter Than My Shadow* (2013), Rachel Lindsay's *Rx: A Graphic Memoir* (2018), and David Small's *Stitches* (2009) collectively demonstrate heterogeneous representations of iatrogenic trauma while simultaneously deconstructing the ethical and institutional frameworks of healthcare. These memoirs when viewed through the critical lens of Trauma Theory and Bioethics unmask how medical systems can become a domain of emotional injury, and split selves. Green's memoir depicts her battle with eating disorders, abuse, and recovery using visual metaphors of shame, disgust, and anxiety. Lindsay's *Rx* is a memoir born out of passion that details her experience of bipolar disorder and the consequent treatments she had to undergo in her life. The work graphically exposes psychiatric medication culture and emotional consequences of pharmaceutical dependency while simultaneously shedding light on serious concerns such as emotional instability, institutional mistrust, and the gradual erasure of personal autonomy. Likewise, Small's *Stitches* underscores paediatric surgical trauma and emotional neglect through heartbreaking black and white visual imagery. Although all the three memoirs deal with different iatrogenesis, they jointly expose institutional betrayal, medical injustice, and the ethical failures imbued within systems

of healthcare, thereby challenging medical discourse that privileges clinical authority over lived experience.

This paper thus argues that graphic memoir serves as an effective medium for the representation of iatrogenic trauma because the form and structure of graphic medicine mirrors the splintered pattern of traumatic memory. By employing fragmented visual structures and symbolic representations, graphic memoirs illustrate the realities of trauma rather than giving mere descriptions. Simultaneously, these narratives expose the realities of healthcare systems by shedding light on how they can also become systems of harm. Since the memoirs are autobiographical, it stands as a testimony to challenge institutional authority and rehumanize experiences which are often degraded to mere diagnostic abstractions.

### **Theoretical Framework**

Trauma theory offers a significant critical lens to explore why certain experiences evade direct narration. Trauma is not merely an event from the past; it is an experience that determines how a particular memory gets shaped and remembered (Caruth, 1996). It resists clear, linear narration and often occurs in repetitive or disruptive patterns. Thus, it becomes difficult for the individuals to convey their experiences using conventional prose narratives known for their coherence and linearity. According to the observations of the eminent Scholars, trauma is illustrated in narratives through silences, interruptions, and fragmentations instead of being clear and orderly structured (LaCapra, 2001). These are deliberate strategic techniques and hence do not signify drawback or lapse; rather they reflect the fractured nature of trauma itself. The complexity of representing trauma through words exposes the limitations of language and suggests the need for alternative forms of representation. Consequently, there is an increased focus on methods of representation within the fields of literary and cultural studies that could effectively portray fragmentation. Graphic narratives strongly resonate these traits. The form enjoys the freedom to depict the occurrences of the story in disruptive, out of the sequence, and in non-linearity. These unique features make the medium specifically impactful for articulating trauma, be it a memory or a harm imposed by the medical authority, as it clearly holds a mirror to represent the disrupted selves of individuals with trauma.

Further building on Cathy Caruth's idea of trauma as repetitive and fragmented, the American Psychiatrist Judith Lewis Herman claims that trauma can undermine and disrupt an individual's emotional balance, sense of trust and safety. It may manifest as numbness, fear, and a fractured identity. These notions align with medical trauma as medical institutions and healthcare professionals are always seen as messiahs of trust, care and ethics. When they themselves turn out to be the source of harm, the trauma deepens for the patients making it unbearable. Patients suffer both emotionally and

physically through unexpected emotions such as betrayal and helplessness. Medical treatment thus becomes the source of inflicting emotional injury on patients.

Trauma has various facets and its physical dimension is also equally relevant, especially in graphic medicine memoirs. The acclaimed Dutch Psychiatrist Bessel van der Kolk asserts that trauma is not merely a psychological experience; rather it is something that is deeply felt in the body and is retained in the nervous system long after the traumatic event has passed. To put it simply, events that trigger the trauma probably stay in the body along with the minds of the affected. It is both a mental and embodied experience. Graphic medicine memoirs prove especially beneficial here as it depicts such inexpressible traumatic events through distorted bodies, broken panels, monstrous figures, and visual metaphors. By blending both visuals and text, they facilitate the expression of feelings visually. Therefore, the graphic form is very effective in showing medical trauma connected with silence, shame, bodily alienation, and dissociation.

While a critical inquiry into trauma theory helps to unmask the peculiarities of graphic narratives and how it is the efficient medium to mirror the patterns of trauma, the selected memoirs can also be read through the lens of bioethics to tacitly critique and expose the medical problems and failures within healthcare systems. Bioethics helps to decipher the proper functions of medical care and the ways it could go wrong when not used appropriately. According to Tom L. Beauchamp and James F. Childress, eminent scholars of Bioethics, there are four core ethical principles that regulate medical practice: autonomy, beneficence, non-maleficence, and justice. Autonomy implies the right of the patients to make decisions about their own bodies and treatment. Beneficence suggests that a patient's best interest shall be upheld as utmost priority by the doctor in charge, while non-maleficence strictly denotes that they should avoid causing any harm to the patients. By Justice, it implies the assurance of fair, equitable, and appropriate distribution of healthcare resources. However, graphic medicine memoirs about iatrogenic harm shows how these core principles are compromised. There are many instances where a patient's autonomy is overlooked, where they are deliberately overmedicated, or even not allowed to make decisions for their own ill bodies.

The selected memoirs also shed light on the different forms of epistemic injustice that exist within medical institutions. The British Philosopher Miranda Fricker, who coined the term 'Epistemic Injustice', explains it as a situation where people are met with unfair treatment as knowers implying that an individual is not treated as a reliable knower of their own life and experiences. To put it quite simply, when the patient tries to communicate what they are going through during their medical diagnosis, their feelings are dismissed by the medical authority as trivial. In medical spaces as in hospitals where a doctor is looked upon as the ultimate authority, their opinions are regarded as extremely valuable and patients' experiences and feelings are overlooked. Such attitudes from the

healthcare professionals can make the patients' feel unseen and unheard, which in turn shall make them go quieter with what they really experience. Graphic memoirs try to challenge and rectify this situation. Their focus primarily lies on the patient's own narrative instead of mere medical reports or labels. They illustrate with stark reality what the patient actually feels, thinks, and experiences during illness or treatment. With the interplay of visuals and text, these experiences are made even better to decipher for the reader. These memoirs help the patients to reclaim their lost agency while simultaneously helping people to see that patients also have knowledge about their own bodies and pain. In this way, graphic medicine memoirs make the patient's experience seen, respected, and understood.

### **Therapeutic Failure and Embodied Trauma in *Lighter Than My Shadow***

Katie Green's *Lighter Than My Shadow*, often labelled among the British comics as 'treatment text' narrates her personal experience of growing up with an eating disorder, medically labelled as anorexia. The text acts as a strong converging point between trauma, embodiment, and therapeutic failure. Spanning across five hundred pages with powerful black-and-white illustrations, Green gives a raw portrayal of her eating disorder and slow recovery. The memoir powerfully reveals the iatrogenic harm through her experiences with healthcare professionals. Rigid treatments, misdiagnosis, and lack of emotional empathy from the medical authorities intensified the trauma Green had to go through. The inner trauma undergone by the protagonist is best expressed through her artwork. The author's choice of colour is one of the notable aspects of her creative expression. The artwork is dominated by the recurring visual motif that Green calls 'scribble', an ominous shadow looming over her body and psyche, gradually increasing in size and further growing uncontrollable, suggesting how it dominates her thought process. The usage of such dark metaphors symbolises her shame, angst and disgust of living with a disorder that society makes fun of, knowingly and unknowingly.

The visual structure of the memoir mirrors the fragmented nature of traumatic memory. While the initial pages of the book provide softer illustrations, gradually with her intensified trauma, the pages too become more and more claustrophobic and visually intricate. Panels become darker, bodies get distorted, and layout becomes wobbly. Such disrupted visuals reflect her emotional claustrophobia and numbness. Green is frequently shown as withering, drifting, or dissolving into nothingness, signifying the gradual erosion of identity rooted in trauma and eating disorder culture.

Most Importantly, *Lighter Than My Shadow* exposes the iatrogenic harm by critiquing the therapeutic systems of care that fail to meet the needs of vulnerable patients. Green encounters medical institutions repetitively from her adolescence to adulthood and has seen how the healthcare systems prioritize symptom alleviation at the expense of emotional processing. Her eating disorder gets reduced to mere medical label of anorexia with her emotional trauma being ignored. From a bioethical

perspective, one of the core principles of beneficence is compromised as the patient's best interest is ignored and under prioritised. The systems of care meant to heal and cure, merely restrict their focus to bodily regulation and behavioral correction instead of alleviating trauma and emotional suffering.

A deeper analytical inquiry into the memoir exposes autonomy and epistemic authority violations. Green's understanding of her own disorder and experiences are drastically overlooked by the institutional frameworks signifying the epistemic injustice. The subjectivity of her experience is compromised while her emotions and bodily experiences are pathologised by the medical discourses resulting in serious lapse. This imbalance shows a broader problem of unfairness in healthcare, where patients are often seen as passive recipients of care rather than active participants. Shame is another core part of iatrogenic trauma in the memoir. Medical interactions, instead of acting to alleviate pain, rather intensify feelings of inadequacy and self-monitoring. The body becomes a constant site of surveillance for the medical institutions where they are closely examined. Green's drawings often emphasize bodily fragmentation and emotional vulnerability, demonstrating the psychological damage on patients in therapeutic environments. However, Green's Graphic memoir acts as a strong testimony reclaiming her agency from medical institutions that merely pathologised her suffering.

### **Psychiatric Intervention and Pharmaceutical Dependency in *Rx: A Graphic Memoir***

Rachel Lindsay's *Rx: A Graphic Memoir* critically explores Iatrogenic harm by uncovering how psychiatric systems themselves can produce emotional and psychological damage while attempting to treat mental illness. The memoir looks at how mental illness, particularly bipolar disorder, is treated by the dominant medical culture as a commodity, the associated medication and its consequences, health insurance, and all the interactions among them. It overtly critiques institutional psychiatry and reliance on medication by showing the emotional damage caused by psychiatric treatment. The memoir serves as an autobiographical testimony on how medication culture accentuates the experiences of anxiety, depression, numbness, and identity fragmentation. Contrary to the narratives that foreground the restorative powers of psychiatric medicine, *Rx* underscores the dilemma and adverse emotional outcomes of medication. Here, the term medication rather becomes synonymous with chaos, emotional dilemma, dependency instead of healing. The memoir presents a visual spectacle with crowded, claustrophobic panels engulfed by chaotic layouts, disrupted sequencing, and repetitive imagery to articulate the emotional exhaustion and instability. Repetition functions as a major trope throughout the memoir. The idea of compulsion from trauma theory evidently makes its manifestations through repeated medical appointments, prescription changes, emotional breakdowns, and cycles of hope and disappointment that recur throughout the narrative.

The memoir further highlights how personal autonomy is overlooked within psychiatric systems. Lindsay in her narrative is often seen as questioning herself whether her emotions are real or just random medical symptoms that need to be fixed. Clinical authority assumes command and power over the patients' subjective experience dismissing the complex emotions as mere medical labels. From a bioethical perspective, autonomy, which is one among the four ethical principles that regulate medical practice, is severely compromised as psychiatric treatment limits the agency of voice from the patients.

*Rx* also emphasizes the lapse of medical institutions in treating emotional pain as a medical problem. Instead of trying to sit, listen and understand the feelings of a person who is mentally ill, the healthcare just resorts to giving the patients medicine to subside what they experience considering it as symptoms. This is powerfully depicted through the images of pills, bottles, and disrupted bodies that recur throughout the memoir to show dependence and loneliness. The memoir rightfully pinpoints that it is not fair or ethical to treat emotional suffering with medicine while failing to see their emotional pain. Lindsay's memoir thus critiques and exposes the ethical problems of treating psychological distress only with medication while ignoring the patient's emotional feelings and exhaustion. Lindsay also underscores how she became a victim of epistemic injustice when the medical authorities snatched her power to make decisions about her own life.

### **Childhood Medical Trauma and Silence in *Stitches***

David Small's *Stitches* is a highly acclaimed graphic memoir that represents his traumatic childhood experience of suffering both physically and mentally. It can be considered as one of the most daunting illustrations of paediatric medical trauma within graphic medicine. It can be even considered as a subjective, deeply personal, visual record of iatrogenesis. The memoir is a visual documentation of Small's various traumas in childhood and adolescence resulting from stifling and oppressive domestic space, loss of his voice, cancer diagnosis, radiation treatments and emotional and physical abuse at school. The focal point of the narrative lies in the removal of his vocal cord after he develops cancer caused by excessive radiation treatment. This surgery consequently mutes him permanently, highlighting bodily suffering and emotional isolation. The memoir is highly notable for its technique of silence and sparse dialogues. The strategic employment of visual silence strongly mirrors the core ideas of trauma that emphasises on fragmentation and ineffability. There are innumerable spaces in the pages of the memoir where there are no or very little dialogues to let the readers understand and absorb the emotional pain and suffering of Small visually. Such intense psychoanalytical scenes help to move the mind of the readers without saying a word and understand trauma more effectively. Silence, here becomes a narrative and visual strategy to foreground the emotional numbness of the protagonist.

Small's graphic art in *Stitches* is rich in symbolism and is highly expressionistic. Visual imageries like distorted faces and shadows communicate terror and estrangement more effectively than prose narration. Hospitals are depicted as bleak, unwelcoming and cold. Traumatic dreams that recur throughout the narrative serve as a crucial motif throughout the memoir. The panels illustrating dream sequences are shown without speech balloons or narration. The absence of words in these panels is a prolific reminder of the depth of Small's trauma. Furthermore, this stylistic approach gives the belief that the narrator is unable to recover from his past traumatic memories and always finds himself stuck in those painful experiences.

Throughout *Stitches*, there isn't a single event that depicts David as joyous in his childhood. Rather, on the contrary, the whole reading process intimately offers the readers a peek into David's own inner world of remembering his traumas, immersing both the narrator and the reader into a dark emotional landscape. Just like the recurrent traumatic dreams of David that he couldn't shrug off, the reader too is trapped in a disturbing visual pattern. The visual medium of the graphic memoir serves to intensify the experience of the readers. Additionally, the deliberate use of large and disruptive panels invite the readers to ponder and assimilate the sufferings of David, especially where his emotional pain visualises itself through tears of helplessness. Even though small individual panels may evade the attention of the readers, the larger images on each page cannot be ignored. In this way, the memoir portrays the intense and inescapable nature of trauma itself.

When viewed through a bioethical lens, *Stitches* raises significant concerns on failures of autonomy and communication. Small during his childhood had very little understanding of his illness or treatment. There was very little or no transparency between him and the elders. His parents and doctors made all the decisions keeping him in the dark. This is a drastic failure of autonomy which is a significant principle of bioethics that regulates medical practice. Small's ill body as a child became a domain of institutional authority without active consent. The memoir additionally underscores emotional abandonment as a form of systemic and domestic abuse. His inability to use his voice signifies the denial of self expression within both family and healthcare institutions. Yet, Small gradually reclaims the agency of voice which was denied to him from childhood by expressing his story through graphic art. The silence ultimately gets transformed into an authentic testimony and as a challenge to healthcare institutions.

## Conclusion

The graphic medicine memoirs studied in this analysis address the complicated and paradoxical nature of medical institutions, exposing how institutions designed to provide care and cure can simultaneously trigger trauma, mental anguish and psychological vulnerability. Viewed through the conceptual frameworks of Trauma Theory and Bioethics, the study indicates that iatrogenic trauma is not a mere

medical mistake; but a result of how power operates within healthcare systems. The selected memoirs depict psychiatric institutions, therapeutic settings and hospitals as spaces structured by hierarchical power, monitoring, and disciplinary systems, where patients are often deprived of personal agency over their bodies, speech, and personal accounts. At the same time, it is essential to understand that these memoirs do not attempt to frame and degrade healthcare institutions as solely sites of violence and trauma. Rather it merely shows the world the more nuanced and ambivalent nature of medical institutions. They undoubtedly offer just treatments, rehabilitation, care, and emotional support. Yet it cannot be ignored that these narratives expose that such care comes from strict biomedical and institutional structures that monitor and control patient behavior, make suffering seem normal and prioritise clinical judgment over personal narratives. Just like a coin has twin sides, the medical system too is multi faced with one realm protecting and treating patients but on the other hand, the same are being silenced and traumatised into mere medical labels. Thus, care and control function not in opposition, but as interlinked systems that operate concurrently within institutional medicine.

The multimodality of graphic memoir heightens relevance to this critique by visually demonstrating the non-linearity of traumatic memory and bodily suffering. Surreal imagery, distorted bodies, recurring dream motifs, silence, spatial and temporal dissociation and disjointed panels in unison bring to life the mental and emotional imbalances stemming from trauma. In doing so, the memoirs challenge the constraints of medical accounts that often narrow illness to clinical diagnosis and treatment. The visual-textual interaction allows these narratives to draw attention to the emotional fragility, embodied experience, and mental fragmentation in ways that clinical language alone cannot express.

This study claims that graphic medicine memoirs operate as tools of cultural critique within Medical Humanities. They lay bare the moral complexities of healthcare systems while also calling for care approaches rooted in empathy, patient subjectivity, and trauma sensitivity. The memoirs bring to light that iatrogenic trauma often arises through systems that uphold medical institutional power over personal experience thereby seeking improved ethical oversight within medical fields. In this regard, graphic medicine memoirs transcend simple documentation of illness and trauma; they rigorously probe and critique the biopolitical structures through which suffering is regulated, represented, and structured within modern clinical institutions.

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