

Pow, Bam, Snikt: Using Superheroes to Teach Mental Health

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ABSTRACT

Undergraduate psychopathology (abnormal psychology) courses traditionally emphasize case vignettes of individuals with psychiatric disorders to illustrate etiology, nosology, and treatment. While pedagogically useful, these depictions can inadvertently provoke distress in students, potentially impeding engagement and learning. To address this dilemma while continuing to center the same learning outcomes, I formulated a course structure which embedded some course topics in superhero-related material with the express intent to create psychological distance between potentially distressing topics and the learners themselves. This commentary provides background for the course, evidenced-based rationale for specific pedagogical choices alongside topical material recommendations, and ends with personal reflections.

COURSE RATIONALE

Abnormal psychology courses frequently rely on case studies of clinical populations to demonstrate core psychiatric concepts and diagnostic categories (e.g., major depressive disorder, schizophrenia, etc.) and to illustrate evidence-based treatment applications (Barlow et al., 2022; O'Donohue & Lilienfeld, 2013; Oltmanns & Martin, 2019; Sue et al., 2024). These cases, often anonymized but drawn from authentic clinical practice, are presented with a degree of realism intended to anchor textbook knowledge in lived experience. However, for undergraduates, such material may also trigger unintended consequences. Exposure to detailed accounts of severe psychopathology, and the environments in which this pathology develops, can generate vicarious distress (Baird & Kracen, 2006), introducing an additional cognitive and emotional burden that interferes with learning. Grounded in cognitive load theory (Sweller et al., 2011), alternative pedagogical strategies are needed to preserve instructional rigor while creating psychological distance from potentially distressing content.

Psychological distance is a construct representing the abstractness of a person's sense of self from another construct (Trope & Liberman, 2010). Via construal-level theory, increased abstraction leads to increased psychological distance in the interconnected domains of temporal, spatial, social, and probabilistic distance (Fiedler et al., 2012). That is, abstraction of difficult topics can decrease internal cognitive load through psychological distance. While not discussed explicitly, some researchers have shown the efficacy of abstracting difficult concepts in clinical teaching environments. For example, Erikson and colleagues showed the pedagogical utility of using fictional literature as case examples in clinical psychology education (2020; for a more in-depth look at this practice). Taking a step further, the use of graphic novels and comics in undergraduate and graduate medical student education has been shown to provide vicarious learning experience to students in often-distressing areas of clinical medicine (e.g., palliative care; Consorti et al., 2023). While not explicit in these studies, a component of the efficacy of the aforementioned interventions could be the reduction in cognitive load via psychological distance from potentially distressing topics.

Superhero and comic book narratives may be particularly well-suited for psychopathological thematic instruction, because they occupy a unique position at intersections of cultural familiarity (Parris, 2023), archetypal storytelling, and psychological relevance. As mentioned, current researchers demonstrate that

using popular media can enhance student learning outcomes and reduce barriers to engaging with emotionally challenging topics (Consorti et al., 2023; Erikson et al., 2020). Comic books and superhero narratives often portray themes of trauma, identity, moral conflict, and resilience in ways that resonate with students while maintaining psychological distance from real-world suffering. In the use-case of an undergraduate psychopathology course, this tripartite blend of popularity, familiarity, *and* abstraction makes superhero media an especially effective pedagogical tool for reducing cognitive load.

COURSE STRUCTURE

Pow, Bam, Snikt is structured as an iteration of my standard *Psychopathology* or *Abnormal Psychology* course. Restructuring and iterating came through two primary means: changing assignment content and changing learning material. First, I altered the course's summative applied project – a comprehensive diagnostic and treatment plan case study – to center superhero/comic films instead of non-superhero films (Table 1). Second, I embedded readings of the “most difficult topics” – chosen through feedback on student evaluations and subjective decision-making – into superhero-related materials (Table 2).

The course includes the following assignments, with the weight of the grading category in parentheses: in-class activities and continuum activities (15%), quizzes (10%, 15%, 15%, 15%), presentation (15%), case report (15%). Perhaps most unique to the course are the “Continuum Activities” and the Case Report. Continuum Activities are a pedagogical tool created by Sue and colleagues (2024) which involve students watching a short video biography of a real person living with a specific mental health diagnosis (e.g., depression, bipolar disorder,

schizophrenia) and engaging with the narrative by identifying thoughts, feelings, and behaviors along a continuum of subjective severity. Using these tools allows students in this course to be exposed to lived realities of mental health diagnoses.

These individualized experiences of mental health diagnoses are augmented through readings and discussions of systemic factors through the lens of comic books and superheroes. For example, teaching about the realities of intergenerational trauma, and its impact on the potential diagnosis of trauma- and stressor-related disorders, had been historically met in my courses with some confusion and head-scratching from students who seemed hesitant to engage with content regarding such deep emotional topics: the Holocaust, the WWII internment of Japanese Americans, or the attempted genocide of Indigenous Americans. Because of this, I explicitly sought to couch the topic of intergenerational trauma within a container that did not serve to dilute the material but, rather, redeliver it one step removed. Through this, I settled on centering Black Panther as a representation of the intergenerationally-traumatizing diaspora of transatlantic enslaved Africans. Specifically, I asked students to engage with the complex character of N’Jadaka (“Killmonger”), alongside his characteristics and motives, through an exploration of “Post-traumatic Slave Syndrome” (Tolokun, 2021). The psychological distance created by a single step of fiction (N’Jadaka as royalty of a fictional African kingdom) assisted students in reducing their cognitive load in learning about the emotionally dense topical area – subjective engagement for this topic was greater than previous years (in which we centered a Black, male Vietnam veteran with wartime trauma).

Similarly, in discussing the historical realities of asylums –

subsequently psychiatric institutions, and now de-institutionalization – students often experienced distress in descriptions of the conditions of asylum (as evidence by expressions of shock, disbelief and, at least once, crying). Arkham Asylum, the sometimes-titular location housing the most insidious Batman villains, exists as a fictionalized representation of the now-defunct asylum system. The goal in changing the material was not to sanitize history, but to couch the history into something that invokes psychological distance. In centering a fictionalized place, we are afforded the opportunity to engage in critical investigation: How does Arkham compare to prison? What are the relevant forensic psychological ethics? What is the purpose of an asylum? Couching material about asylums into the abstract concept of Arkham seemed to facilitate these discussions.

The Case Study is the final assignment in the course, and one in which students are given the opportunity to combine both the in vivo individualized narratives and the systemic comic book notions from the course. In general, the case study asks students to watch a superhero/supervillain film (not necessarily one based on a comic; Table 1) and engage in a descriptive diagnostic process for one of the film’s characters. The purpose of this assignment is not accuracy of diagnosis – although diagnosis has a 25% weight – but the focus is on the critical defense of the diagnosis based on the information gathered through engaging with the film. The assignment description and grading rubric can be found in Appendices A and B, respectively.

REFLECTIONS AND LESSONS LEARNED

In teaching this course four times now, I have two primary reflections that have altered the course direction: a) where the fictional emphasis goes,

and b) ethical discussions around diagnostics. When I first taught this course, I attempted to use only comic book vignettes as examples of psychiatric diagnosis. This was largely possible, but difficult. I don't believe this method was as effective at helping students understand the disorders as using real-world examples of psychopathology (e.g., vignettes from Sue et al.). The value of the distance was apparent, but graded material indicated struggles with diagnostic specificity.

The second time I taught the course, I mostly transitioned away from using comic book representations of individualized psychopathology. Based on student feedback, it seemed that the psychological distance would be more valuable when enveloping the sociological features of the course: asylums, prejudice and discrimination, intergenerational trauma, environmental impacts on personality development, the sociology of gender, etc. Students seemed quite able to emotionally and cognitively handle individualized pathology – I think this is a byproduct of generational openness to personal mental health – but they seemed most impacted by systemic factors influencing the individualized presentations of mental health.

This realization resulted in the current iteration of the course. That is, most depictions of mental health diagnosis are through real case examples (Sue et al., 2024), while many of the sociological and environmental histories and realities of mental health are couched with distance drawn using superhero and comic material. However, there are remnants of individual comic book pathology in the course: chronic trauma (Harley Quinn), intergenerational trauma (N'Jadaka), and substance use (Tony Stark) – all diagnoses inextricably linked to sociological and environmental factors.

Finally, a topic regularly discussed in this class is “The Goldwater Rule” – a principle adopted by the American Psychiatric Association prohibiting the rendering of professional opinion on public figures. The American Psychological Association, the American Counseling Association, and other mental health governing bodies similarly prohibit this act. Particularly with the advent of social media diagnostics and armchair psychologists, it has become pertinent to have in-class discussions about the purposes of professional clinical diagnosis and the skills required. Students are asked to acknowledge an understanding that they are not diagnosticians, and that their diagnostic practice in this course is pedagogical, not clinical: to assist them in a deeper understanding of the nature of the DSM-based diagnostic model of psychopathology. This is often a lively discussion, and students tend to understand this distinction.

Across two colleges and universities, with notably different student bodies, I have overlaid a popular culture theme (PCT) of superheroes/comic books onto a traditional undergraduate psychopathology course to good reception. The purpose of the course transition was to assist students in accessing their critical faculties when confronted with the emotionally impactful realities of mental health and psychopathology. Superhero content, which has become mainstream with the advent of a billion-dollar film industry, allows students the psychological distance to explore the interrelation of complex biopsychosocial topics such as diagnosis, etiology, and pathology. Clinical and counseling psychology faculty interested in adopting some of these materials can refer to the included tables and appendices, where I have collected films and television shows (Table 1), primary and secondary reading material

(Table 2), and course descriptions and grading rubric (Appendices A and B) which aim to create the psychological distance helpful for the learning goals discussed herein.

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Table 1

Connecting DSM-5-TR Diagnostic Categories to Traditional and Superhero-related Films

Diagnostic Category	Traditional film(s)	Superhero-related film(s)
Neurodevelopmental Disorders	<i>Forrest Gump (1994)</i> <i>Mary and Max (2009)</i> <i>What's Eating Gilbert Grape (1993)</i>	—
Schizophrenia Spectrum and Other Psychotic Disorders	<i>Donnie Darko (2001)</i>	<i>Birdman (2014)</i> <i>Super (2010)</i> <i>Joker (2019)</i>
Intermittent Explosive Disorder	—	<i>Mystery Men (1999)</i>
Depressive Disorders	<i>The Babadook (2014)</i> <i>It's a Wonderful Life (1946)</i>	<i>Constantine (2005)</i> <i>Unbreakable (2000)</i>
Anxiety Disorders	<i>Eighth Grade (2018)</i>	<i>The Incredibles (2004)</i> <i>Zebaman (2004)</i> <i>The Mask (1994)</i>
Obsessive Compulsive and Related Disorders	<i>As Good as It Gets (1997)</i>	—
Trauma- and Stressor-Related Disorders	<i>Good Will Hunting (1997)</i>	<i>Black Panther (2019)</i> <i>WandaVision (2021)</i> <i>Logan (2017)</i>
Dissociative Disorders	<i>Black Swan (2010)</i> <i>Sybil (2007)</i>	<i>Moon Knight (2022)</i> <i>Split (2016)</i> <i>Glass (2019)</i>
Substance-Related and Addictive Disorders	<i>Requiem for a Dream (2000)</i> <i>Uncut Gems (2019)</i>	<i>Hancock (2008)</i>
Personality Disorders	<i>One Flew Over the Cuckoo's Nest (1975)</i>	<i>Brightburn (2019)</i> <i>Watchmen (2009)</i>
Neurocognitive Disorder	<i>Memento (2000)</i>	—

Note: This table serves as a general guide connecting DSM-5-TR diagnostic categories with relevant films. The nature of complex co-occurring diagnoses leads to many main and side characters in these films fitting into multiple diagnostic categories.

Table 2

Superhero-related Readings to Reinforce Learning Goals

Topic	Reading
Historical perspectives in mental health	<i>*Prejudice Lessons from the Xavier Institute</i> <i>*Arkham Asylum: Forensic Psychology and Gotham's (Not So) "Serious House"</i> <i>Our Fascination with Superheroes</i>
Intergenerational and complex trauma	<i>Trauma: More Than One Bad Day</i> <i>N'Jadaka and Intergenerational Trauma</i>
Stress, anxiety, and coping	<i>*Coping with Stress the Superhero Way</i>
Substance-related and addictive disorders	<i>Analyzing representations of addiction treatment and recovery in comic books and graphic novels</i> <i>Excerpts from Demon in a Bottle</i>
Ecological and environmental impact on personality development	<i>Our Superheroes, Our Supervillains: Are They All That Different?</i> <i>*Superman's Personality: From Krypton, Kansas, or Both?</i>
Sociology of gender	<i>*Gender Typicality and Extremity in Popular Culture</i>

Note: All readings can be found in the References section of this manuscript

*from the primary text for the course, *The Psychology of Superheroes*, edited by Robin Rosenberg

Appendix A

Final Case Report Assignment Description

Before the end of the semester, you will engage in writing a case report about a character from a film or series. Your case report should include a brief description of the plot (no longer than 0.5 double-spaced pages), a complete DSM diagnosis of an individual in the film, and a complete treatment plan. Treatment plans should include where treatment might take place, which kinds of treatment might be most beneficial, how long the individual should be in treatment, and any cultural considerations about the individual's treatment. A rubric for this assignment is provided on Canvas. Your grade on this assignment is less dependent on selecting the "right" diagnosis or the "right" treatment plans and more dependent on the justifications you provide for each of these components. Chapter 12 of *Psychology of Superheroes* ('What Would Freud Say? Psychopathology and the Punisher') gives a good example of a case study.

You may select any *one movie or series* on this list, watch it, and write a case report. Minimum paper length is 8 double-spaced pages. These papers are expected to be written in APA-style with appropriate writing mechanics and grammar. You may select from the following media:

[Media reported in Table 1]

These films are on reserve in [Institutional Library] as DVDs or Blu-Rays. You may also acquire and watch them in any way that is convenient to you (stream, rent, borrow, etc.).

Appendix B

Case Report Grading Rubric

	Below Expectations (< 70)	Progressing (70 – 79)	Partial Mastery (80 – 89)	Mastery (90 – 100)
Paper Style 5%	Report does not meet page, spacing, and/or formatting style.	Report does not meet page requirement. Spacing is adequate. Formatting style has significant errors.	Report meets minimum requirement, spacing is adequate. <4 APA-style issues.	Paper meets page length and formatting requirements. 8 pages, double-spaced. APA-styling is appropriate.
Writing Style 10%	Very difficult to read. Writing is unclear with multiple errors in grammar, punctuations, and/or writing mechanics that impact writing clarity.	Difficult to read. Writing is unclear in places. Errors in grammar, punctuation, and/or writing mechanics minimally impact clarity.	Moderately easy to read with clear writing. Psych Dept. Writing Policy demonstrably followed. Few errors in grammar, punctuation, and/or writing mechanics.	Very easy to read. Writing is exceptionally clear. <2 errors in grammar, punctuation, and/or writing mechanics.
Completeness of Case History 15%	No case history information, or minimal demographic information provided.	Minimal case history information provided. Missing important historical pieces that impact understanding.	Case history information mostly complete. Less important information that only subtly impact understanding may have been omitted.	Case history information is complete, including history of: substance use, family dynamics, relationships, medical history, religion/spirituality, occupation, and legal issues. No information impacting understanding has been omitted.
Appropriateness of Diagnosis 25%	No diagnosis provided. Diagnosis provided is not a verifiable diagnosis.	Minimal diagnostic effort. Argument for diagnosis is misinformed or low effort.	Moderate diagnostic effort. Diagnosis argument may be lacking information that subtly impacts diagnosis.	Diagnostic effort clearly demonstrated. Appropriate differential and rule-outs completed for selected diagnosis.
Cultural Considerations 20%	No cultural considerations discussed.	Minimal cultural consideration highlighted that substantially impact understanding of client presentation.	Moderate cultural considerations highlighted. Minor exclusions may not substantially impact understanding of client.	Culture adequately considered. Major identity and cultural issues discussed in-context of client’s presentation.
Treatment Planning 25%	No treatment plan provided.	Treatment plan shows minimal effort. Treatment plan does not match diagnosis.	Treatment plan shows moderate effort. Plan matches diagnosis. Student may have omitted 1-2 components of treatment plan.	Treatment plan is holistic and well-defended. Plan matches diagnosis. Plan includes treatment modality, location of treatment, and treatment length.