

# **Capturing Mental Health with Comics**

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## **Introduction**

William Penn High School (WPHS) currently stands as the only high school in the Colonial School District and the largest high school in the state of Delaware, serving over 2,100 students in grades 9-12. The building consistently enrolls students from New Castle, Delaware City, and Southeast sections of Wilmington. Based on 2018-2019 data provided by the State of Delaware Department of Education, the school's population is comprised of students of diverse backgrounds, race, educational levels, and socioeconomic status. As diverse as the student population is, the goal remains simple, every student will graduate prepared for entering the workforce or continuing their education in college.

With a focus on college and career readiness, students enter high school by choosing their academic pathway to graduation. From three college academies (STEM, Business, and Humanities), students choose from twenty unique degree programs ranging from agricultural and culinary arts to international and legal studies. Students are encouraged to participate in authentic vocational programs such as Penn Farm or the Teacher Academy as well as exemplary extracurricular athletics and after-school clubs. The school also offers Advanced Placement (AP) programs for students who strive to take college level courses and a vast selection of electives for students who wish to expand their interests. The Distance Learning program, consisting of over 20 online college prep and AP courses, is also available to students in need of additional credits, support in learning, or an enhanced learning experience. Through their choice of college academy, students gain specific content knowledge and skills needed to pursue a degree or career related to that college.

Behavioral Sciences is a popular selection within the Humanities college academy that students may select as a major. Students who select this pathway take courses in criminal justice, sociology, and psychology. The capstone course of this pathway for students who are ready and willing is AP Psychology, which this particular unit is written for. AP Psychology is open as an elective course for students in other college academies as well, allowing the program to be one of the larger AP Programs that the school offers. The AP Psychology program enrolls approximately 65-75 students each year, of varying grades, degree programs, and levels of achievement.

## **Rationale**

As a fourth year Advanced Placement Psychology teacher, I am constantly finding ways to reflect on my own teaching practices to improve student learning in my higher-level courses. My participation in DTI has allowed me to create units that act as additions or enhancements of my current units, which add depth to the content and connect psychology to real world problems.

This unit will be written as an extension of our current unit on treatments of psychological disorders. Currently, our unit involves two main subsections; historical and modern means of psychological treatment. Through the historical means of treatment and institutionalization, students gain background knowledge of the inhumane treatments of the past and efforts for improving the conditions for patients with psychological disorders or mental health issues. Students then move on to learn about modern therapies, treatments, and approaches for clients and patients. The goal of this unit extension is to deepen students' understanding of these modern therapies and ideologies on mental health, as we often place a larger focus on past treatments and therapies within our current unit. My hope is that students will be able to use this knowledge in post-secondary education or in their careers to be one step ahead of an ever-changing field of study.

One emerging field within the realm of psychological treatment is art as a form of therapy. Said by Lady Bird Johnson, "Art is the window to man's soul." While anyone could attest that art could very well be used for mindfulness and meditation, it is often an uncommon opinion that art could be used as a form of therapy to treat mental illness. Even more uncommon is that the use of comics and cartoons, once regarded as immature or illegitimate, has the potential to create a better understanding of someone's mind and establish greater sympathy between clients and therapists. Graphic medicine has made a dent in the healthcare field with this exact premise. It will only be so long before we see these ideas and results in the mental health field as well.

To establish student understanding and practice of art before teaching the current unit, students will need to build their skills in arts-based literacy. This includes analyzing content connections through visual imagery and being able to integrate their own art. Some students may have experience with arts-based literacy, depending on which degree program they are in and the courses they have taken such as Digital Media Design, Art Design, and Engineering. However, most students will not enter the course with this background. It is recommended that students are exposed to drawing as a primary strategy for learning early on. Students should be encouraged to take visual notes, where notes in class and at home include both written and visual components. Research has proven this to be more effective for memory, as pathways in the brain for both written and visual information processing are activated. Adding the visual component creates depth to the content and promotes higher order thinking. With the many (sometimes over 600!) concepts within AP Psychology, it would benefit students to doodle about social loafing, sketch the Little Albert experiment, or even draw a cartoon about an interaction between Freud and Albert Bandura!

Having students practice drawing images that align with Gestalt principles and monocular cues from Sensation and Perception unit is also recommended. Using graphics to understand other graphic content is functional for students. In our day to day, we interpret visual images. We use our depth cues to get up out of bed, we understand that our friend is not miniature just because they are far away, we assume that the hallway keeps going around the bend even though we cannot see it, and we group people and objects together based on their similarity and proximity. When students draw these principles and cues to demonstrate those same principles and cues, the medium becomes the message. In this instance, the visual imagery and visual concepts come full circle.

It would become more natural then to lead into more extensive drawing, artistic, and creative skills that draw on their previous work. During our unit on brain and behavior, students create their own superhero. The backstory to this superhero is that a human has run into some trouble and, as a result, has sustained damage or unexplainable enhancements to specific areas of the brain. Students must demonstrate their understanding of the parts and functions of the brain through a short comic strip about their superhero coming to the rescue. Although certainly an entertaining activity, it often exposes students to art in a way that they have not been before. Students often include a little piece of themselves, either in the superhero, supporting characters, or even villain, and can sometimes be an act of empathy and healing for some. By continuing to expose students to art and utilize art in a meaningful way throughout the year, introduction to the current unit will come naturally to students.

Students will enter this unit with an understanding of how people view mental illness, which behaviors are considered abnormal, as well as causes and symptoms of various psychological disorders within the DSM-5. The current unit will use the above knowledge and skills in order to enhance one of our final units on treatment of psychological disorders. The unit will be divided into three sections: exploration on how and why art is used in therapy, analysis on whether art therapy can be effective, and collaborative problem-based learning experience. The division of the unit best helps to compartmentalize main ideas and scaffold student learning. At beginning of the unit, students will be tasked with interpreting drawings or images from existing cartoons or comics as an introductory activity. Students will then explore resources on art-related therapy and partake in art therapy themselves to better understand this type of therapy. Through this understanding and additional research, students will be able to argue whether art therapy is an effective form of therapy as well as when and how art therapy could be implemented. As a closure to this unit, students will work in small groups to create an individualized treatment plan for a patient in a problem-based learning scenario. Doing so will not only demonstrate their knowledge of art-related therapies and how to effectively implement them but serve as review for the previous unit on psychological disorders.

### **Student Learning Objectives**

With the completion of this unit, students will be able to research the rationale and implementation of art within therapy as well as analyze the efficacy of art-related therapies on individuals with mental illness. Students will have prior knowledge of therapies and treatments but will have the opportunity to explore alternative therapies that are rising in popularity but still debated. Students will also be able to create an individualized treatment plan that includes art as part of an eclectic approach to treatment of mental illness. With their prior knowledge and additional research, students will incorporate alternative sequential art therapies into already existing therapy sessions. This will allow students to demonstrate both prior and current knowledge of content, but also demonstrate great skill to modify existing treatment to make it more effective for the individual.

### **Content**

Cartoons and Comics as Art

Comics are defined as side by side images deliberately arranged in a sequence that is intended to convey information to the viewer<sup>1</sup>. Although this definition is specific, comics and cartoons can greatly vary in terms of content, style, means of print, and schools of art. Rooted in history, comics have included ancient hieroglyphics, paintings, and engravings. Some of the most famous works of comic art have been the Bayeux Tapestry, the Tomb of Menna, and Cortes' screenfold of a political hero, all of which tell a visual story of experiences and events in history<sup>2</sup>. Often, present day comics are drawn by hand either on paper or even through tablets and computers. Thankfully, we continue to see the use of comics and cartoons to represent events in history, as recent as World War I and II, the Great Depression, and the Civil Rights Movement. Even more recently, comics and cartoons have been published to depict political opinion, current events, and even core subjects in education such as math and science.

### Graphic Medicine

Comics and graphic novels have played an astounding role in medical education and patient care. Within the past decade, healthcare professionals have been using a genre of graphic novels called graphic pathography, which depict characters living their daily lives with an illness<sup>3</sup>. Graphic pathologies can also teach patients more about their illness and what can be expected moving forward after diagnosis. This greatly benefits patients by visually representing their illness and allowing them to connect with the characters that might be feeling the same way. By representing self-care at home along with medical care within the field, these graphic novels can help patients feel more comfortable within both environments. They may even empower those who are diagnosed with a medical or mental illness.

Not only does this assist patients, but it also has a place in medical education. The graphic pathologies can be integrated into medical curriculum to teach healthcare professionals what signs and symptoms might appear with certain illnesses, skills for diagnosing, as well as how to communicate with their patients clearly using language that they can understand<sup>4</sup>. Through the graphic novels, professionals can see and read about, possibly for the first time, how it might feel to be diagnosed with an illness, anxious for invasive surgery, or even hopeless about receiving treatment. They give insight to doctors and nurses about their patient's personal experiences, thoughts, and feelings after diagnosis and during medical treatment. Ultimately, this leads to greater communication and empathy between healthcare professionals and their patients. Having a combination of both informative text and visual representation can fill many gaps in the field of healthcare. It can be argued that graphic medicine could also be applied to the field of mental health, where there is even more of a gap with invisible illness.

### *Stigma of Mental Health in Comics and Cartoons*

However, present day comics and cartoons have become a stigmatized art form. Since it is not a 'sophisticated' art form such as painting, engraving, sculpting, filming, or performing, society has a hard time considering comics and cartoons as a true form of art. Even the language is changed around the subject to denounce the art form. For example, artists are no longer artists, but rather 'illustrators' or 'cartoonists'<sup>5</sup>. Unfortunately, this does play a part in how these art forms are created and used. For example, teachers are hesitant to allow students to doodle on pages, parents are insistent that their children read 'real books' rather than Dog Man and Captain

Underpants, and adults who read comics or graphic novels are often asked “you’re *still* reading comic books?”

It is worth noting that comics themselves, as any other media outlet, have also profoundly contributed to the negative stigma of mental illness. DC Comics has been known in the past to attribute inaccurate psychological terminology and assumptions to character thoughts and behaviors<sup>6</sup>. Specifically, within the Batman series, all characters center on Arkham Asylum. In doing so, the developers make the presumption that all characters suffer from mental illness, which is the cause of their erratic and ‘lunatic’ behavior. Not all characters are accurately described, either. Two-Face is described as having schizophrenia, when it seems more likely his split personality is a form of dissociation and the Joker is described as psychotic rather than psychopathic<sup>7</sup>. Even the main character, Batman, succumbs to the presumption that childhood trauma leads to violent and vengeful behaviors. The language and environment depicted in this comic among others can influence the way individuals perceive others with mental illness in a negative light. Therefore, it is essential that authors of comics and cartoons use the images to promote awareness and accurate portrayals of both mental and physical illness.

Conversely, there have been many strides within the realm of comics and cartoons to combat or eliminate the negative stigma of reading and creating comics. One of the greatest examples of this comes from the graphic memoir series written by John Lewis on the power of nonviolence called *March*. Despite all of the harsh experiences Lewis has endured through the civil rights movement, he emphasizes that violence should not be met with violence and that we persevere through nonviolent protests<sup>8</sup>. Even within the mental health field, artists have been able to raise awareness of and advocate for specific mental illness, as Robinson and Leach’s motivation was in creating the graphic novel ‘*Episodes of Schizophrenia*’ as well as L.B. Lee’s ‘*MPD For You and Me*’<sup>9</sup>. In doing so, the graphic novels and cartoons directly combat the negative stigma of mental illness that has been portrayed in previous comics. Graphic novels have also been used as a supplement to therapy for both the client and therapist, as seen in ‘*Couple Therapy*’ and other works by Nina Burrowes and ‘*Mindful Counselling and Psychotherapy*’ by Meg Barker<sup>10</sup>. By providing practical skills for training and education, this purpose achieves the same goals found in graphic medicine- to enhance communication and empathy between client and professional.

## Comics As Therapy

Art has been used in therapy for many years, dating back to ancient civilization use of images, spoken stories and folktales, dances, and chants as healing rituals<sup>11</sup>. Even today, the public is certainly no stranger to art being an outlet for struggling artists. Frida Kahlo, a famous female painter who had contracted polio, survived a trolley car accident with harrowing injuries, and endured a very public and scandalous marriage, found ways to paint her own reality despite adversity<sup>12</sup>. To date, there have been encouraging trends in mental health for participants in creative arts intervention. Visual arts such as making collages, textiles, pottery, watercolor and acrylic paintings, as well as drawings have been linked to improvement of social functioning, physical symptoms and conditions, and positive emotion through self-expression<sup>13</sup>. There are also trends toward an improvement in mental health, as visual arts allow for tactile control and release of current stressors. For example, Van Gogh, was believed to have suffered from an unknown mental or medical illness as he was responsible for cutting off his ear after a day of

emotional distress. Amongst his disorganized thoughts and unexplainable actions, he illustrates the importance of art to his own wellbeing,

*“Though I am often in the depths of misery, there is still calmness, pure harmony, and music inside me. I see paintings or drawings in the poorest cottages, in the dirtiest corners. And my mind is driven toward those things with an irresistible momentum.”<sup>14</sup>*

### *Viewing Art: The Gutter*

Within the mental health field, it is certainly not uncommon to see the use of art and images as tools to identify mental illness, past traumas, or types of personality. The Rorschach Inkblot test was one in which vague ink blots were shown to participants, who then identified what they saw within the image. The Thematic Apperception Test (TAT) is another test in which a single image is shown to the client. The client then must fill in the gaps by telling a story about what is happening within the image. Clients can also be asked to draw their own images of a house, a tree, and a person to make note of how images are drawn and what items might be left out, in an assessment simply named House-Tree-Person (HTP). These projective tests, while there are more, are the most closely related to the use of comics and cartoons within the field of mental health. In all these assessments, clients are asked to fill in the gaps, much like what readers and creators must do within the gutter of comics and graphic novels.

The concept of the gutter in comics and cartoons is an important one. Each image is drawn in a panel. The blank space between each juxtaposed image, or panels, is called the gutter. This is the place in which the reader must make connections and infer what is happening in the gutter in order to continue the sequence. The reader must use this space to complete the images and ideas to connect the boxes and see the still pictures as one continuous story. Essentially, the concept is simple: from panel to panel, you must fill in the space. What is most important about reading in the gutter is that every reader will fill in that space differently. What we perceive to be in the gutter will be different, and so will be different than any other reader.

What we perceive to be in that gutter will be influenced by our ability to connect two points, but also by our previous knowledge, past experiences, social skills, and thinking patterns. The reader is now seen as a storyteller, connecting panel to panel in the way that their minds have decided the actions occur. For individuals with a history of anxiety and depression, what is in the gutter between images or even within the images may be perceived as negative. For someone who is currently in a manic state or even just enthusiastic about life may perceive the very same action to be positive in nature. In filling the gutters with one's own thinking, the sequence or even the entire comic strip may be interpreted differently. Those interpretations are a window to what the reader may be experiencing, thinking, and feeling.

### *Making Art: Self-Expressing Characters*

As art is a form of therapy for some, comics and cartooning can also do the same. The cartoon acts as a blank slate, where individuals are free to safely enter a world in which you see yourself-your own identity and awareness<sup>15</sup>. Drawing, storytelling, portraying messages through art can be a form of catharsis for some, representing their own experiences, thoughts, actions, feelings,

and even traumas within the comic. Even lines and background images within the comics can be expressive and indicative of an emotional or sensual response<sup>16</sup>. Sharp corners and cuts are more severe than a warmer curved line, indicating a more assertive mood or even someone who is closed off. As much as comics, cartoons, and graphic novels evoke an emotional response, this form of art can arguably be both a form of self-expression and an integral part of therapy and treatment for mental illness.

Comics and cartoons allow creators to express themselves through their own characters. Some would argue that these forms of art are semi-autobiographical in nature, as you may change characters and experiences but much of it is “based on some sort of kernel of truth.”<sup>17</sup> Children often do the same through their own drawings of stick figure families and their favorite activities. In some instances, children draw themselves as superheroes or characters with exaggerated or ideal features<sup>18</sup>. As children grow older, they get less of a chance to express themselves creatively. Comics and cartoons give individuals the opportunity to have more control over their own characteristics, like being strong, having a positive outlook, and making better decisions<sup>19</sup>. In turn, people begin to see themselves as the way they want to see themselves. Inevitably, this has the potential to lead to higher self-esteem and confidence in their daily lives.

Drawing comics can also allow individuals to create a world in which they can get through difficult times or hardships. Doing so creates a medium for individuals to express their own firsthand experiences, or the experiences of others. A prime example of this is the infamous comic *Maus* by Art Spiegelman, a powerful depiction of the trauma caused by the Holocaust. Using animal cartoons, Spiegelman represents ethnic and national groupings and their suffering during the 1930's and 1940's<sup>20</sup>. Although the comics were intended to honor his father's time and experiences in Auschwitz, we often see Spiegelman's own traumas and stresses within the comic. In one cartoon, the main character “Art” very clearly demonstrates regression to a childlike state when he shrinks in size and calls out for his mother- of whom in his real life had committed suicide due to her experiences in Auschwitz<sup>21</sup>. By not only representing historical experience, but also visually depicting his own stresses related to witnessing his parents' traumas, creating the comic *Maus* arguably became a therapeutic process for Spiegelman. This has direct application to individuals' lives. By using comics and cartoons as a therapeutic tool, individuals can identify and work through emotions, situations, and experiences that they otherwise would not be able to confront or cope with.

## Comics In Therapy

The use of comics and cartoons within therapy, or even within the school or work setting, is not a recent concept. Art therapy has been established as a valid form of therapy, but graphic therapy is a concept that is gaining exposure and weight in the realm of psychology. Comics and cartoons have been used recently in a variety of contexts: to assist veterans with symptoms of Post-traumatic stress disorder, to help children with behavior issues, to help individuals tackle real-world issues, address safety concerns, help individuals through a tough physical diagnosis, and to increase understanding of history and educational content.

Do comics and cartoons have a place in therapy? If so, how can comics be used effectively? It is nearly impossible to determine a ‘one-size-fits-all’ approach in therapy, since the effectiveness

of that therapy depends on the client's specific needs. However, one could argue that art and comics could serve useful to certain clients with artistic ability, learning disability, mental health problems, poor social skills, overwhelming stress, or issues with identity. Employing techniques used within art and comics that allow clients to draw themselves, participate in storytelling, and interpret sequential events can help identify key areas for concern or further conversation. There are many ways to implement expressive strategies within already existing parameters, potentially improving a client's growth and progress using a blended approach to therapy.

### *Clinical Art Therapy*

Clinical therapy is an approach that helps to identify patient's problems and work through them in either an individual or group setting. Within any setting, from hospital to home to office, clinical therapists would be able to use sequential art as a tool to help identify and work through client's thoughts, emotions, and circumstances. It is suggested within therapy that comics and cartoons are an integral piece to the therapeutic process, rather than a standalone therapy. In addition, when using sequential art therapy, it is essential to scaffold the reading and drawing of comics rather than jump right in to drawing full page graphic novels. For instance, clinician and participant should collectively read comics together before enabling the client to draw their own<sup>22</sup>. Essentially, the session(s) should still uphold the standard for mental health practice by allowing for the patient to exercise freedom of choice and control over what is created<sup>23</sup>.

For a clinical art therapy session, a therapist should consider a few things: 1) setting, 2) group size, and 3) resources. These three factors can potentially impact the method and effectiveness of creating a comic as therapeutic art. The environment where the therapy will take place can be adapted to the focus or purpose of the comic. Perhaps a hospital setting might focus on physical diagnosis, whereas a school setting might focus more on social issues or even used as a creative representation of content<sup>24</sup>. The group size is also important, in that not all sessions include a one-on-one interaction between therapist and client. A whole group might benefit from a comic 'book study' approach, before reaching the drawing phase where participants should be given the choice to create the comic independently or have a special role within the group during the drawing process<sup>25</sup>. Resources should also be considered when implementing sequential art into clinical therapy. Resources often do not include any more than a paper and pencil. However, it might be beneficial to provide resources that make clients feel comfortable and proud of creating their art. It may be helpful to buy tablets or computers specifically to speed up, smoothen, or allow for higher creativity within different populations. Other materials such as paints, colored pencils, rulers, or pre-designed comic page templates might add to the depth of the project.

The goal of including sequential art within clinical therapy would be to teach clients another tool for their therapeutic belt. Within therapy, the client would be able to see the results of their work almost immediately, which can allow them to gain a sense of pride and accomplishment in their work<sup>26</sup>. Furthermore, a discussion of the participant's work can ensue about their creative choices and storyline. The verbal communication, written expression, and visual representation all add to the process surrounding clinical sequential art therapy. Ultimately, working to create new comics and cartoons, or even adding to the existing one, can be a beneficial tool outside of the therapy setting as well<sup>27</sup>.



## *Narrative Therapy*

Narrative therapy is a form of therapy that is used to identify someone's story- their beliefs, thoughts, and actions- particularly around a specific problem or issue. Comics and cartoons can easily be integrated as part of narrative therapy, as they have the same purpose: to tell a story. Panels within comics and cartoons allow clients to represent their own actions, emotions, and situations clearly and in sequence. They may even create a character or multiple characters that represent themselves and their own internal conflicts and symptoms<sup>28</sup>. Doing so can help the artist clearly communicate how they feel within themselves and even identify new insights.

Comics and cartoons have an important role in establishing and working through sensitive areas of one's own story. Having a physical representation of those experiences allows individuals to contain those emotions and situations within the panel<sup>29</sup>. By containing those experiences to a box, clients are able to separate themselves from their experiences. Reading the panels from an outside perspective allows clients to view potentially traumatizing or overwhelming experiences and emotions as distinct from oneself, or who they truly are. They are not defined by the experience, but rather shaped by it.

In order to create a narrative with comics and cartoons, there are some suggestions and guidelines to follow with the client. It is essential that the therapist chooses directives that reflect an understanding of their client's own history and needs<sup>30</sup>. Otherwise, the therapy may become ineffective or harmful to the client, as they may feel like they are reliving their traumatic experiences or symptoms. As for the implementation of comics and cartoons in therapy, clients should create their art in a space that is conducive for creativity, non-restrictive, is functional and practical. The creation of sequential art should be paced, with structure and a supportive environment including a therapist who has read into comics and even practiced creating comics and cartoons themselves<sup>31</sup>. This creates a level of understanding between the therapist and what the client may be asked to do. Ultimately, comic and cartoon creations are one of a kind! What occurs with the client's given work should also be confidential between the client and therapist, as it is valuable and has meaning just as a typical session would<sup>32</sup>.

## *Graphic Memoir*

Comics and cartoons can allow someone to relive some of the best moments in their lives, taking note where events were important and memorable. Memoirs and autobiographies are written and published to account for those memories, but also for documentation of experiences, good or bad. One could tell their life story as a comic or graphic novel just as effectively. For example, John Lewis' graphic memoir was previously mentioned as a staple for telling his story, documenting his experiences, and teaching life lessons all through comics and cartoons. Below is an image from Lewis' *March: Book One* that depicts a nonviolent protest of segregated businesses.

Creating a graphic memoir can be a cathartic endeavor for some, allowing one to portray themselves and integrate part of the artist's life story<sup>33</sup>. Trauma, emotions, and memories may be communicated in a way the artist has never done or felt comfortable doing before. The artist can feel free to express their idea of what happened and even reconstruct their recollection of what

happened in a different light. How did the artist feel before, during, and after that experience? What resulted from that experience?

One of the more important aspects of self-expression through comics is the representation of mental health in a unique and sequential way. In creating a graphic memoir of one's own adversities, there must also be a representation of the emotions and behaviors that occur after any given experience. Through a combination of words and images, the artist is able to portray their struggles with mental health. Mental health, although a topic on the rise with trauma-informed training, better access to mental health care, and more quality resources available, is a topic that has rarely been portrayed. In our modern-day society, it becomes necessary to represent issues that are not unique to the individual and provides a platform for marginalized voices<sup>34</sup>. Many people go through similar experiences, which others may find comforting to find out they are not alone.

Creating that graphic memoir serves as a release for the artist but can also serve as a means of empathy and emotional bond between artist and reader<sup>35</sup>. The reader can empathize with the artist, or with the characters, as they endure hardships. Even more, the reader may relate to the artist in some way, connecting with the characters as others who may have gone through similar experiences and even felt similar ways. That connection between artist and reader is not superficial and may help them through experiences they might be struggling with. The reality is that some never seek help, or don't realize they need help until many years and decades after the initial trauma. For our youth, the traumas that are happening now may not manifest until later in their lives. Graphic memoirs reach our youth earlier, especially when there is a lack of interest for reading long, written autobiographies. Our youth and other individuals in need might be able to receive the signs they need much earlier than they would have otherwise.

An excellent example of how a graphic memoir that might benefit our youth is written by Jarrett J. Krosoczka called "Hey, Kiddo: How I Lost My Mother, Found My Father, and Dealt with Family Addiction." It's a graphic memoir of Krosoczka's experiences within a family riddled by opioid addiction, created as a means for release and survival. As our youth experience trauma with familial domestic violence, verbal abuse, loss, and drug and alcohol addiction, so does the author. The reader can relate directly through Krosoczka's experiences, emotions, and motivations through all the ups and downs of everyday life. Having our students not only read a graphic memoir but learn from and relate to what they are reading is beneficial to their academic, social, and mental health.

## **Classroom Strategies**

### Note-Taking

Our social studies department has placed an emphasis in the last couple of years on providing students with proper note taking skills and strategies. This includes note taking in a traditional lecture format, analyzing text or video sources, and organizing information received from peers. Prior to this unit, students will have undergone a workshop in which they learn about and practice a variety of different note taking strategies. These note-taking strategies include Cornell

notes, use of titles and subtitles, highlighting and underlining, writing brief summaries for each section of text, paraphrasing, noting page numbers, and use of real-world examples.

In this unit, students will be assigned an article on Comics in academics. They will need to gather and organize information from this reading before coming to class. This strategy was taken from the framework for the blended learning flipped classroom. The blended learning strategy emphasizes the need for students to utilize as much classroom time as possible to learn effectively and at a rigorous depth. Students will learn basic content at home and then engage in hands on learning, problem solving, and collaboration for in-depth understanding in the classroom setting. By taking notes at home for this unit, students will come in to the beginning of the unit with the prior knowledge needed to make the most of our time in the classroom.

### Source Analysis and Graphic Organizers

Students will need to utilize both primary and secondary sources in order to review and analyze the impact of comics and cartoons within therapy settings. It is important for students to gather valid information from sources that are reliable. They will research existing uses of sequential art in therapy and investigate the standards and effectiveness of implementing those methods within therapy. Students will work with partners to research the most effective methods that already exist within the field. As students complete this research, they will be working to fill out an effectiveness chart, with a description of that method, a rating from 1 to 5 on effectiveness, as well as a brief argument for why each method was given that effectiveness rating. By completing this organizer, students will be able to organize their research and establish a list of existing art therapies and techniques. This will benefit them when analyzing specific case studies in the next task.

### Designing a Model and Peer Demonstrations

Students will use their organizer in order to design and develop an individualized plan or model that addresses how a therapist would implement sequential art, comics and cartoons, into their session with a client. Each partnership will receive a brief scenario, which will include a made-up therapist, therapist philosophy, client 'notes', and description of the current therapy entails. Students will be tasked to help this therapist implement a new sequential art technique into their existing therapy. In doing so, students will demonstrate their knowledge of sequential art, cartoons, and comics as well as apply this content to real world and authentic scenarios. Students will be encouraged to use their previous resources, but to also be innovative in their ideas for strategies and implementation. Students will design their sequential art addition in the form of a therapist portfolio or report. Students will also be asked to demonstrate their implementation to others, to model their strategies outlined in their portfolio.

## **Classroom Activities**

### Basic Content Knowledge

The first assignment will be given for homework, for students to build foundational knowledge of comics and begin thinking about its potential place in the realm of mental health. The article

“The Power of Digital-Comics in Schools” by Paul Wisenthal gives an excellent overview of how one specific school was able to use digital comics within the classroom. While reading, students will be asked to annotate the reading with their thoughts, opinions, and connections to the unit content. At the end of their reading, students will be prompted with three extended response questions. 1) How can cartoons and comics be beneficial to students in an academic setting? 2) How might cartoons and comics be beneficial to one’s own mental health? 3) Do you think that cartoons and comics could be effectively used in psychological treatment or therapy?

Students will be able to easily relate to the academic side of the article and be able to answer the first extended response. Much of the article includes what this school has done and the benefits comics and cartoons have for their students. For the second prompt, the article includes some references to the mental health benefits of including cartoons and comics within the academic setting. Students should be able to pick up on those references, considering their background knowledge of psychological disorders and be able to formulate a response based on both the text and their own inferences. The third prompt requires higher level thinking – asking students to think beyond what they’ve read about or have previously learned. In doing so, students will begin to form the base knowledge needed to begin the first lesson on sequential art in therapy.

### Research and Analysis

Following the homework assignment on digital comics in the classroom, the first class will be structured to allow for further exploration of comics and cartoons in various contexts. The warm up presented on the board will be a short comic strip from Charlie Brown depicting Lucy at a booth stating “Psychiatric Help 5¢”. Within the comic, Charlie Brown is asking Lucy about what to do for his depression, but Lucy charges him five cents and replies to “just snap out of it!” The warm up question will be “You’ve thought about how comics can be used in therapy. What can comics tell us *about* therapy?” This question ties in our unit content with the article students have read last night. In addition, this question also asks students to think about the use of comics in a variety of different ways. Students should respond individually, then be asked to aloud.

Students should also be given the opportunity to share their thinking about the previous night’s assignment with a partner. One third of the class should turn and talk regarding Question #1. Another third should turn and talk regarding Question #2 and the last third should turn and talk regarding Question #3. This structures the discussion and holds students accountable for their discussed section. After students have had the opportunity to share with one another, a volunteer from the first section should share out to the class. The rest of the class should have the opportunity to reply or contribute to the class discussion. The same should be done for the second and third questions. At the end of the discussion, add a final prompt: What do you think has already been done to include art in therapy? Student responses should be a transition into the research portion of the day.

Students will then be tasked with finding all existing uses of art and sequential art in therapy. Students should be given their effectiveness charts for documenting and organizing their research. Make clear that students should find as many skills, techniques, or examples as possible since they will need them for the next lesson. Students should be provided with

resources or articles to help get them started with their research. For the remainder of the first day, students should have time to work on their research. As a closure activity, give students two post-it notes and create a t-chart on the chalk or smartboard. Have students write down one technique that was the most effective and one that was least effective. Have a closing discussion about what is already used. For the effective techniques, what makes them so effective? For the ineffective techniques, how could they be improved? This discussion wraps up the information they have learned but also primes them for the following day.

## Case Study and Design

The next two class periods will include our simulation activity. Students will be placed in groups and given a “confidential file” from a therapist on a client of theirs. The file will contain information about this client’s name, personal information, a debrief on some of their symptoms and experiences, as well as what type of therapy sessions they have had in the past. Each file will be different in terms of the client’s disorder and kind of therapy they have been attending. For example, one confidential file may identify a young male with mild auditory hallucinations and delusions stemming from his diagnosis of schizophrenia. His therapy has been to see his psychiatrist who uses cognitive-behavioral therapy and prescribes a low dosage of antipsychotics. Another confidential file may read about an elderly woman with depression who goes to a psychologist for psychotherapy. Students will read extensively about their specific case file to gain a better understanding of the task at hand.

Using their knowledge of the individual, symptoms, diagnosis, and treatment, students will be tasked with implementing comics and cartoons into their current therapy sessions. Students must use their effectiveness sheet for techniques and strategies that already exist, as well as what might be lacking or missing. Students will figure out how to incorporate both existing and new ideas to make a more effective treatment plan for their client. For their product, students must submit a revised confidential file, mimicking the original file they received. This new file must include all previous information, along with a revised treatment plan that outlines how the psychologist, psychiatrist, or therapist would make use of cartoons and/or comics in at least one therapy session. Students must also include a goal for that client: What would they like for that client to achieve with the revised treatment plan? What is the purpose? There should be a clear and measurable goal, which must reflect their knowledge of the client. Students should also include a progress check. What will be done to measure whether this goal was met? How could they determine whether their implementation was effective?

The third class period should be dedicated to having students prepare for their presentations. This will not be a classic ‘stand up and present to the class’ presentation, but rather a demonstration of their final product. Students will create stations for their demonstrations within the Innovation Center, William Penn’s newly renovated library, to ensure that everyone has their own separate space. Each group will need to prepare a sample activity to demonstrate to their peers how their treatment plan would work. For example, if one group decides that their client should read a specific issue of Spiderman, that group may have an excerpt from that comic along with discussion questions to ask their peers. If another group decides that their client would benefit from drawing their own comic book character to help them better process their own trauma, then that group may have an activity where their peers may also draw their own

character. Students should prepare their revised file and activity before the next day's demonstrations.

Finally, students will present their treatment plan and activities to their peers. At all times, two students from each group will be running their station, facilitating the activities with their peers. As students are facilitating the activities, other students from each group will need to participate in their peer's activities. Students in each group will rotate between facilitating their own station and visiting their peer's stations. Students could have a number (#1-4) or key word (Freud) to indicate when it is their turn to take a break from presenting and have a chance to participate in their peers' activities. After each student has completed their rotation within the time allotted, students will engage in a group discussion. What place do cartoons and comics have in the field of mental health? How can sequential art be therapeutic? How can sequential art be used within therapy? As a reflective take-home piece, students should reflect on which of their peer's revised lessons they thought was most effective as well as which was the most creative use of cartoons and comics.

### **Implementing District Standards**

The Colonial School District has made strides in recent years to align all content to Delaware State Standards. Elective courses have played a role in this alignment by reinforcing concepts and content from core social studies classes such as history, economics, civics, and geography. This unit aligns with the History Content Standard Four, 9-12b: Students will develop an understanding of recent and modern world history and its connections to United States history, including revolutions, ideologies, and technological change (1750-1914) and the 20th Century world (1900-present). Within the unit, students will explore ideologies and therapies related to mental health both globally and nationally over time. In doing so, students will work to develop a more holistic understanding of modern history and change.

WPHS has a literacy initiative to improve student domain specific reading and writing, which is guided by Common Core Literacy Standards. When using comics, graphic novels, cartoons, and other forms of art, students will be using domain specific content in a new and innovative way. Due to student needs to learn and expand their skills related to the author's point of view and storytelling, the current unit would best align with the Common Core Standard 3 in History/Social Studies Literacy for Grades 11-12 (CCSS.ELA-LITERACY.RH.11-12.3): Evaluate various explanations for actions or events and determine which explanation best accords with textual evidence, acknowledging where the text leaves matters uncertain. Students will be tasked with analyzing and interpreting comic strips, cartoons, and other images in order to explain someone's own viewpoint, personality, and even traumas.

Currently, the AP Psychology program uses National Standards for High School Psychology Curricula created by the American Psychological Association (APA). Within the APA Standards, there are various domains targeting major topics and concepts that all psychology students should know. This unit focuses on the last domain, Applications of Psychological Science, particularly in the standard area of treatment for psychological disorders. Since students will be focused on how mental health is viewed and treated, the overall unit will address APA

Standard 2.4 Evaluate the efficacy of treatments for disorders and APA Standard 2.5 Identify other factors that improve the efficacy of treatment.

## Student Resources

Schulz, Charles M. "The Madness of Charlie Brown." *The Lancet*, Oct 3, 2015.  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)00338-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00338-4/fulltext)

This article references the Charlie Brown cartoon used for the warm up on the first day of the lesson. The article contains the comic but also explains the background information needed to give the full context of the

Wisenthal, Paul. "The Power of Digital-Comic Therapy in Schools." *The Atlantic*. Atlantic Media Company, May 23, 2017.  
<https://www.theatlantic.com/education/archive/2017/05/the-power-of-digital-comic-therapy/526911/>

This is the article referenced in the Classroom Activities section. It gives students prior background knowledge on how comics are being used and allows them to make inferences about what place comics and cartoons might have in the field of mental health treatment.

## Bibliography

Farthing, Anthony, and Ernesto Priego. 2016. "'Graphic Medicine' as a Mental Health Information Resource: Insights from Comics Producers." *The Comics Grid: Journal of comics scholarship* 6 (1): 1-19.

This publication was a great resource for identifying the motivations behind creating comics and cartoons in a variety of different formats. The article also helps to explain the growing concept of graphic medicine.

Green, Michael J, and Kimberly R Myers. 2010. "Graphic medicine: use of comics in medical education and patient care." *Department of Humanities and Medicine, Penn State College of Medicine (BMJ)* 1.

This article was vital in illuminating the ways in which graphics have played a role in the health field. Green and Myers discuss both how graphic stories have been introduced and integrated into medical education and patient care.

Lucas, Julian. 2016. "John Lewis's National Book Award-Winning Graphic Memoir on the Civil Rights Movement." *The New York Times*.  
<http://www.nytimes.com/2016/11/27/books/review/john-lewis-march.html>

This article was important in explaining the efforts of John Lewis as well as his intentions for writing the graphic memoir. It gives a clear example of what a graphic memoir is and the impact it can have on others.

McCloud, Scott. 1993. *Understanding Comics: The Invisible Art*. New York: HarperCollins.

This graphic novel was the source of all basic knowledge of comics and cartoons while writing this curriculum unit. McCloud breaks down cartoons and comics in a way that is simple and easy to understand. It was essential for explaining the impact of the gutter in sequential art and storytelling.

Mccormick, Patricia. 2018. "A Brave Graphic Memoir of a Childhood Shadowed by a Parent's Addiction." *The New York Times*. <http://www.nytimes.com/2018/10/02/books/review/jarrett-j-krosoczka-hey-kiddo.html>

This article summarized the graphic memoir "Hey Kiddo" and some of the experiences that Krosoczka went through as a child. It also emphasizes the importance of these kinds of graphic memoirs for teens and young adults going through similar experiences.

McCreight, Devlyn. 2018. "Creating Comics with Clients." *Counseling Today: A Publication of the American Counseling Association*.

McCreight's publication was vital to highlighting the ways in which sequential art therapy could be used as well as how that technique would benefit a client within therapy. The article was also able to break down some suggestions and considerations when using sequential art in therapy.

Mulholland, Matthew J. 2004. "Comics as Art Therapy." *Art Therapy: Journal of the American Art Therapy Association* 21 (1): 42-43.

This short article was important to include a much more personal example of trauma and hardship, rather than a well-known example such as *Maus*. Mulholland does well explaining how using self-expressing characters as a therapeutic tool was most effective for him from childhood to adulthood.

Pizzino, Christopher. 2017. "Comics and Trauma: A Postmortem and a New Inquiry." *Department of English at the University of Florida* 9 (1): 1.

This inquiry used *Maus* as an exemplar of how artists may use their own trauma to create comics and cartoons. In doing so, Pizzino sheds light on how creating these works of art are not just for informational and entertainment purposes, but it can also be therapeutic or healing to the artist.

Seah, Swee, and Brenda Khee. 2012. "The Drawn-Out Battle Against Stigma: Mental Health in Modern American Comics and Graphic Novels." *Annual Undergraduate Conference on Health and Society* 1-12.

This publication allowed me to examine relevant examples of how characters in American comics and cartoons were portrayed, usually inaccurately and negatively. It was important to bring those examples into this curriculum to make clear how mainstream media perpetuates the poor stigma of mental health.

Shwed, Ally. 2016. "Crisis Averted in Infinite Lives: Utilizing Comics as Clinical Art Therapy." *Intima: A Journal of Narrative Medicine* 1-11.

This article is an excellent source for identifying a guideline for effective implementation of art therapy. There were many techniques and strategies to integrate sequential art into the therapy setting.



Stuckey, Heather L, and Jeremy Nobel. 2010. "The Connection Between Art, Healing, and Public Health: A Review of Current Literature." *American Journal of Public Health* 100 (2): 254-261.

This article was the key to understanding the many different techniques that already exist in art therapy. This allows students to create a baseline for what is already out there as well as what is effective.

Than, Gavin Aung. 2018. *Creative Struggle*. Andrews McMeel Publishing.

This novel was an excellent source of how artists such as Van Gogh and Kahlo used art as a form of healing or feeling of safety. It's important to put a face and story to famous historical works of art.

Williams, Ian. 2011. "Autography as Auto-Therapy: Psychic Pain and the Graphic Memoir." *Journal of Medical Humanities* 32: 353-366.

William's publication was essential for understanding what a graphic memoir is as well as how it can impact both the artist and reader. He also highlights the sincere connection graphic memoirs can create between the two.

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<sup>1</sup> Scott McCloud, *Understanding Comics: The Invisible Art*, 9.

<sup>2</sup> Ibid, 11-13.

<sup>3</sup> Michael J Green and Kimberly R Myers, *Department of Humanities and Medicine, Penn State College of Medicine*.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid, 18.

<sup>6</sup> Swee Seah and Brenda Khee, *Annual Undergraduate Conference on Health and Society*, 2.

<sup>7</sup> Ibid.

<sup>8</sup> Julian Lucas, "John Lewis's National Book Award-Winning Graphic Memoir on the Civil Rights Movement." *The New York Times*.

<sup>9</sup> Anthony Farthing and Ernesto Priego, *The Comics Grid: Journal of comics scholarship*.

<sup>10</sup> Ibid.

<sup>11</sup> Heather L Stuckey and Jeremy Nobel, *American Journal of Public Health*, 255.

<sup>12</sup> Gavin Aung Than, *Creative Struggle*.

<sup>13</sup> Heather L Stuckey and Jeremy Nobel, *American Journal of Public Health*, 257-258.

<sup>14</sup> Gavin Aung Than, *Creative Struggle*.

<sup>15</sup> Ibid, 36-43.

<sup>16</sup> Ibid, 121-125.

<sup>17</sup> Anthony Farthing and Ernesto Priego, *The Comics Grid: Journal of comics scholarship*.

<sup>18</sup> Matthew J. Mulholland, *Art Therapy: Journal of the American Art Therapy Association*, 42.

<sup>19</sup> Ibid, 43.

<sup>20</sup> Christopher Pizzino, *Department of English at the University of Florida*, Section 20.

<sup>21</sup> Ibid, Section 28.

<sup>22</sup> Ally Shwed, *Intima: A Journal of Narrative Medicine*, 6.

<sup>23</sup> Ibid, 7.

<sup>24</sup> Ibid, 8-9.

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<sup>25</sup> Ibid, 8.

<sup>26</sup> Ibid, 9.

<sup>27</sup> Ibid.

<sup>28</sup> Devlyn McCreight, *Counseling Today: A Publication of the American Counseling Association*.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> Ian Williams, *Journal of Medical Humanities*.

<sup>34</sup> Devlyn McCreight, *Counseling Today: A Publication of the American Counseling Association*.

<sup>35</sup> Ian Williams, *Journal of Medical Humanities*.