The Boy Who Lived Well: Harry Potter as a Novel Tool for Teaching Cognitive-Behavioral Therapy Skills to Youth

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After accidental injury, mental disorders including depression are the leading cause of disability globally in those aged 10-24[1] and the leading cause of death (by suicide) in high-income countries.[2] In the United States, the yearly cost of treating depression has been estimated to be $23 billion, and that number doubles when costs associated with lost productivity are included.[1,2]

Mental health literacy is considered a critical aspect for primary prevention of mental illness as it functions to increase awareness and recognition, decrease stigma, and encourage help-seeking.[3] Cognitive-behavioral therapy (CBT) is an effective treatment for youth anxiety disorders, although it has not been shown to be more effective than other bona fide psychotherapies.[4] These two approaches represent promising candidates for potential population-wide mental health interventions. Further, because psychoeducation is a core component of CBT, a CBT-based approach may be ideal for teaching mental health literacy.

School-based interventions for depression, often involving CBT or its elements, have been tested in several studies and often yield positive outcomes,[5-8] although evidence is mixed as to whether teacher-led CBT interventions are beneficial.[5,9-10] One limitation of existing school-based programs is that most have focused on interventions for secondary school students,[9] with only a small number specifically targeting younger children prior to the typical onset of mood and anxiety disorders.[5-6,11] Given the dearth of available evidence-based primary prevention strategies in mental health, even a small impact of universally acquired CBT skills could likely be highly meaningful and could likely substantially reduce disease burden as well as healthcare costs.

Harry Potter as a Teaching Tool for Mental Health Literacy

The 7-volume Harry Potter series has sold over 450 million copies, placing the series among the best-selling books of all time.[12] In addition to being adored by readers worldwide, a number of mental health experts have written scholarly articles about these books, highlighting their value as a tool in psychotherapy as well as for mental health education. The novels have been identified as addressing central themes of adolescent development from a psychoanalytic framework,[13,14] as well as addressing the major questions of Yalom's existential psychotherapy.[15] The themes of bereavement in the series, most prominently Harry's loss of his own parents, have been highlighted for use with youth who are processing and grieving their own losses.[16]

One of the major advantages of Harry Potter as a teaching tool is that readers are able to identify with the characters in the books and to ponder links with their own experiences including their relationships and emotional reactions.[17] It has been shown that exposure to Harry Potter may decrease prejudice and stigma in readers.[18] Perhaps most importantly, a key element of the books is Harry's remarkable resilience in the face of severe adversity,[19] an outcome that has important implications for readers identifying with him since instilling hope may both protect youth from negative mental health outcomes and encourage help-seeking.

J.K. Rowling, the author of the Harry Potter series, has revealed to the popular press that she previously suffered from depression and was treated with CBT.[20,21] Rowling has stated that the "dementor" characters that Harry first encounters in the third book in the series are patterned after her own experience of depression.[20,22]

Despite the fact that the Harry Potter series was apparently informed by Rowling's experience of CBT, no one has explicitly analyzed the books using a CBT framework. This is a missed opportunity in the literature as the books may present a ubiquitous, untapped resource for dissemination of basic CBT skills.

Our group has argued that CBT and other basic mental health skills ought to be incorporated into youth education as a primary prevention intervention.[23] In this article, we present a framework for teaching basic CBT skills and mental health literacy to middle-school youth using the third book in the Harry Potter series.

Harry Potter and the Prisoner of Azkaban as a Tool for Teaching CBT Skills

Common elements of CBT include identifying thoughts, emotions, and behaviours, learning specific strategies to modify them (e.g. cognitive restructuring, exposure exercises, behavioral activation, problem solving), facilitating change through practice and homework, and relapse prevention.[24,25] All of these elements are presented in a structured format following a typical sequence of CBT skill acquisition in *Harry Potter and the Prisoner of Azkaban*, the third book in the series.[22] This will be summarized here according to topic and chapter(s).

Psychoeducation: Risk Factors for Depression (Chapters 1-4)

Chapters 1-4 provide a recap of the events of the first two books that functions as a synopsis of Harry Potter's risk factors for experiencing depression (Table 1). The breadth and severity of these risk factors are notable since most youth will be able to find something with which they identify. These risk factors are also noteworthy because of the implicit message of hope

Table 1. Harry Potter's Risk Factors for Depression[22]

RISK FACTOR	DETAILS
Early parental loss	■ Parents murdered when he was an infant
Abuse and neglect	■ Aunt and uncle fail to acknowledge him ■ Relegated to his room ■ Confined to a cupboard under the stairs in *Harry Potter and the Sorcerer's Stone*
High "expressed emotion" environment	■ Yelled at, insulted, scapegoated by aunt, uncle, and cousin
Socioeconomic deprivation	■ Belongings locked up ■ Given a sock for his birthday
Limited peer support system	■ Not allowed to have friends growing up ■ Prevented from communicating by phone with his best friend Ron
Victimization/bullying	■ Multiple antagonists including his cousin (Dudley), school rival (Malfoy), and teacher (Snape) ■ Discrimination for minority status (targeted for being a wizard in the muggle world and for being the son of a muggle-born mother by some of his wizard peers)
Medical illness	■ Facial scarring ■ Repeated hospitalizations for injuries (see *Harry Potter and the Sorcerer's Stone and Harry Potter* and the *Chamber of Secrets*)
Stressful life events	■ School problems (believes he is facing expulsion) ■ Criminal justice problems (believes he has violated laws for underage wizards) ■ Homelessness ■ Under physical threat (Voldemort, serial killer/Sirius Black)

presented throughout the book: that with the right tools, a person can overcome tremendous obstacles.

Psychoeducation About Depression (Chapter 5)

In chapter 5, Harry first encounters a dementor that, as mentioned above, is a proxy for the experience of depression. Table 2 presents both his experience of the dementor and his reaction afterwards. Harry's initial response is to minimize the impact of the dementor and decline help. This functions as psychoeducation about help-seeking, a running theme in the novel; Harry invariably feels worse when he keeps his worries to himself and feels better when he shares them with trusted confidantes. In this chapter, he is also introduced to Professor Lupin, who can be thought of as Harry's CBT therapist throughout the book.

Introduction to Cognitive Distortions (Chapter 6)

Here the reader is first introduced to Professor Trelawney, the divination teacher who is the embodiment of distorted and magical thinking. She predicts a negative future for Harry citing the "Grim," a dog-shaped death omen. Her lesson on reading tea leaves illustrates common cognitive distortions such as catastrophizing, jumping to conclusions, and the fortune-telling error. This is in contrast to Harry's subsequent interaction with his teacher Professor McGonagall and his friend Hermione, who are both paragons of rational thinking. Professor McGonagall encourages cognitive restructuring by highlighting the evidence that Professor Trelawney's predictions never come true. Following this lesson, the book notes that "Harry felt better. It was harder to be scared of a lump of tea leaves away from… Professor Trelawney."[22(p110)]

Introduction to Fear Hierarchies, Behavioral Activation, and Core Beliefs (Chapters 7-8)

In chapter 7, Professor Lupin begins formal CBT training by introducing his class to the "boggart," a creature that takes on the shape of the thing that the person encountering it most fears. He invites the class to practice neutralizing the boggart and, through the exercise,

Table 2. Harry Potter's Experience of the Dementor as a Metaphor for Depression[22]

REACTION DURING EXPOSURE
■ Perceives that time slows down
■ Feels like he will never be cheerful again
■ Experiences heightened awareness of his environment
■ Experiences confusion/a mysterious feeling that is experienced as intensely unpleasant
■ Feels physical sensations of intense cold, shortness of breath, drowning
■ Feels unable to move
■ Experiences painful recollections of past trauma
REACTION AFTER EXPOSURE
■ Disorientation
■ Embarrassment, worries about what others think
■ Weakness, vulnerability
■ Worries about it happening again
■ Reluctance to seek help/go to the hospital wing

presents several key concepts of CBT, including that distress often takes a highly personal form but can have a similar impact on everyone, and that developing skills takes practice. The exercise ends with Lupin inadvertently triggering Harry's negative core belief that he is incompetent by stopping him before he can take part. Harry assumes that this is because Lupin thinks he is weak and cannot succeed, when in fact Lupin is worried that the boggart will turn into Harry's arch-nemesis, Lord Voldemort, and terrify the class. Chapter 8 provides powerful evidence to disconfirm Harry's core belief of his own incompetence through the introduction of a fear hierarchy, behavioral activation, and explicit core belief work. Lupin continues his lessons by encouraging the students to gradually expose themselves to and master increasingly difficult magical creatures. Harry is encouraged to resume activities that give him a sense of pleasure and accomplishment, chiefly Quidditch, a sport at which he excels. Finally, Lupin meets with Harry, expresses his confidence in him, and provides evidence that Harry's worries about the boggart were a cognitive distortion.

Setbacks (Chapters 9-11)

Problems and setbacks are aspects of CBT treatment that function as opportunities to re-evaluate and refine the treatment plan.[25] In chapter 9, Harry again encounters a dementor and then loses at Quidditch for the first time in his life. He experiences grief, embarrassment, disrupted sleep, and a renewed reluctance to share his problems with others. He worries that the Grim will haunt him for the rest of his life. This depiction of his fear of relapse illustrates a common feature of early recovery from depression.[26] Lupin continues cognitive restructuring work, targeting Harry's feelings of shame.

Putting Skills Into Practice (Chapters 12-16)

In chapter 12, Lupin begins formal anti-dementor lessons with Harry. He warns Harry that this is a challenging task even for experienced adults and reassures him that he can overcome a dementor. This provides a parallel to the notion that just as many adults struggle with overcoming depression, youth can learn strategies to do so, as well. Harry begins tentatively, but sees early gains. With renewed confidence, he resumes his pleasurable activity, Quidditch, fends off bullies who have dressed as dementors to frighten him, and wins the match for his team. Shortly after that, during end-of-term exams, he receives full marks for dispatching a boggart and then actively challenges distorted thinking from Professor Trelawney, who presents him with a fortune-telling error during his oral exam.

Core Belief Work, Part II (Chapters 17-20)

By this stage, Harry has gathered enough evidence and done sufficient core belief work to have overcome his belief that he is incompetent. However, his second major negative core belief is addressed in chapters 17-20. Harry is an orphan who has been left with no meaningful connection to his parents. He believes that he is alone. Adding to this is his belief that his own godfather and parents' former best friend, Sirius Black, is a serial killer who betrayed his parents and caused their deaths. In chapter 18, Harry has the chance to capture Sirius and turn him over to the dementors to be executed, but instead pauses to gather evidence and ultimately learns that Sirius is a good man who was framed and has actually been trying to help him. This demonstrates cognitive flexibility and openness to other ways of thinking, of which Harry was not capable at the beginning of the book. By being both flexible and open, he discovers that he has the love and support of his parents' oldest friends, Sirius and Lupin, a powerful refutation of the notion that he is alone.

Consolidation and Relapse Prevention (Chapters 21-22)

CBT commonly terminates with a review of learning, reinforcement that patients now have many skills that they can draw upon if symptoms re-emerge, and planning for how they will respond to challenges after the therapy.[25] In chapter 21, Harry and Hermione use a "time-turner" to go back in time with the knowledge that they have gained to create a different outcome in which Sirius's life is saved. Harry neutralizes a large group of dementors and tells Hermione, "I knew I could do it this time…because I'd already done it. Does that make sense?"[22(p412)] This underscores Harry's new understanding that his CBT skills allow him to anticipate and master challenges. The book concludes with Lupin reaffirming Harry's learning and noting that he is no longer needed, mirroring the CBT approach whereby patients are encouraged to view themselves as their own therapists.[25]

Discussion and Next Steps

Based on the above, *Harry Potter and the Prisoner of Azkaban* is a promising and largely untapped resource for teaching CBT skills to youth. Potential advantages include that (a) as one of the best-selling novels of all time, copies of the book are ubiquitously available worldwide, meaning that it has the potential to be applicable and relevant across countries and school systems; (b) it communicates the core concepts of CBT elegantly in the context of a highly engaging narrative and; (c) it does so with characters to whom youth can relate. The Harry Potter novels are already in wide use in classrooms for the purpose of encouraging general literacy,[27] and there is a rich tradition of using novel study as a means of teaching youth about the world and about their own

life experiences.[28] We propose that studies of the use of *Harry Potter and the Prisoner of Azkaban* should be undertaken in middle school classrooms to determine whether, as we anticipate, it is useful in advancing mental health literacy. School-based curricula could teach basic CBT principles as they relate to the book and encourage students to reflect on how the skills that Harry is learning could apply to themselves or their friends and family.

This approach would also require basic CBT education for teachers as well as support from local mental health resources should challenging questions arise or should students be identified as requiring mental health interventions. While we acknowledge, as described above, that evidence for universal, teacher-led mental health literacy programs is mixed at best, the potential use of Harry Potter for this purpose is sufficiently unique to merit consideration.

While the novel is well-suited to impart basic CBT skills in the classroom, it could also easily be adapted for use as a therapeutic aid in mental healthcare settings or in the home environment. Clinically, the novel could continue to function as a reference for patients and be paired with standard CBT exercises such as thought records and formal behavioral activation plans. Indeed, under ideal circumstances, youth patients presenting with mood and/or anxiety disorders would have already read the book in this context in school and would enter therapy already familiar with the concepts. This could facilitate both the efficiency and depth of CBT. At home, a parental guide could accompany the novel so that parents also learn some basic CBT skills and are supported in trying to have these conversations with their children in a supportive environment.

We acknowledge several limitations to this approach. First, since this is the third book in the series, reading the first two novels would be a prerequisite for an optimal understanding of the details and plot of the story. Second, for certain children, the written words in a chapter book may seem inaccessible and steps would need to be taken to facilitate other modes of learning such as having the book read aloud. Third, cultural sensitivity is an important consideration, and we don't necessarily advocate for a global Harry Potter solution—in some areas, local traditions and stories may be much more pertinent. In this light, our Harry Potter approach is only one suggested template. Finally, while the cost of these books is modest and they are readily available at many public libraries, students and families struggling with poverty may have challenges procuring the text.

Conclusion

There is a demonstrated need for improved mental health literacy among youth, and *Harry Potter and the Prisoner of Azkaban* is a ubiquitous resource that can create a rich and accessible representation of CBT principles for young people. It has the potential to reach youth worldwide for this purpose. Whether its use will affect mental health literacy and outcomes has yet to be established empirically.

Take Home Summary

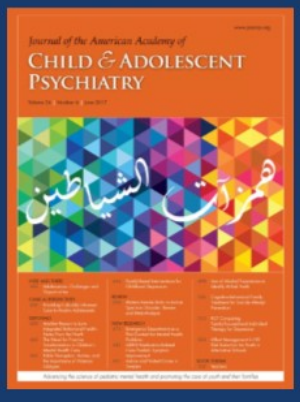
Harry Potter and the Prisoner of Azkaban is one of the best depictions of a youth learning cognitive-behavioral therapy skills in literature. The novel represents a potentially untapped resource for imparting CBT skills to youth in the classroom and beyond, which merits further attention.

References

1. Gore FM, Bloem PJ, Patton GC, et al. Global burden of disease in young people aged 10-24 years: a systematic analysis. *Lancet.* 2011;377:2093-2102.
2. Patton GC, Coffey C, Sawyer SM, et al. Global patterns of mortality in young people: a systematic analysis of population health data. *Lancet.* 2009;374:881-892.
3. Kutcher S, Wei Y, Morgan C. Successful Application of a Canadian Mental Health Curriculum Resource by Usual Classroom Teachers in Significantly and Sustainably Improving Student Mental Health Literacy. *Can J Psychiatry.* 2015;60:580-586.
4. James AC, James G, Cowdrey FA, Soler A, Choke A. Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database Syst Rev.* 2015;(2):CD004690.
5. Stallard P, Skryabina E, Taylor G, et al. Classroom-based cognitive behaviour therapy (FRIENDS): a cluster

randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). *Lancet Psychiatry.* 2014;1:185-192.

6. Manassis K, Wilansky-Traynor P, Farzan N, Kleiman V, Parker K, Sanford M. The feelings club: randomized controlled evaluation of school-based CBT for anxious or depressive symptoms. *Depress Anxiety.* 2010;27:945-952.
7. Carnevale TD. Universal adolescent depression prevention programs: a review. *J Sch Nurs.* 2013; 9:181-195.
8. Lai ES, Kwok CL, Wong PW, Fu KW, Law YW, Yip PS. The Effectiveness and Sustainability of a Universal School-Based Programme for Preventing Depression in Chinese Adolescents: A Follow-Up Study Using Quasi-Experimental Design. *PLoS One.* 2016;11:e0149854.
9. Calear AL, Christensen H. Systematic review of school-based prevention and early intervention programs for depression. *J Adolescence.* 2010;33:429–438.
10. Wahl MS, Adelson JL, Patak MA, Pössel P, Hautzinger M. Teachers or psychologists: who should facilitate depression prevention programs in schools? *Int J Environ Res Public Health.* 2014;11:5294-5316.
11. de Girolamo G, Dagani J, Purcell R, Cocchi A, McGorry PD. Age of onset of mental disorders and use of mental health services: needs, opportunities and obstacles. *Epidemiol Psychiatr Sci.* 2012;21:47-57.
12. BBC News. Harry Potter series to be sold as e-books. http://www.bbc.com/news/entertainment-arts-13889578. June 23, 2011. Accessed April 22, 2016.
13. Rosegrant J. The deathly hallows: Harry Potter and adolescent development. *J Am Psychoanal Assoc.* 2009;57:1401-1423.
14. Noctor C. Putting Harry Potter on the couch. *Clin Child Psychol Psychiatry.* 2006;11:579-589.
15. Thunnissen M. Harry Potter, script, and the meaning of life. *Transactional Analysis J.* 2010;40:32-42.
16. Brewer A. Review of the children who lived: Using Harry Potter and other fictional characters to help grieving children and adolescents. *Contemp Fam Ther.* 2009;31:68-69.
17. Das R. 'To be number one in someone's eyes ...': Children's introspections about close relationships in reading Harry Potter. *Eur J Commun.* 2013;28:454-469.
18. Vezzali L, Stathi S, Giovannini D, Capozza D, Trifiletti E. The greatest magic of Harry Potter: Reducing prejudice. *J Appl Soc Psychol.* 2015;45:105-121.
19. Provenzano DM, Heyman RE. Harry Potter and the resilience to adversity. In Mulholland N, ed. The psychology of Harry Potter. Dallas, TX: BenBella Books; 2007: 105-119.
20. Dunbar P. I hit rock bottom over Harry Potter: J K Rowling reveals how instant fame and a 'tsunami' of begging letters drove her to therapy. The Daily Mail. http://www.dailymail.co.uk/news/article-2207319/J-K-Rowling-reveals-hit-rock-Harry-Potter-fame.html#ixzz46qcB5HU6. September 23, 2012. Accessed April 25, 2016.
21. Johnson S. JK Rowling contemplated suicide. The Telegraph. http://www.telegraph.co.uk/news/uknews/1582552/JK-Rowling-contemplated-suicide.html. March 28, 2008. Accessed April 25, 2016.
22. Rowling JK. Harry Potter and the Prisoner of Azkaban. New York: Scholastic; 1999.
23. Sinyor M, Fefergrad M, Zaretsky A. Cognitive behavioural therapy or antidepressants for acute depression? *BMJ.* 2015;351:h6315.
24. O'Donohue WT, Fisher JE. The Core Principles of Cognitive Behavior Therapy. In O'Donohue WT, Fisher JE, eds. Cognitive behavior therapy: core principles for practice. Hoboken, NJ: Wiley; 2012.
25. Beck J. Cognitive behavior therapy: basics and beyond. 2nd ed. New York: Guilford Press; 2011.
26. Henderson AR. A substantive theory of recovery from the effects of severe persistent mental illness. *Int J Soc Psychiatry.* 2011;57:564-573.
27. Driscoll B. Using Harry Potter to teach literacy: Different approaches. [References]. *Cambridge J Educ.* 2013;43:259-271.
28. Courtland MC, Gambell TJ. Young adolescents meet literature: Intersections for learning. Vancouver, BC: Pacific Educational Press; 2000.



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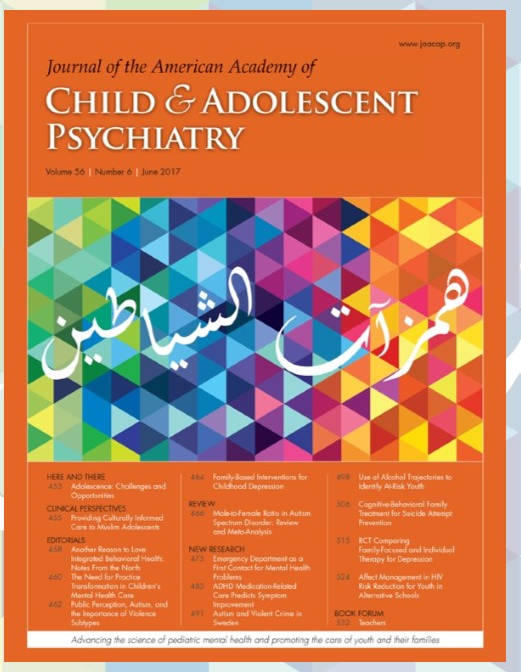
Disclosure: Dr. Sinyor has received grant support from the American Foundation for Suicide Prevention, the Physicians' Services Incorporated Foundation, the Dr. Brenda Smith Bipolar Fund, the University of Toronto Department of Psychiatry Excellence Fund, and the Innovation Fund of the Alternative Funding Plan from the Academic Health Sciences Centres of Ontario. Dr. Fefergrad receives residuals from two cognitive-behavioral therapy (CBT) books published by W.W. Norton and Company. Dr. Cheung has received grant support from Ontario Mental Health Foundation, Canadian Institutes of Health, Ministry of Health and Long Term Care Ontario, and Physicians' Services. Dr. Zaretsky receives residuals from one CBT book published by W.W. Norton and Company. Dr. Selchen reports no biomedical financial interests or potential conflicts of interest.

***JAACAP* June Issue — Available Now!**



My Lord! I seek refuge with You from the whisperings of the devils.
The Qur'an, *Al-Mu'minun, 023.097*

Ghouls, genies, and other supernatural creatures often serve as a vehicle to take on the feelings an individual does not want to bear himself. These otherworldly beings can be the manifestations of suppressed rage, lust, greed, and other human emotions, and appear throughout art history. Henry Fuseli's well-known painting "The Nightmare" features a glaring incubus atop the supine body of a woman, with a sightless horse standing behind. The painting transfixed and appalled London when it was exhibited in 1782, due in part to the undertones of sexuality—both of the unconscious woman and, according to contemporary hearsay, the artist. The incubus appears in other cultures, as well, including Muslim culture, where it is a type of *jinn*, or genie. These beings are believed to have their own free will and motivations and are associated with causing mental illness. This month, Rackley et al. consider the dynamics of interaction when religious beliefs meet secular psychiatric practice in the emergency department. Different religions explain mental health crises differently, of course, and this Clinical Perspective specifically concerns Islam (the Arabic words on the cover, transliterated, are *hamazati-shayateen*, or "the suggestions of the devils"). But, as the authors note, an approach founded on cultural competence—addressing language, cultural, and religious differences between the care team and the patient's family—is invaluable to establish a strong working relationship between doctors and families of any background. That relationship in turn fortifies the patient's psychiatric treatment, leading, ideally, to a better long-term outcome and keeping bugbears at bay.