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television-based therapeutic practice

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Introduction

Plenty of people turn on the TV just to unwind at the end of the day, but television programs also have the potential to help people with serious mental health struggles like post-traumatic stress disorder (PTSD). In the past few decades, psychologists have been starting to apply the principles of fictional bibliotherapy, or the use of fiction books to supplement work with a therapist, to film and television content. Many modern television series depict characters struggling with their mental health in ways that could be therapeutically useful for viewers. The dark fantasy series *Supernatural* focuses on monster-hunting brothers Dean and Sam Winchester and their found family. The main characters experience multiple instances of significant trauma, as well as subsequent struggles with PTSD and moral injury (MI). The following paper will provide basic definitions of PTSD and MI, discuss the theory of fiction-based therapies, and explain how those principles might be applied to the fourth season of *Supernatural* in particular to create a productive therapeutic environment for patients with trauma- and stressor-related disorders.

Defining PTSD, MI, and PTG

Post-traumatic stress disorder (PTSD) is most completely defined using the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, which establishes Criteria A-H for a PTSD diagnosis. Some of the characteristic symptoms of PTSD it outlines include persistent re-experiencing of the trauma (through nightmares, flashbacks, etc.), avoidance of trauma-related

stimuli, and negative affect and trauma-related arousal that began or worsened after the trauma (U.S. Department of Veterans Affairs). PTSD is often discussed in relation with moral injury (MI), which specifically describes significant emotional distress caused by one's own moral transgressions or those of others (Litz & Kerig 2019). Those who experience MI do not necessarily also exhibit all the symptoms required for a PTSD diagnosis, though this is possible; self-directed MIs, or those pertaining to feelings of shame for one's own actions, were found to be more strongly related to PTSD when compared with other-directed MIs, which are caused by feelings of betrayal due to others' actions (Litz & Kerig 2019). The body of literature on MI is rapidly expanding and evolving as it is being explored in increasing depth. In the following discussion, MI describes the phenomenon in a broad sense as one which is distinct from PTSD in its focus on moral transgression but also falls into the category of trauma and stressor-related disorders.

Another concept pertaining to PTSD and MI that will prove relevant is post-traumatic growth (PTG), which describes the positive new perspectives and psychological skills that can result from the productive cognitive processing of a traumatic event. Calhoun and Tedeschi (2006) emphasize that "rumination," or cognitive engagement, relating to a traumatic experience is essential to achieving PTG and explain that PTG can manifest in the following five domains: personal strength, new possibilities, relating to others, appreciation of life, and spiritual change. Ronnie Janoff-Bulman has proposed that PTG can even "create 'psychological preparedness' that can allow trauma survivors to confront subsequent events with less anxiety" (Calhoun & Tedeschi 2006). While studies have shown that growth is not a ubiquitous experience and is not easily quantifiable, it is a good goal to consider for discussion-based therapeutic treatments for those suffering from trauma and stressor-related disorders (Calhoun & Tedeschi 2006).

The Theory of Fiction-Based Therapies

Creative bibliotherapy is a therapeutic method which leverages the power of interpretation to inspire fruitful discussion of topics that appear in fictional reading materials. When using this method, a therapist assigns some fictional material for their client to engage with and provides a certain lens or guiding questions to keep in mind while they do so. During the next session, the client is encouraged to discuss their thoughts and takeaways. This method has been extended to a variety of fictional forms, including poetry, novels, film, and television. There is little consensus regarding the specifics that might make fictional material ideal for use in therapy, as much of the work conducted thus far has been on the basis of simple belief in its effectiveness rather than any quantitative proof (Troscianko 2018). However, most theories behind the practice in general emphasize a few elements that are critical for success, including perceived similarity to and identification with a character and reframing of problems.

Perceived Similarity and Parasocial Relationships

Fiction-based therapies invite clients to think creatively and imagine a fictional situation as analogous to their own. In order to establish a reasonable comparison, a client must first be able to perceive some similarity between themselves and a character. This necessitates some clear parallels between a client's and a character's situations and/or backgrounds; a client in treatment for PTSD, for example, might be presented with a character who experienced a similar trauma or who exhibits PTSD symptoms the client would recognize as similar to theirs. Perceived similarity “[creates] awareness that others have dealt with similar problems” and shows the client that they are not alone in their experience (Troscianko 2018). Perceived similarity can even contribute to the formation of a parasocial relationship (PSR). A PSR is “a one-sided interpersonal relationship in which an individual feels a link to a media personality—either real

(such as a talk-show host or entertainer) or imaginary (such as a fictional character)” (Liebers & Schramm 2019). Just as one might be drawn to a person they meet who has a similar mindset or has had similar experiences and become closer with that person over time, a viewer who perceives similarities between themselves and a fictional character is more likely to build a PSR with that character; the importance of perceived similarity in real-life relationships extends to PSRs as well (Tian & Hoffner 2010).

Intrapersonal engagement in PSRs can have effects on a viewer’s emotions and behavior that are as real as those elicited by interpersonal interactions, in spite of their one-sidedness (Tian & Hoffner 2010). As psychologist Janina Scarlet (2018) writes, “when we find a social connection with another person, or even a fictional character, our bodies release oxytocin, a bonding hormone, which reduces physical and emotional distress and creates a feeling of connection.” This positive effect suggests that even apart from a lofty goal like achieving PTG, PSRs with fictional characters have the potential to help those battling PTSD and MI. Feelings of isolation and significant social impairment are some of the diagnostic symptoms of PTSD; Litz and Kerig’s (2019) conclusion that MI is strongly correlated with social exclusion, whether it is enforced by oneself or others, also supports the notion that interpersonal relationships can be very challenging for those struggling with trauma. It is a logical step, then, that a one-sided, dependable relationship like a PSR with a fictional character could be an accessible way to practice social interaction and find connection.

Hesley and Hesley (1998) also suggest that film characters can act as role models, because “role models for the specific issues clients are facing may not be at hand.” For people struggling with PTSD who have never had a close relationship with another person who has experienced a traumatizing event, a character can provide a positive example the client can

attempt to emulate. Tian and Hoffner (2006) found parasocial interaction with a character to be predictive of viewers' efforts to make changes to their own behaviors to become more like the character. Further, once a viewer has a close enough bond with a character who inspires them, they can use their imagination to "apply the character's wisdom to new concerns" (Hesley & Hesley 1998). Given these phenomena, Hesley and Hesley's (1998) conclusion that films providing clearly positive role models are the best choice for use in therapy and those sending more mixed messages should be avoided seems logical; therapists certainly do want to keep their clients from internalizing harmful ideas. However, there is little to no empirical proof supporting such conclusions, and Troscianko (2018) warns that assumptions about what material is best and what should be avoided are overgeneralizations that "ignore the complexity of both literary [or cinematic] and human phenomena." After all, it could be just as productive for a client to identify a character's unhelpful actions as it is their positive ones.

Identification, Exposure, and Reframing

When a client sees themselves reflected in a character, they are more likely to engage in identification, a process in which "audience members put themselves in the place of the character and vicariously participate in the character's experience" (Tian & Hoffner 2010). Identification allows clients to interact with a situation similar to theirs while benefiting from the objectivity that comes with some removal from its intensity and personal implications. Some have even proposed that fiction-based therapies can function similarly to exposure therapy, currently one of the most successful treatments for PTSD (Glavin & Montgomery 2017). Exposure therapy involves repeatedly confronting trauma-related memories with the goals of learning: "(a) the memory itself is not dangerous; (b) the distress associated with thinking about what happened declines over time; and (c) some of the faulty perceptions [a client] may hold about their own

and other's behavior are not accurate" (Brown et al. 2019). Fiction can provide a vicarious experience of this process. Immersion into a story that involves a traumatic or morally injurious event (or the recollection of such an event) followed by discussion with a cognitive behavioral therapist has the potential to inspire a client to consider their situation from a new perspective. This process of identifying inaccurate, distorted thoughts and replacing them with more realistic, productive, and manageable ones is referred to as reframing. As therapists Hesley and Hesley (1998) explain, even "modest reframes can lead to large therapeutic advances." It is this rumination upon and reframing of trauma-related thoughts that allows PTG to occur.

Particular Strengths of Television as a Form of Fiction-Based Therapy

There are numerous aspects of the television series format in particular that could be beneficial for therapeutic work. First, viewers get to see the identifying character's journey over a longer period of time. This dispels the illusion that problems can be solved so quickly, instead allowing for the display of gradual change and exploration of presentations of the character's symptoms in different contexts. The format of a television series also lends itself to the formation of PSRs, as the client can spread out their viewing and build a relationship with a character over time, learning more about them and seeing them in different situations with each episode. Hesley and Hesley's (1998) concept of the character role model can arguably be improved with a TV character. Over a more extended period of time, the overall pool of data that a viewer can gather from a character's experiences increases, leading to a more realistic understanding of how their character's choices change over time and how outcomes vary in response. Allowing for more nuance in a role model and freedom for the character to make mistakes could help clients feel more self-compassion rather than striving to be perfect. The extended format of a television series also provides space for a character to experience things that are not directly related to the

situation being targeted in therapy. As Troscianko's 2018 study demonstrates, fictional material that directly addresses a client's illness is less likely to have mood- or self-esteem-boosting effects, and seeing a character overcome the illness that a client is facing often does not evoke the positive response one might expect. Building trust and connection with a character in moments that are not focused on the illness could make viewers more likely to engage during the more challenging moments.

Troscianko (2018) argues in favor of the use of books in therapy because the written form offers the greatest amount of variability in interpretation and requires active participation from the reader. However, in the community of those managing PTSD, where initiation of treatment and session-to-session compliance is already a particular challenge, it is worth considering maximizing accessibility (Glavin & Montgomery 2018). Illiteracy is a significant barrier for use of bibliotherapy, but that should not be the case for film- or television-based therapy. It is also highly probable that someone who is literate but doesn't typically read for pleasure would be more open to watching television content. Finally, a TV series, like a book with multiple chapters, is well-suited for being administered and processed in shorter doses over time, as is the practice in more typical exposure therapy procedure (Brown et al. 2019).

PTSD and MI in *Supernatural*

Any of the fifteen seasons of *Supernatural* could provide sufficient material to be examined through the lens of how the main characters deal with emotional distress and mental illness. For the sake of greatest clarity and concision, the following discussion of the portrayal of PTSD and MI in *Supernatural* will address only Dean Winchester's experience and symptoms as they are displayed in season four of the show. The traumatic situation Dean grapples with in this season is extreme in its magnitude and takes place during an isolated period rather than occurring

over years of his life; it is also comparatively simple and self-focused in the context of the other emotional traumas he endures, which tend to relate to complex relationships with his family members.

In the lead up to season four, Dean sells his soul to a demon order to save his brother Sam and is given a year to live. Try as they might, the brothers fail to find a way out of Dean's deal. When his year is up and the demon comes to collect, Dean is mauled to death by hellhounds and goes to Hell. Season four begins with Dean climbing out of his grave four months later, having been saved by an angel. At the outset of the season, Dean claims no recollection of his time in Hell. However, nearly every episode includes evidence of his intense emotional distress following the trauma, and as the season progresses, Dean slowly opens up to Sam and the audience learns more and more about Dean's experience as he processes it.

Establishment of Perceived Similarity: Satisfaction of Diagnostic Criteria

The critical role of client identification with a character in fiction-based therapy suggests that in order for a television series to be appropriate for fiction-based therapy work with PTSD/MI patients, a fictional character should exhibit a comprehensive spread of recognizable symptoms or behaviors. If this is the case, clients should be more readily able to see themselves in their character's place. To demonstrate that clients should perceive similarities between their experiences and Dean's, the following sections will first sort his symptoms into the categories of DSM-5's criteria for PTSD diagnosis and then compare the self-perceptions he articulates with Litz and Kerig's (2019) understanding of MI.

First, criterion A: the traumatic events Dean experienced were his own violent death and years of torture in Hell. He repeatedly experiences flashbacks, nightmares, and intrusive

memories related to his time there,¹ fulfilling criterion B. For a long time, Dean refuses to even admit that he remembers any of what happened to him in Hell; he blatantly lies to his family members when confronted about it.² This avoidance of trauma-related thoughts and feelings satisfies criterion C. Fulfillment of criteria D and E for diagnostic purposes is less concrete, as Dean exhibits many of the symptoms in those categories before going to Hell and it is difficult to prove that they “worsened after the trauma” (U.S. V.A.). However, as the goal is not to diagnose Dean but prove sufficient similarities to those who have been diagnosed, the fact that he displays the following at all is acceptable: Dean has overly negative thoughts about himself, is irritable, aggressive, and hypervigilant, and has trouble sleeping.³ Dean’s symptoms last for well over a month⁴, satisfying criterion F. He experiences significant emotional distress that impacts his physical well-being and manifests in his other symptoms, though he appears to be able to function in his day-to-day life without catastrophic impairment; this checks off criterion G. Finally, in regards to criterion H, while Dean does use alcohol as a coping mechanism, his alcoholism is not the cause of his symptoms. This fully completed checklist demonstrates that Dean exhibits a wide variety of PTSD symptoms—perhaps even to a degree such that he could receive a full diagnosis, but certainly a sufficient number for the assumption that clients will see their own experiences on screen to be a safe one.

Moral injury is also prominently displayed as a major element of Dean’s emotional response to his traumatic experience. Here he describes to Sam for the first time what happened to him in Hell:

¹ Flashbacks and intrusive memories are explicitly shown or discussed in season four episode 1 (hereafter denoted “(season number)x(episode number)”) “Lazarus Rising,” 4x7 “It’s the Great Pumpkin Sam Winchester,” and 4x6 “Yellow Fever;” nightmares are shown in 4x3 “In the Beginning,” and 4x8 “Wishful Thinking.”

² 4x1, 4x6, 4x8, and 4x11 “Family Remains.”

³ 4x1, 4x2, 4x6, 4x11.

⁴ In 4x11, Sam claims that Dean “has had [them] chasing cases for like a month now.”

DEAN: They, uh... They sliced and carved and tore at me in ways that you... Until there was nothing left. And then, suddenly... I would be whole again... like magic... just so they could start in all over. And Alastair... at the end of every day... every one... he would come over. And he would make me an offer. To take me off the rack... if I put souls on... if I started the torturing. And every day, I told him to stick it where the sun shines. For 30 years, I told him. But then I couldn't do it anymore, Sammy. I couldn't. And I got off that rack. God help me, I got right off it, and I started ripping them apart. I lost count of how many souls. [a tear rolls down his cheek] The — the things that I did to them.

SAM: Dean... Dean, look, you held out for 30 years. That's longer than anyone would have.

DEAN: [crying] How I feel... this... inside me... I wish I couldn't feel anything, Sammy. I wish I couldn't feel a damn thing. (4x10, "Heaven and Hell")

When Dean finally lets himself fully experience and express the thoughts and emotions he's been repressing, it proves extremely intense and distressing. He withdraws from Sam again after this, keeping the two of them busy investigating monster cases non-stop to avoid talking about it (4x11, "Family Remains"). This avoidant reaction and unwillingness to re-engage in rumination following an intense imaginative exposure to one's trauma was also observed in Brown et al.'s (2019) case study with a patient who felt deep shame and responsibility for the death of a loved one. Dean feels immense guilt and shame for having chosen to save himself by harming others. In the first episode of the season, the angel Castiel, who raised him from Hell, perceives that Dean doesn't think he deserves to have been saved (4x1, "Lazarus Rising"). Dean expresses feeling the need to "pay" for his actions, but also that ultimately no matter how many people he helps, can never "fill this hole" and make up for what he did (4x10, "Heaven and Hell"; 4x11, "Family Remains"). When viewed in relation to his other symptoms, Dean's intense emotional distress surrounding this situation suggests self-directed MI as Litz and Kerig (2019) describe it—feeling that his actions directly violated his own moral code.

In addition to satisfying technical criteria for PTSD and MI, Dean also displays patterns of thinking that directly mirror personal accounts from veterans and others who have

experienced trauma. For example, when Dean finally admits to Sam that he remembers Hell but refuses to talk to him about it, the following conversation unfolds:

SAM: Dean, look, you can't just shoulder this thing alone, you gotta let me help.

DEAN: How? You really think a little heart-to-heart, a little sharing and caring is gonna change anything? Hmm? Somehow... heal me? I'm not talking about a bad day here.

SAM: I know that.

DEAN: The things that I saw—there aren't words. There is no forgetting. There's no making it better. Because it is right here [taps head]... forever. You wouldn't understand. And I could never make you understand. So I am sorry. (4x8, "Wishful Thinking")

At this point early on in the season, Dean refuses to even try to connect with Sam or explain his experiences because he feels there is no way he will be fully understood. This scene is highly reminiscent of the following passage, which an Alabama infantryman who fought in the Civil War wrote to his brother:

"You speak of hard times and troublesome times. Just permit me to say that you do not know anything about trouble. Suppose you had to lie night after night and day after day in dread of your life every moment... Do not talk about troubles and hard times while God and your country permits you to stay at home with your family and friends." (Shook Over Hell, Dean, p.93)

Parallels like this one speak to the significant realism in and generalizability of Dean's experience processing his trauma despite its fictional nature. They suggest the legitimacy of the material as something that those suffering from trauma- and stressor-related disorders are likely to feel reflects them and their own feelings—which, as has already been established, is an essential element of therapeutic use of television.

The Messages of Dean's PTSD Storyline

In addition to its portrayal of PTSD and MI symptoms, Dean's storyline in season four of *Supernatural* involves a number of constructive messages that could inspire clients to reframe

their own situations. A first positive message sent by Dean's PTSD storyline in season four is the contradiction of stereotypes about who can be affected by mental illness and feel emotional distress. On a surface level, Dean exhibits many qualities that characterize stereotypical hypermasculinity: he has great physical strength and skill with weapons; he wears flannels, a leather jacket, and sturdy leather boots; he drives a muscle car and listens to rock music; he carries himself with borderline reckless self-confidence, flirts with abandon, and discusses sex brazenly. The hypermasculine image is often seen as incompatible with any display of emotion, as evidenced by the common use of the phrase "be a man" with young boys when they cry. However, as the series progresses, *Supernatural* disproves the notion that strength and emotional struggle are mutually exclusive. Dean tries to avoid sharing his emotions in what he calls "chick flick moments" with his brother, but finds that this is impossible and unhealthy; in season four, he cries on screen on multiple occasions. He berates himself for "not being strong enough," but it is abundantly clear to viewers that Dean is far from weak (4x16, "On the Head of a Pin"). Characters ultimately intended to be perceived as good-intentioned or heroic, like Sam and the angels Anna and Castiel, show Dean compassion and push back when he claims to be undeserving of support, which suggests to audiences that they should do the same. As Hoffner and Cohen (2012) discuss, PSRs with characters like Dean who disconfirm popular beliefs about stigmatized mental illnesses can reduce an afflicted viewer's self-stigma and positively change their thoughts and behavior.

Another constructive message can be found in Dean's attempts to ignore his trauma and their clear illustration of how avoidance behaviors exacerbate and draw out one's suffering. It takes Dean eight episodes to admit to anyone other than himself that he remembers Hell, and a few more to share any details about it. During this time he continues to suffer flashbacks and

nightmares and drinks excessively in an attempt to forget, and his emotions fester. Dean is caught off-guard when he is offered support by someone who knows what he has done:

ANNA: I heard the angels talking... About you... What you did in Hell. Dean, I know. It wasn't your fault. You should forgive yourself.

DEAN: Anna, I don't w-want to, uh... I don't want to... I can't talk about that.

ANNA: I know. But when you can, you have people that want to help. You are not alone. That's all I'm trying to say. (4x10, "Heaven and Hell")

Anna's compassion is surprising to Dean and he is not prepared for a conversation about it at the time, but her suggestion emboldens Dean to open up to his brother by the end of the episode, even though he'd been adamant before that Sam could simply never understand. Perhaps this exchange alerts Dean to the possibility that the "worst case scenario" that he imagines unfolding is less likely than he'd led himself to believe—that is, he is able to identify the distortion in his catastrophizing thoughts and come to the conclusion that the risk involved in talking to Sam is less than he thought. This reframing could encourage viewers to reconsider any preconceived ideas they may have about what their loved ones would say or do if they were to be entrusted with difficult truths.

Perhaps the most important message in Dean's storyline is that one can learn to manage PTSD more effectively over time and that the skills gained in that process can be helpful when facing future traumas—an idea that ties back to PTG and Janoff-Bulman's theory of "psychological preparedness." Dean endures a seemingly never-ending stream of stressors and traumatic situations, but he always continues on, finding meaning in helping people and in building his connections with those closest to him. One fan describes the way Dean's story has impacted them as follows:

"Dean has inspired me to keep fighting no matter how hopeless, depressed, afraid, or anxious I feel. He's taught me to remind myself each time "I've felt this way before and gotten out of it. I will again as long as I keep fighting these negative thoughts/feelings. As

long as I try, it's just a matter of time. I just need to fight and engage in self-care and I will make it." (Scarlet 2020)

Themes and Episodes to be Approached with Caution

While many of the messages of Dean's PTSD storyline could lead to positive reframing, season four of *Supernatural* also includes some topics that should be approached with caution. The series as a whole involves a great deal of physical violence and gore, and season four is no exception. During this season, Sam develops an addiction to demon blood, which gives him the ability to psychically exorcise demons. He repeatedly lies to Dean about it, which could undercut viewers' understanding of Sam as a trustworthy figure who should be confided in. In the middle of season four, Dean repeatedly encounters Alastair, the demon who tortured him and eventually instructed him in how to become a torturer while he was in Hell. In episode 16, "On The Head of a Pin," Dean is asked to interrogate Alastair for information and put the skills the demon taught him to use. Dean tries to refuse, but he is coerced into compliance by angels who tell him it is necessary. The episode involves some highly complex emotions as Dean faces his abuser and is given the opportunity to inflict serious pain upon him while still feeling intense shame for having enjoyed the torturing he did while he was in Hell (4x11, "Family Remains"). While the experience does not end well and thus the message sent to viewers is not that hurting an abuser back or inflicting violence of one's own is a solution, the episode should be discussed thoroughly before and after the client watches it to avoid harmful misinterpretation. Finally, as the season falls in the context of the series as a whole, the storylines are not all entirely contained within it. Season four does not wrap up nicely with Dean fully getting past his trauma and going on to live a perfect life.

He continues to struggle and faces new problems—arguably a more realistic conclusion, but one that should certainly be discussed.

SPN Family, AKF, and Testimonials

Beyond the content of the series itself, *Supernatural* is also unique in the supportive community it has built for those struggling with mental illness. The series has developed an enormous fanbase during its fifteen-year run; the actors, production crew, and fans have grown together into a remarkably close-knit community that has come to be known as the “Supernatural (SPN) Family.” The SPN Family is international and interacts both online through social media and virtual events and in person at frequent fan conventions. In 2015, the actor portraying Sam, Jared Padalecki, launched a campaign called “Always Keep Fighting (AKF),” which raised money for organizations that support people battling depression and other mental illnesses. He explained the name of the effort as follows:

I didn’t want to say, “Never Give Up,” because to me, when you say “never give up,” it makes it sound like you’re being beaten down. It puts you on the defense, as if your only option is either to give up or to get beaten up. I don’t want somebody to wake up and say, “Don’t give up today — I hope this isn’t the day I get beaten down.” I want somebody to wake up and brush their teeth and think to themselves like, “Today’s not going to be easy. Today’s going to be a fight, but I’m going to fight.” (Prudom 2015)

This statement encourages fans to reframe their situations in a way that views themselves in a more positive, heroic context, just as the series itself does. Padalecki also shared his own experience with depression while filming the series, providing the possibility for further destigmatization of mental illness by disconfirming stereotypes (as previously discussed with regards to Dean). Jensen Ackles, who portrays Dean, became involved with AKF in the months following the project’s initiation, collaborating with Padalecki to create a more long-term charitable fund (Steiner 2020). Misha Collins, who portrays the angel who raises Dean from

Hell, has remarked on the fact that battling internal demons seems to be a common experience among fans of *Supernatural*, and he too has been involved in a wide variety of philanthropic efforts—including some that focus on mental health support (Highfill 2016). Fans inspired by the cast's work have created AKF social media support groups that continue to operate in 2020. The SPN Family's support of its members and candor in discussion of mental health has the power to encourage people to reach out for help, as one fan who suffers from complex PTSD, major depression, and anxiety describes:

“I stumbled across the SPNFamily and conventions. It was amazing to see that the actors were just as amazing as the characters they play onscreen and when I listened to the questions asked by the fans and how open they all are about mental health I was slowly starting to think maybe I should talk to someone... it was as if their stories gave me the last push to get help.” (Scarlet 2020).

Testimonials like this one make it evident that bringing those battling PTSD and MI into the SPN Family could be a highly positive experience. The community is overwhelmingly accepting, supportive, and understanding of those who have experienced traumas that have impacted them, as a significant portion of its own population has faced similar struggles; the show itself even relies on its viewers feeling respect and empathy for good people who have endured hard times. The SPN Family's well-established empathy and warmth offers a uniquely welcoming path for building community. It is a built-in support system that could greatly enhance a client's social engagement and encourage processing outside of therapy sessions as well.

Conclusion

With such pervasive confidence among therapists that fiction-based methods work, it is well past time for the execution of studies that can quantifiably prove it. As Glavin and Montgomery (2017) explain, there is no evidence of harm being caused by bibliotherapy and its derivatives; this relatively low degree of risk should be enticing to researchers. *Supernatural*

could be a great choice for use in a quantitative study for patients with PTSD and MI, as it involves significant discussion of mental illness both in its audiovisual narrative and its fan community. Many people viewers to date have shared testimonials to the series' positive role in their mental health journeys. Bringing *Supernatural* into structured therapy has the potential to have a massively positive impact on those battling trauma- and stressor-related disorders and instill in them a conviction to "Always Keep Fighting."

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