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Please Stop Diagnosing Darth Vader with Borderline Personality Disorder to Teach Undergraduates about Neurodivergence: (And Talk About Bipolar Zelda Instead)

**Arrêtez de diagnostiquer *Darth Vader* avec un trouble de la personnalité limite pour enseigner la neurodivergence au premier cycle
(parlez plutôt de la bipolarité de *Zelda*)**

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Abstract

This article will examine the surprisingly prolific advocacy for the use of characters from the *Star Wars* franchise (1977-2024) to teach neurodivergence. While *Star Wars* is a specific example, it is utilized here as a focus for the larger issue within academia of the uncritical use of popular culture media for diagnostic pedagogy (defined here as the use of teaching methods designed to help students understand the processes of diagnoses). Responsible diagnostic pedagogy must be reflective of the immense power medical professionals have over their patients' lives, avoid dehumanizing dis/ability, and incorporate the voices of people with dis/abilities. While *Star Wars* is a popular media franchise that students may engage with, its use in diagnostic pedagogy ignores dis/abled lived experience, intersectionality, and often relies on a gross misunderstanding of the text.

This article will therefore explore how pedagogy utilizing the *Star Wars* franchise acts as a problematic example of the medical model that also ignores basic media theory. The case of bipolar Zelda (a pop culture phenomenon arising after the release of *The Great Gatsby* [2013]) will be analyzed as a far more productive counterexample. Specifically, this essay will argue that 'bipolar Zelda' succeeds where *Star Wars* fails because it invites intersectional discussions centering around issues of power and oppression.

Résumé

Cet article examine la prolifération étonnante de l'utilisation des personnages de la franchise *Star Wars* (1977–2024) dans l'enseignement de la neurodivergence. Si *Star Wars* constitue un exemple spécifique, il permet d'illustrer un problème plus vaste au sein du milieu universitaire : l'usage non critique des médias populaires dans la pédagogie du

diagnostic, entendue ici comme l'ensemble des méthodes d'enseignement visant à aider les étudiantes et étudiants à comprendre les processus de diagnostic.

Une pédagogie du diagnostic responsable doit reconnaître le pouvoir immense que détiennent les professionnelles et professionnels de la santé sur la vie de leurs patientes et patients, éviter la déshumanisation des personnes handicapées, et intégrer les voix de celles et ceux qui vivent ces réalités. Dans ce contexte, l'utilisation de *Star Wars* tend à ignorer les expériences vécues des personnes handicapées, à négliger les dynamiques d'intersectionnalité, et repose fréquemment sur une interprétation erronée du texte. L'article explore ainsi comment cette approche pédagogique reflète un modèle médical problématique, tout en faisant abstraction des fondements de la théorie des médias. À l'inverse, le cas de la bipolarité de Zelda, phénomène culturel apparu après la sortie du film *Gatsby le Magnifique* (2013), est analysé comme un contrexemple plus fécond. L'essai soutient que la bipolarité de Zelda réussit là où *Star Wars* échoue, en favorisant des discussions intersectionnelles centrées sur les rapports de pouvoir et d'oppression.

Keywords

Star Wars, pedagogy, popular culture, neurodivergence, *The Great Gatsby*, bipolar, borderline personality disorder, medical model, media studies, schizophrenia

Mots-clés

Star Wars, pédagogie, culture populaire, neurodivergence, *Gatsby le Magnifique*, bipolarité, trouble de la personnalité limite, modèle médical, études des médias, schizophrénie

Introduction

In a 2011 article to the Association for Psychological Science, Raymond Green writes,

You've been working your fingers to the bone all semester and it is time for a break. So, you come up with the great idea to show a film. One of your colleagues has recommended one highly. You plan to dim the lights, hit the play button, and quietly sit in the back of the classroom wishing for some popcorn. Sounds great – what could go wrong? The film starts and before you know it you find yourself wondering – how does this fit with the material I've been presenting?...As you stand sweating in front of the class wondering how to tie the material in the film back to the class objectives you think – shucks, it would have been easier to lecture! (Green, 2011)

Green follows this scenario with the advice to always “view the film before the class sees it.” He goes on to advocate the use of *Primal Fear* (1993) and *Fight Club* (1999) over *Sybil* (1976) to teach about dissociative identity disorder due to the former two’s increased relevance with students. The fact that all three of these films contain pathologizing portrayals of dissociative identity disorder is not mentioned in the article. For additional films, Green recommends the website psychmovies.com, with a list including *Psycho* (1960), *Split* (2016), and *50 First Dates* (2004). To Green’s credit, he does argue that some films should be taught “with a discerning eye” as they do not always contain accurate representations. However, Green only speaks about critical consumption of media regarding psychologists and psychological practice. While very concerned with the “appalling...portrayal of psychology” in *Analyze This* (1999), the same concern does not seem to extend to the portrayal of neurodivergent positionalities in *Fight Club* or *Primal Fear*.

The red flags raised in Green’s article do not exist in isolation. Over the past twenty years, there has been an influx of undergraduate and graduate medical classes utilizing

film to teach about neurodivergent positionalities (Badura 2002, Bock et al. 2022, Buda 2010, Datta 2009, Donaldson 2015, Hankir et al. 2015, Kowalski and Conn 2017, Miranda et. al. 2022). This article will examine the surprisingly prolific advocacy for the use of characters from the *Star Wars* franchise (1977-2024) to teach neurodivergence. While *Star Wars* is a specific example, it is utilized here as a focus for the larger issue within academia of the uncritical use of popular culture media for diagnostic pedagogy (defined here as the use of teaching methods designed to help students understand the processes of diagnoses). Responsible diagnostic pedagogy must be reflective of the immense power medical professionals have over their patients' lives, avoid dehumanizing dis/ability, and incorporate the voices of people with dis/abilities.¹ While *Star Wars* is certainly a popular media franchise that students may engage with, its use in diagnostic pedagogy ignores disabled lived experience, intersectionality, and often relies on a gross misunderstanding of the text.

In this article, I will explore how pedagogy utilizing the *Star Wars* franchise acts as a problematic example of the medical model that also ignores basic media theory. The case of bipolar Zelda (a pop culture phenomenon arising after the release of *The Great Gatsby* [2013]) will be analyzed as a far more productive counterexample. Specifically, this essay will argue that 'bipolar Zelda' succeeds where *Star Wars* fails because it invites intersectional discussions centering around issues of power and oppression.

¹ Throughout this article I use the terms 'dis/abled' and 'dis/ability' to emphasize the societally constructed nature of ableism. Several of my quoted sources prefer the term 'disabled' and 'disability', which I leave as written.

Star Wars: Cultural/Critical Context is Far, Far Away

In a 2009 letter to the editor featured in the *Psychiatry Research* journal, Bui et al. argue “psychiatric patients often suffer from the stigmatization related to mental illness (Ritsher and Phelan, 2004), and a famous character recognized to be suffering from [Borderline Personality Disorder] could be useful in educating the general public about this disorder” (299). While admirable when removed from its context, this argument for acceptance is severely undercut by the rest of the article. The “famous character” Bui et al. wish to diagnose with Borderline Personality Disorder (hereafter BPD) is none other than Anakin Skywalker/Darth Vader, arguably the most ubiquitous villain in the entire American cinematic tradition.² While Darth Vader is admittedly a “famous character,” the association of one of American cinema’s most iconic villains with BPD is far more likely to propagate stigma than to alleviate it. Bui et al.’s reasoning that the iconic villain in a galaxy far far away best known for his black space armor, magical force choking powers, and red laser sword/lightsaber suffers from BPD is as follows:

[Anakin Skywalker] fulfilled six of the nine borderline personality disorder (BPD) criteria. He presented impulsivity and difficulty controlling his anger and alternated between idealization and devaluation (of his Jedi mentors). Permanently afraid of losing his wife, he made frantic efforts to avoid her abandonment and went as far as betraying his former Jedi companions. He also experienced two dissociative episodes secondary to stressful events. One occurred after his mother’s death, when he exterminated a whole tribe of Tuskan people, while the other one took place just after he turned to the dark side. He slaughtered all the Jedi younglings before voicing paranoid thoughts concerning his former mentor and his wife. Finally, the films depicted his quest to find himself, and his uncertainties about who he was. Turning to the dark side and changing his name could be interpreted as a

² Following the naming conventions of the films, this essay will refer to the character as ‘Anakin Skywalker’ when discussing Episodes I, II, and III, and ‘Darth Vader’ when discussing Episodes IV, V, and VI.

sign of identity disturbance. Thus, even if developmental issues in a gifted child as he struggled with adolescence and young adulthood could also be discussed, Anakin Skywalker presents both psychodynamic and criteriological features suggesting BPD (299).

Bui et al's diagnostic criteria depends on a selective reading of the prequel trilogy. Most notably, Anakin adopting the moniker Darth Vader is not a sign of "identity disturbance" but a ritual practiced within Sith culture. In addition, considering Anakin's turning to the dark side evidence of identity disturbance ignores both Palpatine's manipulations and the quantifiable existence of a dark side of the force which exists in the diegesis of *Star Wars*. Furthermore, as da Rocha et al. point out in a subsequent letter to the editor, "The main symptom cluster for dissociative disorders includes disruptions in consciousness, memory, identity, or perception. Based on the *Star Wars* film series, Anakin did not experience these symptoms. The voicing of paranoid thoughts was just cinematic effect" (179). Finally, the immense pressures of Jedi training (which the films establish as a possible concern, especially since Anakin joins the order older than most pupils do), the grief of losing multiple family members and mentors, and the outbreak of intergalactic war all present serious strains on Anakin that are ignored in Bui et al.'s analysis.

If Bui et al. stopped with diagnosing Anakin Skywalker/Darth Vader with BPD, their article would be offensive and poorly researched, but ultimately forgettable. Yet Bui et al. not only claim that Star War's financial success exists in part because adolescents with BPD identify with Anakin Skywalker's BPD, but also argue that "as part of most students' cultural background, this case study could prove useful in teaching the criteria of BPD to medical students and residents" (299). The concept of using the *Star Wars* franchise, and

Darth Vader in particular, as a tool for diagnostic pedagogy is a surprisingly prolific one amongst psychiatric and psychological scholarship. In 2017, Lucas de Francisco Carvalho published “From Anakin Skywalker to Darth Vader: understanding *Star Wars* based on Theodore Million’s theory of personality pathology” (121-126) to the *Journal of Medicine and Movies*, a journal founded with the intent “to encourage the use of films for the promotion of medicine and for medical and, by extension, bio sanitary training purposes” (Sánchez and Sánchez 2012, 51-52). In 2023, Carvalho et al. published “Teaching differential diagnoses with Anakin Skywalker: the duel between borderline personality disorder and bipolar disorder” to *Health Psychology*. Carvalho argues that “Star Wars can be used in psychiatric discussions with trainees/students to address real-world issues on differential diagnoses between Borderline Personality Disorder (BPD) and Bipolar Disorder (BD)” while simultaneously utilizing the character’s “high level of midichlorians” as an important genetic biomarker. Finally, Bui et al.’s letter to the editor was also followed by a second letter in *Psychiatry Research* from Tobia et. al supporting the original’s premise in 2015:

what (*sic*) the authors should be most commended about is (*sic*) their conclusion that Anakin’s case study could prove useful in teaching the criteria of BPD to medical students and residents. at (*sic*) Rutgers Robert wood (*sic*) Johnson medical school, we also reference Anakin’s case with respect to his maladaptive coping of his mother’s death, and compare his development with another iconic character from an equally popular franchise: star trek (*sic*, 625).

Tobia et al’s letter is notable as it moves beyond advocacy and demonstrates at least one instance of Anakin Skywalker being used to teach medical students how to diagnose schizophrenia. Shifting to the latest trilogy, Anthony Guerrero and Vanessa Cunanan

published “Kylo Ren Was Redeemed: Star Wars Fans Rejoice and So Should Psychiatric Educators” to *Academic Psychiatry* in 2022. Ryan C. W. Hall and Susan Hatters-Friedman have published five separate articles advocating the use of the *Star Wars* franchise for psychiatric education: “Psychopathology in a Galaxy Far, Far Away: the Use of *Star Wars*’ Dark Side in Teaching” (Hall and Friedman, 2015), “Teaching Psychopathology in a Galaxy Far, Far Away: The Light Side of the Force” (Friedman and Hall, 2015a), “Using *Star Wars*’ supporting characters to teach about psychopathology” (Friedman and Hall, 2015b), “*Star Wars: The Force Awakens* Forensic Teaching About Patricide” (Hatters-Friedman and Hall, 2017), and “The Last Jedi Takes His Own Life: Rational Suicide and Homicide-Suicide in *Star Wars*” (Friedman et al., 2018). In this corpus, Friedman and Hall expand on merely using Darth Vader to teach medical students about BPD to include a diagnosis for nearly every character in the Star Wars mythos. This includes diagnosing the minor character Biggs Darklighter with generalized anxiety disorder:

In *A New Hope*, Luke states: “Biggs is right; I am never gonna get out of here”, which is likely in response to an off-screen conversation where the audience can imagine Biggs making a statement such as “Luke, I worry you will never get off this rock.” During the assault on the Death Star, Biggs is again worried since he “can’t shake” an enemy tie-fighter. Although this level of concern may initially appear understandable in an active combat zone, it is another example of him worrying in a non-adaptive way. The last major bit of dialogue for Biggs has him again worrying about going full throttle through the Death Star trench (“Luke, at that speed will we be able to pull out in time?”) just to have Luke remind him it will be “like Beggars Cannon [Beggar’s Canyon] back home.” Given that every bit of our exposure to Biggs seems to indicate that he is worried about something, trainees may debate whether Biggs has an anxiety disorder (Friedman and Hall 2018, 434).

Three lines of dialogue is not enough to diagnose anyone with any disorder, and to lead medical trainees in pedagogical exercises implying otherwise is irresponsible. It would be

irresponsible even if the context of the film were to be ignored, which it should not. Two of Darklighter's lines occur in an "active combat zone," which have a tendency to strain people's nerves. The third is written not by George Lucas but imagined by Friedman and Hall (434).³ Ignoring context is not only shoddy scholarship from a media studies perspective, it creates pedagogy that is deeply confusing for students. A further example of this can be seen in Friedman and Hall's analysis of Luke Skywalker as schizophrenic because he has delusions of force powers:

If just *A New Hope* is taken in isolation and the cultural and religious value of the Force is ignored, then Luke may be used for teaching points about mental health evaluation...In *A New Hope*, Luke is an 18-year-old male, who is having conflicts with his "adopted" family; is not meeting obligations such as chores; acquires a new peer group, which puts him into conflict with authority; starts expressing new strange religious beliefs; starts hanging out in bars; and is engaging in reckless behavior (e.g., spying on sand people), not to mention potential animal cruelty with "bullseye[ing] womp rats in [his] T-16 back home." All this culminates in him having auditory hallucinations and grandiose beliefs that he is saving the galaxy. When all this is taken into account, one may start to lean towards a diagnosis of prodromal schizophrenia. *The problem with this formulation is that he does actually have Force powers and did actually save the galaxy.* But the abstract teaching point—regarding considering the possibility of prodromal schizophrenia and how it is often not recognizable until after a full-blown psychotic event—remains. (emphasis added, Friedman and Hall 2015a, 720)

In the three diagnoses shown above, crucial context from the *Star Wars* films is ignored. Anakin Skywalker's name change to Darth Vader was part of a common Sith practice, Biggs Darklighter's anxiety was situationally justifiable, and Luke Skywalker did not hallucinate his force powers, he actually had them. (One can only imagine the bewildered look on undergraduates' faces when instructed to analyze *Star Wars* as if the force did not exist

³ The statement "Luke, I worry you will never get off this rock" is not actually spoken by Biggs Darklighter but instead assumed by Friedman and Hall from context.

and Luke was instead suffering from delusional hallucinations of grandeur and magic). Yet the harm in this contextless pedagogy is not only limited to medical students, but extends to those with neurodiverse positionalities those students will one day have power over as psychiatrists and psychologists.

Friedman and Hall's willingness to over diagnose as pedagogy reaches its zenith when they attempt to use the character of "Qui-Gon Jinn to discuss...the 'grooming' behaviors of paedophiles" although "without being offensive or trivializing the topic" (2015b, 433). They argue:

In *Phantom Menace*, Qui-Gon engages in many behaviors with young Anakin Skywalker the same way a pedophile would with a child victim. Anakin seems to fit a pattern which Qui-Gon has of cultivating prepubescent, fair-complexioned boys with no strong male family ties, perhaps like Obi-Wan Kenobi was when he was younger. Anakin is a vulnerable child who is out of place in his peer group. Anakin's only parental support is a single, poorly educated mother in a weak socio-economic position. His mother would see the involvement of an outside male influence as beneficial to her child and a respite for herself. Anakin's mother has no power or relations with authority, which decreases the likelihood that either she or Anakin would report the pedophile, or potentially be believed by others. As a slave, she has no economic means, which makes it easier for Qui-Gon to ingratiate himself with the family by offering any degree of economic or emotional support. Qui-Gon develops a relationship with Anakin, noting his special features and abilities: he often gives compliments to the child such as "You must have Jedi reflexes if you race pods." He fosters a relationship where secrets are kept (e.g. "The queen does not need to know."), and the child is slowly isolated from others (since other children no longer play with Anakin because he is working on Qui-Gon's pod-racing project). After trust is gained, there is a gradual increase in physical intimacy. In the movies this was symbolized by Qui-Gon drawing blood samples from Anakin. (433-434).

Once again, Hall and Friedman admit that "In the context of the Star Wars universe, Qui-Gon's behavior is appropriate" which would seem to invalidate their argument that they are not trivializing an incredibly serious topic (433).

The diagnosis of *Star Wars* characters constitutes a particularly poor application of the medical model, which is already a problematic method of conceptualizing dis/ability as a deficit. Leading discussions with students asking if Jar Jar Binks has ADHD or Chewbacca has orbital frontal lesions, (which Friedman and Hall also advocate), not only ignores the non-human neurochemistry and culture of these characters in diegesis, it others these positionalities as being, literally and figuratively, alien (Hall and Friedman 2015, 727). Friedman and Hall recognize this concern when they write “it may be permissible to over diagnose or pathologize characters’ behaviors from a ‘space opera’ because they are exaggerated characters by definition. However, one does need to be careful not to over diagnose or pathologize in everyday life or routine clinical situations” (727). This reads as a justification, albeit a poor one: if Friedman and Hall are both over diagnosing and pathologizing characters in a space opera as a teaching tool for students learning about actual neurodivergence, it would follow the students would learn to both over diagnose and pathologize real life cases as well.

As *Star Wars* contains exaggerated characters and a diegesis that creates overly reductive binaries between good and evil, one is forced to question why it should be used to teach the diagnosis of complex real life individuals with unique lives in an often morally gray world. Guerrero and Cunanan (2022) argue they “will guard against any reinforcement of stereotypes that ‘light’ is good and ‘dark’ is bad” (referring to the franchise’s light and dark sides of the force) in their article *Kylo Ren Was Redeemed: Star Wars Fans Rejoice and So Should Psychiatric Educators*, but they are actively working against the franchises’ mythology by doing so (392).

Friedman and Hall argue that despite its moral simplicity, *Star Wars* is ideal as a teaching tool. “In order for a piece of pop culture to be optimally useful as a teaching tool, it should be timeless, universal in scope of themes addressed (e.g., dealing with loss, leaving home, finding one’s place in the universe), well known, *and incorporated into shared culture enough that a reference can become a shorthand for a larger concept.*” (Hall and Friedman 2015, 727, emphasis added).⁴ As Friedman and Hall point out, even those who have not watched the films are aware, through the sheer volume of paratext and popular culture osmosis, that Darth Vader is a bad guy and Luke Skywalker is a good guy. While helpful as ‘shorthand for a larger concept,’ if the larger concept is diagnosing Darth Vader with borderline personality disorder, *Star Wars*’s prevalence in culture is not helpful, but instead a pedagogical hindrance. Most medical students will have pre-existing knowledge of the films and many will probably have interest in *Star Wars*. Yet with this preexisting knowledge comes preexisting bias: lifetimes of preformed opinions on each of the major *Star Wars* which will mesh with any diagnosis made in the classroom and ultimately undermine the exercise.

Approached differently, this could lead to a highly productive classroom discussion in examining bias. Since, as Hall and Friedman correctly argue, *Star Wars* is ubiquitous (at least, in certain cinematic markets) a savvy teacher could use student’s preexisting notions of *Star Wars* as a jumping off point to discuss the inevitability of bias and the need to interrogate one’s bias. This would keep the classroom engagement desired by Hall and

⁴ From a critical/cultural media studies perspective, it is important to acknowledge that neither ‘timeless pop culture’ nor ‘universal themes’ exist, but a fuller discussion of these topics is beyond the scope of this essay (Fedorak 2009).

Friedman but instead of reinforcing harmful stereotypes regarding neurodivergent positionalities, work to undermine them. Furthermore, this highlights exactly how media in a broader sense could be used productively in a beginner psychology classroom. Ideally, popular culture should not function as diagnostic pedagogy, but it can exist as a launchpad for examining cultural biases regarding neurodivergence. An excellent example of this is demonstrated in Lauren Moffat's essay "Bipolar Zelda: A Cultural Phenomenon."

Talk About Bipolar Zelda Instead

In her essay, Moffat tracks the attempts to retro-diagnose the famed 1920s novelist and painter Zelda Fitzgerald following her portrayal by Christina Ricci in Baz Lurhmann's *The Great Gatsby* (2013). Subsequent to the success of the film, several news outlets and physicians began to speculate Zelda Fitzgerald's historical diagnosis of schizophrenia was incorrect. Specifically, they argued Zelda Fitzgerald might have had bipolar disorder instead of schizophrenia. (Moffat, 175, 178) It is true that Zelda Fitzgerald did suffer from symptoms of mania and depression, which are the signature signs of bipolar disorder. However, mania and depression are also symptoms of schizophrenia, and the two diagnoses are notorious for their high level of slippage. Moffat correctly asks, "If bipolar disorder and schizophrenia share similarities and are both considered major psychiatric conditions, then what do revisionists hope to achieve by suggesting the former in place of the latter?....Ultimately, for Zelda to be associated with schizophrenia must constitute, for some, an undesirable situation in need of remedy, or the matter would be left alone" (178).

Schizophrenia remains one of the most maligned diseases in American public consciousness, in no small part to its media portrayals, which inevitably associate schizophrenia with violence and often confusingly conflate schizophrenia with dissociative identity disorder, an equally unfairly maligned positionality (Owen 2012, Bryne 2001). Bipolar Disorder is also maligned in film and television (*Misery* [1990], *Mommy* [2014], *Shameless* [2004-2013, [2011-2020], *Unreal* [2015-2018], *The Ozarks* [2017-2022]). However, the current cultural narrative surrounding bipolar disorder connects the positionality with an often problematic sense of tortured creativity. The exact details of the connection between bipolar and creativity shift dramatically depending on whether one is reading academic literature (which favors a correlation model), pop-science literature (which favors a causation model) or fringe pseudo-scientific literature (which favors an inverse causation model, claiming being a great artist can *cause* bipolar Disorder [Pryal 2011]). However, in comparison to schizophrenia, public perception of bipolar Disorder undeniably contains an intense “creativity mystique.” (Pryal) For many, this connection to creativity fit the narrative of Zelda Fitzgerald as a glamorous muse, artist, and dancer as portrayed by Christina Ricci in *The Great Gatsby*. However, this narrative continues the stigmatization of *both* schizophrenia and of bipolar disorder. Schizophrenia is once again treated as a maligned and violent positionality. Over-romanticizing bipolar disorder's creative mystique and connecting it to the tortured artist trope leads people struggling with the disorder to forgo medicine or even therapeutic treatment for fear it will dull their raw creativity. This is despite at best inconclusive scientific consensus regarding how the connection between bipolar and creativity actually works (Pryal). Moffat concludes:

One must exercise caution and examine the cultural motivations for diagnosis revisionism. Zelda Fitzgerald could have had bipolar disorder and not schizophrenia. Still, the inescapable fact remains that one can never know that for sure. Theorizing from our present vantage point carries its risks, not the least of which is perpetuating the stigma of schizophrenia and bolstering an equally one-dimensional image of bipolar disorder as a “good” mental illness (180-181).

Screening *The Great Gatsby* with assigned readings from Moffat’s article could lead to a particularly fruitful discussion regarding how cultural narratives can have long term effects not only on stigma but also on how patients will respond to treatment. The complex relationship between creativity and neurodivergence, and the media’s role in flanderizing (exaggerating traits in the way that Ned Flanders’ traits were essentialized on *The Simpsons*) that relationship, is a critical discussion for future medical professionals to reflect on.

There are numerous important questions provoked by the phenomenon of bipolar Zelda for an undergraduate classroom of future psychologists. Why is bipolar disorder seen as preferable to schizophrenia and what role can the medical profession take in lessening the stigma of both positionalities? What role does intersectionality have to play in this case study: considering that Zelda was not only an artistic woman, but also an upper class cis straight white woman? What role does the long history of misogyny in the medical profession, especially considering diagnoses such as women’s hysteria, have in this case study?

The phenomenon of bipolar Zelda works as a teaching tool because it shifts conversation from the medical model to the human rights model. (The human rights model of dis/ability, one of many sub models to grow out of the social model of dis/ability that

focuses on dis/ability specifically as a human rights issue, and is particularly interested in advocating for more equitable legislation and policy changes ([Lawson and Beckett 2021]). Deciding if Zelda Fitzgerald's 'true' diagnosis is either schizophrenia or bipolar does absolutely nothing to aid the mental health of a woman who died in 1948. Yet the desire to 'save' Zelda Fitzgerald from a diagnosis of schizophrenia reveals a great deal about the stigma suffered by that lived positionality. Ultimately, bipolar Zelda is a case study that de-emphasizes the importance of finding the correct diagnostic 'label' and instead emphasizes how these labels have affected the public's perception of those with neurodivergence.

In concluding her article regarding the cultural phenomenon of bipolar Zelda, Moffat writes "no one needs to speak for her. Nor should one force her into rigid molds of what, at any given time, happens to be the ideal that our culture wishes to project onto famous historical women" (182). She goes on to emphasize the sometimes uncomfortable complexity of Zelda Fitzgerald. "To let her be what the historical record suggests she was—iconoclastic and apolitical, creative *with* psychosis, performative *and* sincere, defiant *and* dependent—demands that all bias, projection, and political wish fulfillment be set aside. What is clear, and not only concerning her mental illness, is that Zelda Sayre Fitzgerald is difficult to define" (183). With this in mind, films can and should be used in undergraduate classrooms to discuss neurodivergence. However, they need to be used in a method that complexifies, not simplifies, a student's understanding of neurodivergent positionailities.

Beyond Diagnosis

In *Horror Noire: Blacks in American Horror Films from the 1890s to Present*, Robin Coleman (2011) differentiates between what she coins 'black horror films' and 'blacks in horror films.' Coleman writes that "Blacks may appear in all manner of horror films, but the films themselves may not be *Black*, per se, in their relation to the filmmaker, audience, or the experience they present. Black film is about Black experiences and Black cultural tradition - a black cultural milieu and history swirling around impacting Black lives' in America (7, emphasis original)." Crucially, Coleman's delineation extends beyond textual analysis and considers issues of production and distribution, citing Thomas Cripps's (1978) definition of a 'black film': [Black films] have a black producer, director, and writer, or black performers: that speak to black audience or, incidentally, to white audiences possessed of prenatal curiosity, attentiveness, or sensibility towards racial matters; and that emerge from self-conscious intentions, whether artistic or political, to illumination the African-American experience (11).

When analyzing neurodivergence in media, whether for diagnostic pedagogy or for dis/ability studies, it is vital to consider how few mainstream⁵ texts match a neurodivergent version of Cripps's criteria: an openly neurodivergent producer, director and writer or multiple neurodivergent performers, that speak primarily to neurodivergent positionalities and illuminate the neurodivergent experience. I point this out not to gatekeep or to get bogged down in specific definitions about authenticity (which both Coleman and Cripps

⁵ Although there is greater representation of neurodivergent directors and writers in the experimental film scene.

similarly caution against) but to nevertheless argue that these facts need to be at the forefront of academic analysis of neurodivergent media, especially for a movement founded on the rallying cry of 'nothing about us without us.' (Charlton 1998).

Diana Garrisi and Jacob Johannsen offer further nuance in *Disability, Media, and Representations: Other Bodies* (2020). They argue, "Disability has often been tackled from binary dimensions such as medical model/social model; old media/new media; theory/practice; ability/disability" (9). This sentiment is echoed in the scholarship of Alison Wilde (2013), Katie Ellis (2019), and J. Logan Smilges (2023) who also advocate for the importance of intersectional analysis of dis/ability in media. Garrisi and Johannsen advocate for a number of methods to broaden dis/ability studies in media, including new materialism, biopolitics, ableist studies, and emphasis on intersectionality (9-12). Put simply, they advocate beyond a focus on what dis/ability *is* and towards what dis/ability *does*, especially in relation to questions of power and oppression.

Ultimately, Bipolar Zelda succeeds as a case study where *Star Wars* diagnostic pedagogy fails not only because Moffat prioritizes the dignity of neurodivergent individuals, but because her scholarship analyzes *The Great Gatsby* as a cinematic text. Moffat's analysis follows visual methodology as outlined by Gillian Rose (2023) to ask how reception of a popular fictional character has influenced real life stigma of neurodivergence. In other words, Moffat marries media theory and dis/ability theory to ask important questions about how media is influencing real life. While Moffat's explores how fictional portrayals of neurodivergence impact real life stigma, Friedman and Hall's analysis of *Star Wars* routinely ignores basic media theory. The diagnosis of Darth Vader

with BPD is not only a dehumanizing application of the medical model, it is also a failure to acknowledge that Darth Vader is not a person who may or may not be neurodivergent. Instead, Darth Vader is a fictional construct created and distributed within the historically extremely ableist cinematic market of Hollywood.

Conclusion

Justin Anthony Haegle and Samuel Hodge argue, “While medical personnel have expertise in the area of diagnosing, treating, and curing illnesses, they should not have the power or authority over the lives or the social perception of individuals with disabilities in society” (191). This is perhaps one of the ultimate goals of dis/ability advocacy, the realization of ‘nothing about us without us’ (Charlton, 1998). However, it is an unavoidable fact that at least for now, medical professionals wield a gigantic amount of power and authority over neurodivergent individuals. With this in mind, film can be a useful tool for launching conversations on how to use that power responsibly—to the extent that is possible at all in the medical model. Film in college classrooms, when used correctly, can help students begin to question issues of systemic power and oppression. Used incorrectly, college freshmen are taught to associate neurodivergent positionalities, quite literally, with the dark side.

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