Tackling Taboo Topics: Narrative Strategies in the Representation of Mental Illness Stigma in Young Adult Literature

D i s s e r t a t i o n

zur Erlangung des akademischen Grades

Doktor der Philosophie

in der Philosophischen Fakultät

der Eberhard Karls Universität Tübingen

vorgelegt von

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aus

Tübingen

2024

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Introduction

> The thing I know about bipolar disorder is that it's a label. One you give crazy people. I know this because I've taken junior-year psychology and I've seen movies and I've watched my father in action for almost eighteen years, even though you could never slap a label on him because he would kill you. Labels like "bipolar" say *This is why you are the way you are. This is who you are*. They explain people away as illnesses. (Niven 271)

With these words, seventeen-year-old Theodore "Finch" Finchley, the protagonist of Jennifer Niven's young adult novel *All the Bright Places*, explains to readers why he does not want to be diagnosed with bipolar disorder despite displaying all the relevant symptoms. Simultaneously, he reveals the most substantial component that discourages individuals from seeking treatment for their mental illness: stigma.

Finch's thought process allows two observations: First, Finch's stance on mental illness has been formed by his environment – movies that include mentally ill characters, the lessons he has learned in school surrounding the topic, and his own father's rejection of such a label. The social forces that Finch is exposed to on a daily basis have shaped his understanding of what it means to be mentally ill, and to be marked as such. Second, Finch's appraisal of the situation and his rejection of the label is clearly fueled by his fear that being labelled will "explain away" who he is. Finch thinks that labels take away an individual's agency, and even more importantly, their identity, by imposing an identity on them. Finch fears losing control over his identity and thus wants to avoid being given a label that would mark him as "crazy," or in other words, *not like everyone else*. To him, being labelled means to be marked as Other, with others justifying exclusion solely based on one identity trait, foregoing all the other parts that make up his sense of self, for example his beliefs, values, abilities, or traits. What Finch's fear of labels and his refusal to seek treatment for his suicidal thoughts and bipolar disorder comes down to is his *learned* misconception of what it means to have a mental illness and how he believes people will react to him because of it.

My project therefore investigates how representation of mental illness in young adult fiction explores, navigates and challenges mental illness stigmatization. Just like Finch's learned misconceptions influence his beliefs on mental health, there exist more fictional depictions that mirror what real individuals experience when confronted with mental illness. For that reason, I examine whether selected young adult novels follow stereotypical depictions

of mentally ill characters as for example unpredictable, dangerous, a source of amusement or whether they divert from this representation and instead offer a narrative of destigmatization and acceptance of mental illness and what narrative elements are used to convey that. I explore how much of an impact stigmatization has on a character's identity and whether it influences their decision to seek support for their mental illness struggles. Furthermore, I analyze how depictions in fiction can offer a first point of contact to readers who might not be exposed to mental health struggles in their own lives and thus could promote destigmatization. To achieve this, I examine six young adult novels from different perspectives to determine and evaluate which narrative strategies, be that certain themes, motifs or story arcs, can be used to expose and represent (un)challenged mental illness stigma that is catalyzed by common misconceptions.

Misconceptions about people with mental illnesses are of course nothing new. As humans, we are surrounded by filtered information about mental illness online as well as offline. Mental illness is defined as a condition that significantly impairs a person's cognitive, emotional and behavioral functioning which in turn affects how someone thinks, feels and interacts with other people (see Corrigan). However, people rarely come across the medical definition prior to encountering misbeliefs of what being mentally ill entails. From news articles about school shootings which often suggest that the perpetrator was mentally ill (see Metzl and MacLeish, Gwarjanski and Parrott, Klin and Lemish) to people misusing symptoms in a sarcastic manner in throwaway sentences like "I'm so OCD about sorting out my kitchen, everything needs to be in its rightful place," impressions of what constitutes a mental illness or what it means to live with one permeate everyday life. On top of that, jokes about dealing with a mental illness have become increasingly popular with young people on social media. On platforms like *Tumblr* and *Twitter* people make fun of their own experience in what could be interpreted as an attempt to normalize or downplay their struggles (see Pavlova and Berkers). With impressions so readily available and rarely contested – after all, how many people research depression after reading someone's shirt proclaiming *stressed, depressed but impeccably well-dressed*? – people often form an opinion on what it means to be mentally ill based on the information they are exposed to on any given day without seeing or considering the bigger picture, which leads to common misconceptions. These misconceptions can turn into stereotypes if enough people perpetuate them.

Misconceptions and negative connotations of mental illness have existed for centuries. Usually, they appeared "when people of different eras try to understand mental illness as a

punishment of god or a mark of the devil" (Corrigan et al., *Challenging* 5). In Homeric times mental illness was believed to represent "displeasure of the gods," while ancient dramas and comedies built on the premise of a "powerful deity damning a human with psychotic symptoms" (5). Derogative representations and retellings continued to permeate history in the Middle Ages, where "people with mental illness were viewed as products of the devil with symptoms being outward manifestation of their wickedness" (5). Like witches, people with mental illness were seen as the "enemy" and their illness as "a moral danger to society which had to be rooted out and eradicated" (5-6). Between the 15th and 18th century, responses to mental illness ranged from outright persecution and exorcisms to forced isolation by incarcerating them with criminals and futile attempts to instill moral disciplines through manipulation and religious penance (6-7). In the 19th century, executions and exorcisms were replaced with banishing mentally ill patients to asylums to rot behind closed doors where they often had to undergo painful and – of course – futile medical procedures such as bloodletting, being dunked in tanks of water or exposed to seizure-based treatments (7). Only in the 20th century were bigger strides taken toward humanizing these afflictions, with the development of medications to treat symptoms – albeit with many harrowing side effects – and the development of a medical model of illness and treatment (8).

The 1970s also saw the emergence of a social model of disability, bridging the gap between the medical aspects of an illness and its unspoken social factors (see Oliver, Barnes, Shakespeare). This model finally acknowledges that disability is as much about social factors as it is about symptoms. Created by disabled academic Mike Oliver to serve as a starting point for discussions on how disability is viewed in society, the model is still in usage today to help understand how disability is perceived and how society excludes, disregards, and labels individuals with disabilities (Oliver 1024). Essentially, the social model of disability contends that it is not the disability itself that prevents disabled individuals from being treated equally, but society's attitudes. Of course, this is not to say that the impairment itself is without significance – disability is both a medical condition and socially constructed. In other words, disabled individuals both suffer from the effects of impairment and the social repercussions that follows such a diagnosis. Though the medical side of mental illness – medication, treatment overall, accessibility – made sizable strides, the social side of disability continues to cause trouble through misconceptions about what it means to be mentally ill.

Stereotypes about mental illness usually claim that the individuals living with them are inferior to those who are considered healthy: The most "commonly held stereotypes about

mental illness include violence (people with mental illness are dangerous), incompetence (they are incapable of independent living or real work), and blame (because of weak character, they are responsible for the onset and continuation of their disorders)" (Corrigan 616). Indeed, stereotypes revolving around the idea of mentally ill people being somehow less capable and less in control of their emotions also persist in media coverage: "television images often represent mentally ill characters as less intelligent, dedicated, and talented than people who have no mental illnesses [and] tend to be depicted as having a certain detached coldness" (Minnebo and Van Acker 258). Collectively, the focus is still on what people with mental illnesses *lack*, and it is this alleged lack that marks them as different. All such defaming misconceptions generate and contribute to the existence of mental illness stigma.

Stigma persists in everyday life. Though the concept can be traced back in history far longer, the usage of the actual word originates from ancient Greek and Roman societies in which the word stigma referred to marks inflicted on slaves' or criminals' skin that visibly branded them as living on the margins of society or having been ousted from it entirely (cf. Goffman). Nowadays, stigma is understood as

> a socio-cultural process by which members of marginalized groups are labeled by other people as abnormal, shameful, or otherwise undesirable. This distinction defines stigma as a problem that does not reside within marked individuals, but rather stems from a stigmatizing community that has labeled people with mental illness as damaged. (Michaels et al. 185)

In other words, stigma is not something inherent in an individual, but a social construction that is defined by discourse, not biology. Finch's justification for refusing a label, that is, that he does not want one because he has seen how mentally ill people are treated by society, makes this clear. Simply put, stigma about mental illness is not inherent in the illness itself, but derives from members of a society making derogatory assumptions about people based on their diagnosis.

Patrick Corrigan distinguishes between public and self-stigma. Public stigma refers to what the public at large does to mark someone or a group of people as different – and therefore Other – based on negative attitudes and stereotypes that motivate them to either fear, exclude or avoid people with mental illness. Self-stigma, on the other hand, delineates what wrong ideas members of said stigmatized group internalize and how the misconceptions perpetuated by society alters the group's perception so its members think they are less valued because of their

mental illness (Corrigan 618). Reactions to public stigma thus cause individuals to either "accept public stigma as valid, reject it, or ignore it," which implies that they have agency since they can *choose* how to react to the negative attitudes held by the public, but also leaves them in a position where they are not accepted and have to fight for being seen as equal to those who would ostracize them (Michaels et al. 185). Therefore, self-stigma is the effect of public stigma.

Self-stigma manifests itself in two distinct ways, diminished self-esteem and self-efficacy. It also alters how individuals believe their future will pan out (Corrigan 618). Whereas "self-esteem is typically operationalized as diminished views about personal worth and is often experienced as shame [,] self-efficacy is defined as the expectation that one can successfully perform a behavior in a specific situation" (618). Individuals experiencing self-stigma thus have an inaccurate image of themselves and believe that they are not good enough in comparison to others, that they cannot "measure up" to their expectations or are under the impression that, because of their mental illness, they cannot complete simple tasks as efficiently and easily as others. That is to say, individuals accept the assumptions others make about them and are convinced that they are inferior in terms of productivity and value because of their mental illness, which causes them to experience a deep sense of shame for being different from the public at large.

The most harmful effect of this shame is that individuals choose not to disclose their mental illness and refuse to seek treatment for it. Michaels and his colleagues term this phenomenon the "why try effect" – because individuals have internalized the stereotypes perpetuated about them and may have already suffered exclusion or ridicule because of the public's perception, they give up on their personal goals because they believe there is no hope of getting better (185-7). Stigma, then, clearly impedes people's ability and desire to seek treatment because their sense of self has been altered so strongly that they do not believe they can regain control over their lives and self-image. While this can manifest as individuals simply choosing not to engage in situations where their mental illness could be discovered – that is, for example, going to a therapist's office or taking medication – it can also result in individuals completely isolating themselves from everyone in their lives to avoid detection. Therefore, as much as mental illnesses are something individuals struggle with, the stigma attached to them is an even bigger problem in treating these illnesses. Stereotypes about what it means to be mentally ill, however, are not only perpetuated by the immediate contacts an individual with mental illness is exposed to. Harking back to Finch's reasons for rejecting a label, the media also plays a vital role.

Indeed, fictional characters like Finch are not the only ones whose values and beliefs are shaped by the media. A plethora of studies has proven that individuals, especially children and young adults, derive their preliminary understanding of mental illnesses through the media they consume (see Stuart, Taylor and Dear, Stier and Hinshaw, Wilson et al., Minnebo and Van Acker, Gamson et al., Diefenbach). Since "children learn languages, social relationships, and ways of structuring the world through listening to, engaging with, and participating in portrayals of their world" (Coverdale and Nairn 84), researchers have determined that media messages can act as "teachers of values, ideologies, and beliefs and that they can provide images for interpreting the world whether or not the designers are conscious of this intent" (Gamson et al. 374). Considering that mental health is not part of the school curriculum in most parts of the United States, adolescents are more likely to gain information from the media they are exposed to than in an official educational capacity. In other words, the way mental illnesses are represented in media geared towards children is important because they have the power to influence children's understanding of what it means to live with a mental illness.

Furthermore, researchers have recognized that consuming media – whether that is a movie, a television series, listening to music or reading a book – can actively shape children's stance on societal and political issues and change how they act toward others (cf. Gamson et al., Gerbner, Granello and Pauley). Adolescents especially have been known to "consider both the fictional and nonfictional content television provides as valuable source of information, particularly about things they have little knowledge about" (Minnebo and Van Acker 263). Indeed, since children actively engage with media, odds are that they will be even more receptive to the messages they draw from what they encounter when they are invested in the outcome, for example if their favorite character is dealing with mental health struggles. Many have even made the case that the harmful and stereotypical depiction in children's media may lead to "those identified as mentally ill to be ostracized" (Coverdale and Nairn 83-4, see also Wilson et al.). This result from studies conducted with children in relation to television and other fictional representations also aligns with the claims literary studies scholars such as Karen Coats offer. Concentrating on the individuation process from the child stage to becoming an adult, Coats confirms that "the child is formed in large part by the representation provided by and of th[e] Other" (4). Children derive their understanding of others from how they are represented in the media; essentially children's literature offers up "the very patterns and signifiers that define our understanding of and our positions with respect to the Other and, in so doing, structure our sense of self" (4). On that account, the media's depiction of mental

health holds an undeniable amount of power and can influence the audience's stance on the topic.

As it is, the media has held a long-lived fascination with mental illness. Newspapers and news media outlets, for instance, have been criticized for their depiction of mental illness and their overzealous hastiness to label people involved in crimes as mentally ill before checking their sources. In their article "Mental Illness, Mass Shootings, and the Politics of American Firearms," Metzl and MacLeish address the media's tendency to diagnose individuals and how this enforces the general public's belief that having a mental illness is inextricably linked to destructive behavior, so that mentally ill as a term "ceases to be a medical designation and becomes a sign of violent threat" instead (240). Faced with the misconception that mentally ill individuals are violent, these representations involuntarily perpetuate inaccurate perceptions in society. Indeed, in an analysis of coverage of mental illness in American news media from the late 1990s to the 2010s, McGinty and her colleagues conclude that little has changed in over a decade; instead, "coverage has continued to emphasize interpersonal violence in a way that is highly disproportionate to actual rates of such violence among the US population with mental illness" (411). Evidently, the media constantly reinvigorates stigma around mental illness.

This goes not only for news broadcasts, but also for fictional representations. In the study *Madness, Power and the Media: Class, Gender and Race in Popular Representations of Mental Distress*, Harper stresses that "madness has always held a popular appeal as a visual spectacle" (59). One here only has to think of Heath Ledger's portrayal of the Joker in *The Dark Knight* (2008), Batman's antagonist whom he faces in various comic book adaptations and films, or the TV series *Monk*, which follows a former detective who was fired because his mental illness interfered with his work. Although Adrian Monk has been relieved of his position at the police precinct because of his Obsessive-Compulsive Disorder (OCD), he nevertheless continues to help solve cases – however, this portrayal is imbued with the *quasi* supernatural observation skills he derives from his OCD and almost no episode passes without ridiculing Monk's "oddities" first before realizing that he is the only one able to solve the case. What seems to be the case no matter whether we look at supposed evil or comical characters with mental illnesses is that characters are often reduced to their mental illness, whether as a running gag like Monk touching every lamppost he encounters or as a rationale behind villainous actions such as blowing up a hospital like the Joker does. Every action seems to be somehow linked to their mental illness, exactly what Finch fears in the introductory quote

above. By imposing this identity as someone who is mentally ill onto them, all the other traits that make them who they are get relegated to the background. Though both portrayals are complex and show the Joker and Monk moving beyond one-dimensional portrayals, they are, at varying stages in the narrative, depicted as "objects of amusement, derision, or fear" (Coverdale and Nairn 85), and, in the case of the Joker, still feed into the misconceptions of people associating mental illnesses with being "unattractive, unsuccessful, violent, and villainous" (Wahl, *Children's Views* 152).

Corrigan goes so far as to call the media "the most blatant port for stigma […] Stigmatizing images of mental illness in movies, newspapers, television, online and advertisements are provided as especially poisonous sources of prejudice and discrimination" (*Challenging* 1-2). Reviewing other scholars' findings from studies surrounding mental illness representations, Corrigan laments that examples dating back more than fifteen years ago, which should be "stale and irrelevant" by this point – because surely the media should have made some progress in depicting mental illness more accurately – are still very much relevant. He therefore claims that "stigma has been getting worse over the past 50 years" instead of better (11). Of course, the argument has been made repeatedly that the entertainment industry is not responsible for educating viewers on the realities of illnesses – the entertainment industry produces what *entertains* and what, above all, sells (Pirkis et al. 524). In other words, overdramatized depictions of mentally ill characters as stereotypical archetypes that are villainous, incapable or act as comedic relief are perpetuated because they are likely to draw in a broader audience (524-5). Despite that reasoning, scholars have also contended that the media should learn to "read the room," as it were. Granello and Pauley, for example, convey that, "while it is clear that the media is a powerful tool for perpetuating stereotypes, it is also clear that the media could play a constructive role in educating the public about mental illness" (173). After all, if the media can sway people's opinion for the worse, representations should also be able to instill a sense of empathy and understanding. Nonetheless, in the past this has not often been the case, as research suggests.

However, there has been a shift in public conception of mental illnesses in the past two decades. As mentioned, there has long existed a fascination with depictions of mental illness, however, the stance on and representation of mental illness in media has gradually evolved over time. While the topic might still be considered taboo in large areas of the world, there has also been a definite change in how mental illness is approached in the American media. While I elaborate on this public shift in Chapter 1, suffice it here to say that there have been some

developments that speak to an increasing call for openness and acceptance of mental illness in society. Popular actors and actresses such as Kristen Bell and Sterling K. Brown have been strongly advocating for mental health transparency, using their prominent status and reach to act as Ambassadors of the National Alliance of Mental Illness (NAMI) and sharing their own stories of mental health struggles ("Influencer"). Furthermore, with the help of social media, campaigns such as Mental Health Awareness Week and Mental Health Monday have been launched and continue to be held on a regular basis. While these are only two examples of how mental health has been approached from a different angle in the media, there are evidently efforts made to create a more inclusive and accepting society for all (see Calhoun and Gold, Cassilo, Thompson et al.).

Beyond the public perception, movies and shows specifically marketed toward young adults have also started to incorporate mentally ill characters as more than just one-dimensional caricatures. *HBO*'s *Euphoria*, for instance, portrays teenage depression, anxiety and substance abuse. Another example is the widely discussed *Netflix* series *13 Reasons Why*, in which a teenager named Hannah Baker commits suicide and leaves behind thirteen tapes on which she recorded the reasons that led to her taking her own life. In later seasons, the show picks up on in-depth portrayals of such mental illnesses as post-traumatic-stress disorder, depression and anxiety, offering possible ways to counteract the isolation individuals experience after their illnesses are disclosed (see Kaufman et al). Earning both praise and critique for its graphic depictions, this show in particular has become somewhat of a benchmark for future series featuring mental illness representation, an unexpected yet potentially powerful phenomenon in the journey towards destigmatization in the media that I will discuss in detail in later chapters.

While depictions of mentally ill characters might change, it always remains a topic of interest in the media. Considering this fascination with mental illness narratives on top of the changing landscape of representation in the media, it is surprising then that not more academic attention has been paid to newer depictions, especially in media intended for more receptive minds. That is not to say that fictional representations of mentally ill characters have received *no* academic attention. As mentioned, television series and movies are intermittently analyzed for their mental illness representation, and, in a broader sense, activities marketed towards youth have also made appearances in academic research. Video games, in particular, have been studied frequently in the last decade (see Fordham and Ball, Ferchaud et al., Buday et al.). Shapiro and Rotter, for example, examine the portrayals of mental illness in high-selling video games, concluding that more than half of the mentally ill characters featured are classified in

accordance with the "homicidal maniac" stereotype and, in almost all cases, have their illness linked to being dangerous, violent and unpredictable (Shapiro and Rotter). Comics have also been studied more frequently in the past twenty years because of their potential to make "invisible" illnesses visible through innovative depictions (see Thaller, Pedri and Velentzas, Diamond and Poharec).

Novels, however, have been widely neglected. Otto Wahl, for example, points out that "there are noteworthy gaps in the media studied, with television the only medium to receive extensive scrutiny […] Studies of popular books are also absent [and] have received less attention than would seem warranted" (*Mass Media* 350). And indeed, while children's picture books have become a topic of academic interest (see Kleecamp and Zapata, Church, Caldwell, Falcus and Sako), the only other books that have been studied in depth appear to be (auto)biographical memoirs (see Spieker, Venkatesan and Saji, Krishnan and Jha, Marshall, Young, B. Stone), with popular books, especially those intended for a young adult audience, remaining vastly neglected. Wahl made this case over three decades ago and while scholars have caught up and begun to analyze new fields of media entertainment as mentioned above, the significant gap in the analysis of "popular books" seems to persist.

I intend to fill this gap by studying the ways in which mental illnesses – and their stigmatization – are represented in the young adult fiction genre. The young adult genre lends itself well to this analysis because adolescent novels often revolve around characters struggling with power imbalances and trying to find their sense of self. At its core, stigma is about power imbalances – one group of people stigmatizes those it does not perceive as fitting the norm and thus alienates them. In other words, the adolescent's growth is determined in part by experimenting and learning where their "place" is within given power structures – families, friends, or institutions such as schools, churches, or the government. Young adult novels use plots based on these disparate power dynamics "to socialize teenagers into accepting the inevitable power social institutions have over individuals in every aspect of their lives" (Trites 33). Within these stories, adolescents become aware of, and in most cases *rebel against* the social forces that have shaped their sense of self. At the core of this struggle is the dichotomy that every individual faces concerning their sense of self – the question of "who am I" versus "who am I supposed to be." Adolescence is riddled with these moments of turmoil - after all, Trites argues that "children's literature often affirms the child's sense of Self and her or his personal power [while they] learn about the social forces that have made them what they are" (3). Power dynamics are determined by social constructs and social forces that perpetuate them,

that is, the unspoken rules that permeate an adolescent's life. Stigma constitutes such a social force since it has the potential to shape the way one acts and how one sees themself. Therefore, the young adult genre is suited well to examine the impact stigmatization can have on a character's understanding of their own identity and where they fit in society.

More importantly, young adult novels offer readers the opportunity to familiarize themselves with stigma because of their accessibility. Known for its "first-person perspective, present narrative tense, and visual emphasis, such as italics and other variable fonts" (Nikolajeva 251), the genre aims "to emulate self-knowledge and self-reflection. The reason YA writers use personal narration to an increasing extent is an attempt to create a more intimate, and therefore presumably, more authentic voice" (253). Furthermore, young adult novels "often contain everyday vocabulary, compressed plots, and a limited number of characters, elements that make them more accessible and understandable for teenagers. In addition, they focus on a young protagonist with issues and concerns that engage and resonate with adolescents" (Santoli and Wagner 71). This "more authentic" voice, that is, a voice that mirrors aspects of real-life situations, conversations and emotional responses readers may be familiarized with in their own lives, thus expedites the identification with the protagonist and what mental health struggles they are experiencing. By situating the reader in close proximity to the protagonist, the relatability of the narrator and their emotions is heightened, offering up a new mode of didacticism while imbuing the reader with more reason to participate actively in the text they are consuming. Further, with the use of first-person narrators in children's and young adult's literature, then, the position of the "reliable, confiding, non-alienating, reassuring, trustworthy" source of comfort has now been taken over by other characters, first and foremost friends of the protagonist, in the stories (Cross 58). Supportive instructions, for example to seek help for one's mental health struggles, are thus no longer told "from above" but rather from a source of mutual standing, a peer close to the protagonist who actively experiences the struggle the main character is facing. In this manner, the reader begets more power and understanding of the lessons imbued. That is to say, the way young adult novels are written makes them a great first point of exposure to mental health and how to go about seeking treatment.

This potential is amplified by the possible connection between readers and fictional characters. Contemporary young adult novels "make very complex issues concrete and understandable" by emulating real-life situations, actions and emotions of individuals that allow for drawing connections between what is real and what is imagined (Santoli and Wagner

71). Due to being written with this commitment to realism, that is, offering portrayals of experiences that mirror those encounters in the real world, young adult novels therefore also offer readers the chance to create parasocial bonds with their favorite fictional characters and therefore are more likely to identify with them. Parasocial bonds are one-sided relationships and imagined connections with a fictional character that make them seem real (Giles 454). As Giles explains: "Because the narrative has imbued that figure with realistic human qualities which have seduced us into believing in his or her reality," the reader is "concerned about the fate of the protagonist" and this emotional investment keeps them rooting for the protagonist's success and well-being (454). Readers can then learn about stigmatization through the eyes of a fictional character they like or even look up to, which makes it more likely to be a pleasant experience for them as they learn from the characters they are reading about. Parasocial bonds thus facilitate this first interaction with mental illness representation and stigmatization.

Owing to this likelihood of parasocial bonds, young adult novels can also make an impact on real world interactions between readers and individuals with mental illnesses. As stated earlier, studies have shown that children learn values from fictional representations and are prone to alter their response to people in their day-to-day lives based on what they have seen in the media. The same can be suggested for young adult literature. Multiple scholars have advocated for the inclusion of young adult literature in the classroom (cf. Connors, Crowe, Jackett, Ostenson and Wattham), arguing that teens' exposure to and discussion of novels "featuring characters with mental illness can help reduce the stigma associated with psychological disorders" (Richmond, *Examination* 43). Relatedly, Chisholm and Trent relay their positive experiences of using the novel *Thirteen Reasons Why* in their classrooms to discuss bullying and its effects on one's mental health. They note that the "examination of this piece of literature allowed [students] to reflect on their own roles in protecting the feelings of others and preventing bullying in their own lives" (78). That is to say, "contemporary adolescent literature can be a starting point for communication. Young people can see, through the experiences of fictional characters, that they are not alone" in dealing with mental health issues (Swing 79). These experiences can further "provide them with an opportunity to challenge their beliefs and feelings" (82). Therefore, mental illness fiction can not only act as first point of contact between readers and mental health, but also offers them the chance to reflect on stigma, how it is perpetuated and, more importantly, how it can be challenged.

Indeed, this is how to combat stigma after all: through exposure and communication. In order to destigmatize mental illness, one first has to "understand its scope and comprehend

the obvious as well as the subtle ways [stigma] raises its ugly head [and] infects public opinion" (Corrigan et al., *Challenging* 24). Corrigan therefore outlines three strategies for diminishing public stigma: contact, education, and empowerment over shame. He summarizes:

> members of the general public who regularly interact with persons who struggle with mental illness will be less likely to stigmatize; […] who know more about mental illness are less likely to endorse shameful myths about it [and] discriminatory behaviors may decrease when important segments of society clearly state 'these actions are not acceptable'. (56)

In other words, the more society is exposed to mental illness and the more they are educated about mental health – whether that be in the form of individuals in their daily lives or in the form of a fictional character they have bonded with – the less likely they are to perpetuate stereotypes when it comes to mental illness. Though it is not made clear who counts as "important segment of society," chances are that the media, considering Corrigan's claim of its influence, would be at the top of the list. All of the methods to counteract stigma Corrigan mentions – be honest about treatment, show compassion to mental illness patients, do not harbor self-stigma, talk openly about mental health and educate yourself – come down to one element: communication (56-61). Most of these can be achieved by destigmatizing depictions of mental illnesses in the media children and young adults consume. If negative representation invokes a fear in viewers of mentally ill people, the logical conclusion is that positive representation may revert that emotion and help destigmatize mental illness. For that to happen, however, it is important to pinpoint *what* instills these misconceptions in viewers and readers.

I therefore focus on the role stigma, both public and self-, plays in depictions of mental illnesses and how stigma is dramatized to impact the protagonist's sense of identity and understanding of their own mental struggles. Thus, I will analyze narrative strategies – whether that be certain themes or story arcs – used to portray stigma. I argue that these narrative strategies are used to reveal the effects of stigma and attempt to combat them by dispelling false claims and counteract the isolation of protagonists and by that give the readers opportunity to experience stigma from a safe distance, and generate discussion about mental illness and investigate whether these narrative strategies achieve what they set out to do. In other words, I analyze whether these strategies succeed in destigmatizing mental illness or whether they fall into traps that unintentionally reaffirm stereotypes. Studying the characters' sense of identity, I investigate how their divided sense of self is portrayed, what speaks to their isolation and

experience of stigma and how it prevents them from pursuing treatment or other endeavors to ameliorate their mental illness experience.

I have chosen to focus on the following six novels: *All the Bright Places* by Jennifer Niven (2015), Tamara Ireland Stone's *Every Last Word* (2015), *History Is All You Left Me* by Adam Silvera (2017), *It's Kind of a Funny Story* by Ned Vizzini (2007), Adib Khorram's *Darius the Great Is Not Okay* (2018) and lastly, *Turtles All the Way Down* by John Green (2017). With the exception of Niven's *All the Bright Places*, all novels are told from one single point of view by an autodiegetic narrator. *All the Bright Places* switches between two protagonists, Theodore "Finch" Finchley and Violet Markey. Instead of introducing new primary sources for the individual analysis chapters, I choose to focus on these same six novels throughout my project. Therefore, while each chapter is dedicated to a different narrative strategy, I examine the same six primary texts in each of them. Any of the mentioned novels can thus appear in a chapter that studies the role of the double motif in the representation of stigma, but will then also be examined in another chapter that uses the coming out process to elucidate stigma's impact on one's identity. By analyzing the same primary texts, I want to show how multifaceted stigma is and the many faces it can wear within a single story. Choosing to look at the same text from different perspectives will help to shed light on the interplay between public and self-stigma and reflect on how it affects characters, their sense of self and their relationships in various, interconnected ways. This will demonstrate that while a different lens may affect the reading of a character's mental illness journey, it nevertheless always reaffirms the omnipresent power stigma has over a character. The different perspectives I use will magnify certain aspects of the primary texts and reveal (un)challenged mental illness stigma in varying ways. Therefore, while the lens I use to approach the representation of stigma changes from chapter to chapter, the selected texts I analyze will remain the same.

This choice is also influenced by the focus of studies that have been conducted on this topic so far. The little research that is available on mental illness representation in young adult novels tends to draw attention to the *existence* of mental illness representation and, in most cases, intends to prove that the representation is reinforcing harmful stereotypes and engendering more stigmatization (see Monaghan, Richmond *Examination*). For example, some researchers categorize how mental illness is represented, either by dividing them in accordance with the mental illness itself (see Richmond *Mental*), how therapy is stigmatized (see Johnston), how self-harm proves the existence of an underlying mental illness (see Miskec and McGee), how emotional survival can be approached (see Koss and Wilson) or the degree to

which stigma is present in the stories in general (see Scrofano). Researchers have also focused on why young adult literature that represents mental illness should be used in classrooms to approach social issues that affect one's mental health such as bullying, peer pressure and unattainable beauty standards (see Sirois, Capella, Connors, Crowe, Goering and Connors, Rybakova and Rocanti). These, however, are usually generalized appeals to expand on the common core rather than highlighting specific novels and addressing the stigmatization itself.

Only a small number of studies from the past twenty years have been conducted on individual young adult novels and their representation of mental illness. Chisholm and Trent, for example, focus on Asher's *Thirteen Reasons Why* and how its depiction of cause and effect elucidates the importance of mental illness representation. Koch and colleagues, meanwhile, conducted a study on how representations of hallucinations in two young adult novels could potentially promote empathy in readers. By contrast, Monaghan analyzes *Perks of Being a Wallflower* and creates a set of criteria that serve as starting points to determine whether a young adult novel's representation of mental illness is stigmatized. While these are all relevant research endeavors, most studies consequently focus less on *how* mental illness is represented and *with what strategies* any attempts at destigmatization are undertaken. The studies conclude that the depictions *are* stigmatizing, but few to none point out *how* stigmatization is shown; they are interested in the effect rather than the cause. By analyzing a limited number of novels, I intend to focus in depth on how stigmatization is shown and what narrative strategies are used, thus remedying this gap in the research.

There are several reasons for my novel selection. First, some of the novels have been chosen because they are "Ownvoices" narratives, which means that the authors have written about mental illness from their own perspective with their own experience of the illnesses portrayed instead of simply researching them from an outsider's point of view. Both John Green's *Turtles All the Way Down* and Adam Silvera's *History Is All You Left Me* belong in this category. Other novels, for example *All the Bright Places* and *It's Kind of a Funny Story*, have been selected because of their recent adaptations for *Netflix* or movies, indicating that their audience reach, both of the source material and the respective adaptations, has vastly expanded. The most relevant reason for my selection, however, is that all of these narratives either explicitly state that the protagonist is mentally ill at some point in the story or that the author has made it clear in the author's note or promotional material that, although some characters remain undiagnosed for large portions of the novel, they experience symptoms of mental illness. Since I am not a professional in the field of psychology, I deem it crucial to

solely consider novels where it is clear that the characters are dealing with mental health issues, instead of "diagnosing" them myself.

Lastly, I have chosen these novels because they feature protagonists that are all at different stages in their mental illness journey. While Finch in *All the Bright Places* rejects his label, for instance, Aza Holmes in *Turtles All the Way Down* has lived with her OCD diagnosis since she was a child and has been pursuing treatment for years. Some outright fear seeking help whereas others dutifully take their medication and go to therapy but do not want their peers to ever find out about it. While a small sample size such as these six novels of course cannot – and should not – speak for an entire genre, I believe that finding patterns in different stories, no matter at which point in their mental health journey characters are at, suggests that the patterns will be applicable to many other mental illness novels and can act as a framework.

Chapter 1 serves as an introduction to how mental illness is represented in young adult novels. I provide an overview of notable young adult titles released since the early 2000s and identify recurring narrative arcs and tropes that are used to depict mental illness. Among others, the "love can cure you" trope, the "mad genius" trope and the "sensationalizing a mental illness" narrative arc are discussed. In this chapter, I also draw attention to the gradual transformation of these tropes' usage and situate the modification in the 2010s, arguing that certain events in parts of the American society, especially online book communities, contributed to a shift in mental health awareness. To conclude the chapter, I discuss a selection of young adult novels which reflect the increasing bid for destigmatizing and thereby normalizing living with a mental illness.

Chapter 2 is dedicated to how traditional narrative structures can be used as a strategy to illustrate the effects of mental illness stigma. I argue that the application of Joseph Campbell's quest structure delineated in *The Hero of a Thousand Faces* dramatizes the effects of stigma on a character's identity. Using the concept of subject positioning, I outline the stages of the traditional monomyth Joseph Campbell envisioned and analyze how they affect a character's sense of self. In this chapter, I also examine tensions between essentialism and social constructionism that appear in the novels and show how the combination of these two seemingly incompatible notions express the hero grappling with their stigmatization by others and themself. I close out the chapter with an example of what happens when the quest fails. Lastly, I reflect on why the quest remains such a popular choice in young adult literature.

Chapter 3 delves deeper into how relationships influence a character's perception of their mental illness. To do this, I introduce the double motif, which has a history of being used to illustrate repressed desires in fiction. Here, I argue that the double functions as a narrative strategy to dramatize the protagonist's experience of mental illness self-stigma and reveals their desire for validation and acceptance from their social environment. Drawing from Jacques Lacan's concept of desire and fellow psychoanalysts' works on the relationship between the self and the Other, I distinguish between two types of doubles for my analysis: those that manifest as a rival to the protagonist and those that act as a guide. Further, I claim that both rivals and guides represent self-stigma, the former by showing the protagonist everything they could be if their mental illness did not exist and the latter by showing them how they can ameliorate their stigmatized situation.

Lastly, in Chapter 4, I focus on the causality of events that lead to protagonists disclosing their mental illness and coming to terms with the role it plays in their everyday life. Drawing from parallels between the sexual coming out process and mental illness disclosure, I use Vivian Cass's identity model to argue that the sexual coming out process's individual stages align themselves with well-known strategies to combat stigma, such as empowerment over shame and contact. After delineating Cass's model and offering more detail on its development and criticisms over the past thirty years, I then apply the model that is used to try and understand an individual's coming out process and juxtapose it with strategies that are used to combat mental illness stigma. Overall, I argue that within the novels I analyze, the coming out framework highlights the importance of community and demonstrates that stigma remains the crucial factor that deters characters from disclosing their mental illness.

Finally, I use the conclusion to review my findings and draw attention to how recent adaptations of popular young adult novels and their reception demonstrate the necessity to keep studying mental illness representations. With the help of the *Netflix* show *13 Reasons Why* as an example, I discuss the differences between the novel and the adaptation, focusing on the opportunities – and drawbacks – the latter format offers in terms of providing social commentary and portraying an exaggerated version of mental illness. Furthermore, I address the impact of one show's reception on future releases by outlining how the public reception of *13 Reasons Why* has shaped both creators' and the audience's approach to the portrayal of mental illness in *Looking for Alaska*. Overall, I highlight the capacity of these adaptations to destigmatize mental illness and the vast potential they have because of their broader audience reach.

Chapter 1: Overview of Mental Illness Representation

In the following pages, I will identify common narrative arcs and tropes in the depiction of mental illness in young adult literature. I include this overview here because – to my knowledge – a comprehensive survey of mental health representation in children and young adult titles does not exist. While scholars such as Kia Jane Richmond have written monographs on young adult titles featuring mental illness representation, namely *Mental Illness in Young Adult Literature: Exploring Real Struggles through Fictional Characters* (2019), these texts focus principally on the specific mental illnesses, their symptoms and course of the illnesses rather than the story patterns, the methods of representation or the stigma felt by the protagonists. However, this chapter is by no means supposed to provide a complete inventory of the publishing history of YA narratives including mental illness plotlines. Rather, it provides a survey of notable recurrences in terms of themes and common tropes in regards to mental health representation, accompanied by select novels to offer further reading material. While it is not without its difficulties to categorize certain tropes into a strict timeline since they reoccur in published works throughout the years, I loosely situate their appearances and transformed usage in the 2010 decade, which saw a distinct change in mental illness representation.

To illustrate this, this chapter is divided into two parts. In the first half, I provide an overview of overarching themes that recur in mental illness representation, such as depicting mental illness as encroaching on one's sense of self, sensationalizing or romanticizing its existence, and then offer examples to show through which tropes these themes are illustrated. I here consider a trope to be any recurring or significant plot element. For instance, the overarching theme of romanticizing a mental illness is often achieved through the "mad genius" and the "love can cure you" trope. The second part of the chapter will explore how particular events during the 2010s in parts of American society, especially online book communities, may have contributed to the emergence of YA novels that predominantly focus on true to life, destigmatizing representations of mental illness. Lastly, I list a variety of novels that reflect this change of mental health awareness and argue that their existence speaks to the increasing focus on both destigmatizing and normalizing having a mental illness.

Common Narrative Themes and Tropes

One of the most steadfast components of novels addressing mental illness is the discussion of one's sense of self and in how far it is shaped by a mental illness. More

importantly, novels on this topic often thematize the impact stigma has on an established sense of self with individuals not disclosing their mental illness because they fear a variety of harmful repercussions if they do. I will go into detail about this in the following chapters, but I want to show here already that texts fall into two distinct categories: characters hiding their mental illness and eventually reclaiming a sense of self by finding pride in its existence; or characters coming to the conclusion that while mental illness is *part* of their identity, the protagonists should not be reduced to it.

Keeping Mental Illness a Secret

One way of dramatizing how characters fear repercussions after disclosing their mental illness is the trope of keeping its existence a close-guarded secret. Early attempts of this trope's incorporation in young adult fiction find one of the protagonist's parents or siblings living with a mental illness and the protagonists trying to keep their relative's ailment a secret from others. While the reasons here vary – children not wanting to be seen as different because their parents are not like those of their peers or the mentally ill parent telling the protagonist to keep the illness hidden because of their own internalized stigma – the pressure of keeping the secret always causes problems for the protagonist. This is such a popular element in novels that the National Alliance of Mental Illness (NAMI) has compiled lists full of recommended reading, categorizing suggested books not only by the mental illness represented within the novels but also in regards to who is living with the illness – parents, sibling, or friends ("Mental Health"). Aside from full-length novels for adolescent readers like Tamara Ireland Stone's *Every Last Word* (2015) and *Finding Audrey* by Sophie Kinsella (2015), the list also features many preschooler titles intended for ages 4 and up, such as Jessie Shepherd's *Gordy the Rabbit has ADHD* (2015) or Julia Cooks' *Wilma Jean the Worry Machine* (2012) in which mental illnesses and their symptoms are explained in a playful manner with the help of colorful illustrations and rhymes. The section dedicated to books that represent parents living with a mental illness includes helpful guides such as *Mom and Me: My Journey with Mom's Schizophrenia* by Alexandra Georgas (2016) and Kathleen Boros's *Binky Bunny Wants to Know about Bipolar Disorder* (2017).

Much attention has been paid to the manners in which mothers with mental illness are represented. To discuss the ideological and political connotations in representations of mentally ill parents in children's novels would go beyond of this chapter, but many scholars have noted the disproportionate amount of mothers – or female caretakers like aunts or older sisters –

suffering from a mental illness in fiction. Potter and Parsons, for instance, discuss this in their article "Institutionalizing Maternity: The Treatment of Mothers with Mental Illness in Contemporary Novels for Children" and observe that these depictions often reinforce normative and patriarchal constructions of mental illness as a flaw instead of subverting these claims. Indeed, "mental-health issues are most commonly aligned with female characters over men and certainly when parents are targeted, mothers over fathers" (134). Analyzing three adolescent novels, they further highlight that female characters living with a mental illness are often hidden away, as if the shame of having a mental illness means they are not to be seen and instead rather talked about passively. The mental illness "emerging" is usually triggered by "the absence of a father figure [which] creates a space in the sane patriarchal discourse through which the mentally ill mother can slip into a disabling state" (130), reinforcing patriarchal beliefs. Nevertheless, the important factor in the novels remains how the children – the protagonists – are affected by their parents' illness and by their implied task of keeping it a secret.

An example of this is Emery Lord's *When We Collided* (2016), in which two teens dealing with severe emotional issues meet when Vivi moves to Jonah's beach town for the summer. Jonah is one of six children who are all grieving the loss of their father after his unexpected heart attack. Unbeknownst to most of the town, Jonah and his three older siblings are entirely taking care of the younger siblings as their mother has fallen into a deep depression after the sudden death. Rarely able to drag herself out of bed, Jonah and his siblings try to juggle their late father's restaurant and the responsibilities of taking care of the smaller siblings all while keeping their mother's incapacitated state a secret because they fear social services becoming involved. It takes an accident on Vivi's part – triggered by a manic state due to her bipolar disorder – that leaves her hospitalized for Jonah's mother to realize that she needs help herself and confide in a professional about her debilitating depression. Only once Jonah's mother's depression has been addressed can a solution for the workload the siblings have to juggle be found. Parsons and Potter note a similar denouement strategy in the children's novels they discuss with a mother's illness being portrayed as "a part of her [that] must be acknowledged and incorporated into their lives if the family is to function successfully" (133). In any case, the mental illness is portrayed as an obstacle that needs to be overcome through communication for the family to be reconciled.

An even more recent example is Jamie Pacton's *Lucky Girl* (2020), in which a 17-year-old girl named Jane unexpectedly wins the lottery with an illegally purchased ticket but cannot

tell her mother to claim the prize because her mother is a hoarder and would spend the money on unnecessary items. Though some people in town may suspect that Jane's mother is more than simply grieving her husband's death, Jane tries her hardest to keep her mother's obsessive hoarding secret. While the novel primarily focuses on the role shame plays in someone denying treatment, Jane can only claim her prize money once she and her mother have acknowledged that she needs professional help. In the revelatory conversation, Jane's mother admits that she did not want to speak about her hoarding because she felt weak for dealing with her husband's loss in this manner. As with *When We Collided*, the message the novel sends is that keeping a mental illness a secret may cause more harm than one thinks.

The fear of stigmatization and unexpected consequences for disclosing their mental illness remains present in novels where protagonists themselves are the ones living with a mental illness. Norah, the protagonist in Louise Gournall's *Under Rose-Tainted Skies* (2016), for example, lives with agoraphobia, OCD and generalized anxiety. On top of her mental health struggles, Norah considers herself a burden to the people in her life and questions whether she can ever have a true connection with someone after telling them about her mental illnesses or whether that is all they will see. Similarly, in the semi-autobiographical *Who Put This Song on?* (2019), Morgan Parker discusses a range of topics – from how stigma, racism and homophobia are rooted in the Christian community Morgan lives in to political agendas that disproportionately affects minorities – that all cause Morgan to question her worth because of her depression. While both protagonists fear that they will only be perceived by others as mentally ill with their other personality traits being ignored, they eventually realize that their mental illnesses only make up a part of their identity instead of all of it.

This fear of a mental illness altering one's sense of self is also reflected in a character's reluctance or refusal to take their medication. Often tied together with the "mad genius" trope which will be explained shortly, characters usually fear that by taking something that will alleviate their mental illness symptoms, their personality will irreversibly change, resulting in a loss of control of their sense of self. In one of the novels I discuss in this project, John Green's *Turtles All the Way Down* (2017), the protagonist Aza Holmes struggles with taking her medication regularly because she feels an innate fear that having to take a pill to become more like herself – by actively repressing her obsessive and compulsive thoughts – means that there is something wrong with her personality overall that cannot be fixed (70). In a similar vein, the protagonist Vivi in *When We Collided* only sees the negative side effects that her medication has – gaining weight, turning her lethargic and inhibiting her creativity – and thus throws away

her pills regularly to regain the elements that she thinks make up who she is – her slim figure, her vigor and her artistic pursuits. Eventually, after a manic episode that causes her to crash on her impulse-bought Vespa, Vivi has to see a therapist and learns that the dosage of the medication was incorrect but still working, indicating to her that medication does not mean she will no longer be herself but that she will be more in control of her actions.

Even without keeping their mental illness a secret or protagonists rejecting medication, the prominent question of how much a mental illness defines somebody is negotiated in an array of novels. In Eric Lindström's *A Tragic Kind of Wonderful* (2017), for instance, the protagonist Mel lives with bipolar disorder and not only values her medication but knows how important it is to take it consistently because she cannot think clearly without it and often feels like a different person who has no control anymore when she skips it. In part due to her dependence on the medication, Mel entirely defines herself through her mental illness, believing that she would be useless without it. The novel focuses on Mel learning to accept – with the help of her friends and a therapist – that while bipolar disorder is a part of her and shapes the way she sees and experiences the world, it is not all there is to her. Mel gradually takes pride in her diagnosis and the ways in which she manages her illness. Therefore, whether the characters ultimately decide to take pride in their mental illness diagnosis or not, the novels frequently stage the internal negotiating process the characters go through in making sense of who they are and how their mental illness fits into their idea of self.

Sensationalism: Mental Illness as a Plot Twist

Another theme prevalent in depicting mental illness is sensationalism. Sensationalism as a concept has a long history, tracing back to the late 1500s when the term was used in connection to the penny press and yellow journalism (see Kleeman and Vettehen). However, I use this term in the sense of how researchers apply sensationalism to television and news being distributed on the internet, as "a means to attract the attention of the audience" by overdramatizing events and deliberately exaggerating small details of a story for the sake of provoking an amplified emotional response (Kleemans and Vettehen 226). Sensationalizing a mental illness often occurs with the help of two tropes that are regularly intertwined in a narrative: one is to offer the reader clues – most often mental illness symptoms – that lead to the second trope, using the mental illness revelation as the novel's central plot twist. Unlike with the trope of keeping one's mental illness a secret because it encroaches on their sense of self that is more introspective in nature and shows how to reconcile the mental illness with

one's sense of self, sensationalism overdramatizes mental illness and turns its existence into a spectacle. In addition to keeping their mental illness a secret from their fictional counterparts, then, some novels go one step further and include characters that hide the knowledge from the reader with the help of unreliable narration. This has become quite a popular trend in young adult thriller and suspense novels, especially those where the mental illness the character is struggling with is post-traumatic stress disorder (PTSD) or schizophrenia.

We Were Liars by E. Lockhart (2014), for instance, follows seventeen-year-old Cady Sinclair who, after suffering a head injury, spends the summer at her family's beach house. Since the doctors have advised her mother and aunt not to tell Cady what happened but to wait until her memory comes back on its own, Cady tries to remember what happened with the help of her best friends and cousins. Throughout the story, there are subtle hints that something is not quite right when Cady suddenly smells smoke without there being any indication of a fire, or her mother and aunt wincing when Cady mentions going to the beach with her cousins. As the reader learns toward the end of the book, Cady's cousins are a figment of her imagination, produced by her PTSD to save her from the painful reality, which is that all of them have died during a fire, a fire for which Cady blames herself. Cady is the sole survivor of that night and as she tries to piece together her memory, the reader gets clues until the ultimate plot twist – the fact that her PTSD repressed this memory to save her from the guilt – is revealed.

Another example of such unreliable narration is Stephen Chbosky's acclaimed young adult debut *Perks of Being a Wallflower* (1999), which follows a similar structure. The protagonist Charlie starts freshman year of high school and while initially struggling to find people to connect with because he is fairly introverted, he eventually meets Patrick and Sam, two seniors who take him under their wings. As Charlie assimilates to his new group of friends and is exposed to many firsts, he also experiences moments of being overwhelmed and is unable to ignore strange dreams that feel more like memories about his aunt who died in a car crash when he was little. Hesitant to discuss his aunt with his parents to spare them grief, his thoughts are more and more occupied by these dreams and the conclusions he draws about the past, eventually questioning whether they are dreams or memories. One romantic encounter with Sam, the girl he is in love with, abruptly ends because Charlie remembers his aunt touching him like Sam when he was a child. Charlie turns catatonic, unable to speak because of how hard he is crying. The difficult truth is then revealed to the reader in the epilogue as Charlie recaps that he has spent the past two months in the hospital being treated for PTSD after his parents found him naked on the couch in the basement – the couch on which he was

abused by his aunt as a child. The repressed trauma and resulting PTSD act as the climax of the story and every moment of Charlie reflecting on his aunt's demise before then serve as a build-up to the eventual revelation of Charlie's mental illness to the reader.

Incidentally, even when the protagonist's mental illness is common knowledge from the beginning of the story, the severity of its symptoms can still be used as a plot twist. In *Made You Up* by Francesca Zappia (2015), the protagonist Alex was diagnosed with paranoid schizophrenia at the age of seven. Her parents and her sister support her in any way they can and Alex routinely takes her medication. Still, the high school senior often cannot tell the difference between delusion and reality. Alex thinks a popular cheerleader and a teacher are having an affair, not to mention that she runs into Miles, a boy she is pretty sure she made up as a child, but ends up dating in the present anyway. While readers are led down a rabbit hole of clues hinting that Alex's love interest is indeed not real but only part of her imagination, the plot twist turns out to be the fact that it was not Miles's presence Alex hallucinated – it was her sister's. Her sister died years ago, yet her parents have been perpetuating the lie that she is still alive to spare Alex pain, a revelation that shatters Alex's understanding of the world at large. Thanks to the misdirection through the unreliable narration, Alex's mental illness itself may not be the unexpected plot twist, but something connected to it is.

Turning the revelation of a mental illness into a plot twist has also seen potentially harmful use in adaptations of novels in connection with suicide sensationalism. Over the years, sensationalizing mental illness and suicidal thoughts has been criticized by scholars and readers alike for feeding into the stereotypes and common misconceptions held about individuals with mental illnesses (see Coverdale and Nairn, Wilson). By making the revelation of the mental illness the climax of stories that is often accompanied by erratic or aggressive behavior on the characters' part, the narratives tend to reinforce the misconception that mentally ill people possess "a violent and unpredictable nature" and are therefore not to be trusted and should be avoided (Minnebo and Van Eck 258). Critique from parents, psychologists and educators about the impact of sensationalizing a mental illness often focus on adaptations of novels like Jay Asher's *Thirteen Reasons Why* (2007) instead of the source material (see Jacobson, Knopf, Walters). Asher's novel, adapted by *Netflix* in 2017, follows a girl named Hannah Baker who has committed suicide and is essentially haunting her guilty classmates via cassette tapes. Scholars have also begun to investigate the adaptation's influence on younger viewers. Santana da Rosa and colleagues, for instance, have conducted a study in which they aimed to discern how watching the show impacted teenager's mood and overall mental health. They conclude

that certain scenes, especially the drawn out and graphic suicide scene that is not included in the source material, caused adolescents to feel isolated and a lack of motivation in seeking out help themselves (4). While others like Scalvini debate the "lack of clear evidence for the influence of fictional content on self-harm," (1564), the novel still sensationalizes Hannah's steps to take her own life due to her PTSD and glamorizes life after suicide as Hannah still retains influence on her classmates' lives.

Moreover, novels that partake in this trope of turning the revelation of a mental illness into the story's climax often tie it to another popular trope. In Lord's *When We Collided*, the protagonist Vivi's actions turn increasingly more frantic and eventually finds her driving recklessly on her Vespa, crashing it on the side of the road, which then leads to her confessing to the boy she likes that she lives with bipolar disorder but has stopped taking her medication. In Francesca Zappia's *Eliza and Her Monsters* (2017), the protagonist, a teenager who is the creator of one of the country's most popular webcomics but keeps her identity secret because of her social anxiety and resulting fear of crowds, the final showdown in the novel finds her considering jumping off a cliff after her boyfriend tries to coerce her into writing her webcomic even after her identity has been exposed and people at school keep crowding her. Both showdowns include a confrontation with the protagonist's love interest, which hint at another element that has become a frequent occurrence in the depiction of mental illness: romanticization.

The "Love Can Heal a Mental Illness" Trope

Perhaps the best-known trope for romanticizing a mental illness is the "love can heal you" trope. An interesting commonality of many young adult novels is their tendency to intertwine a mental illness plotline with a romance arc. In *Chronic Youth: Disability, Sexuality, and U.S. Media Cultures of Rehabilitation*, Elman chronicles the emergence of "teen sick-lit" around the 1980s that started the trend of incorporating a "characteristic formula that combines an illness plotline with a romance plotline" (94). Originating from the YA 'problem novels' I mentioned in the Introduction, these novels often find the protagonist ailing from a seemingly terminal illness with the narration following "the female protagonist's recovery [which] is intimately connected to romance with a nondisabled boy" (107).[1] Be that as it may, in these novels the love of a "normal" – that is, able-bodied – boy is not only "the girl's most treasured

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[1] While there is also much to be said about the gendering in teen sick-lit novels with the afflicted predominantly being girls – reminiscent of mothers being mentally ill instead of fathers in earlier fiction – this disproportionate depiction and its patriarchal roots would go beyond the scope of this chapter.

prize" because it marks her as desirable and thus improves her self-worth, but also often "positively affects her process of 'getting well'" (95). Indeed, no matter whether the romance is progressing favorably or not, its ups and downs often cause a spike or drop in the severity of the protagonist's mental illness. What seems to be the case in most novels is that the state of the romantic relationship also engenders the story's climax. Thus, recovery and romance are sometimes inseparably linked in young adult fiction.

This trope is still in use, as, for example, John Green's *The Fault in Our Stars* (2012) shows, in which terminally ill teen Hazel Lancaster meets Augustus Waters, a boy who is seemingly in remission. Though Augustus' affections of course do not cure Hazel's cancer or vice versa, their feelings for each other overshadow their symptomatic pain on various occasions and make them believe they are in remission when they are not. As Elman quips: "Heterosexual love may not cure cancer, but it certainly eases the pain of death" (113). Indeed, even more recent novels such as *Five Feet Apart* by Rachael Lippincott (2018) have been similarly successful, sparking a movie adaptation of the story that follows two teens falling in love who cannot get within five feet of each other since they live with cystic fibrosis. Similar to Augustus and Hazel, their illness progression is tethered to the stages of their relationship. By intertwining the trajectory of their romance with their individual illness progression, the novels suggest that romantic success may play a role in one's overall health. With these terminal-illness focused narratives garnering such a wide audience, it is no surprise that the YA genre has expanded on the field and now morphed into sick-lit including mental illnesses as well as physical ones.

Jasmine Warga's *My Heart and Other Black Holes* (2015) offers an example of this by following two suicidal teenagers, Aysel and Roman, who create a "suicide pact" with a set date on which they both plan to take their own lives – the pact acts as a manner of holding the other party accountable. As their romantic entanglement progresses, however, so does Aysel's wish for treatment instead of ending her life. She believes that meeting Roman could be her reason to stay alive: It "has helped me to understand myself better. Yes, I'm broken. And yes, he's broken. But the more we talk about it, the more we share our stories, the more I start to believe that here could be a chance to fix us, a chance that we could save each other" (Warga 228). Nonetheless, while it initially seems that both of the characters are moving toward seeking treatment instead of holding on to their suicide pact, the story's climax finds Aysel rushing to keep Roman from committing suicide. In the end, it is Aysel's love that ostensibly "saves" Roman from himself, but his debilitating mental illness symptoms remain. Though the novel

ends with both resolving not to commit suicide, it is left to the reader to decide whether romantic love can cure mental illness. In any case, Aysel believes that "loving [Roman] saved me. It's made me see myself differently, see the world differently. I owe [him] everything for that" (298). Evidently, while Roman's love may not have cured Aysel's depression, she believes that he is the reason she can see the silver lining of recovery, so to speak.

In tandem with the "love can heal you" trope, there are also instances in which characters are romanticized by others because of their mental illness, painting its effects as something to be revered. Indeed, instead of considering the mental illness a "dealbreaker," characters – especially love interests – ascribe a certain allure to it and its symptoms. John Green's *Looking for Alaska* (2005) in particular explores the romanticization of a mentally ill person. In the novel, the protagonist Miles romanticizes a troubled teen named Alaska in whom he places all his faith that she will be the one to help him find the "Great Perhaps" he is seeking. Drawn in by her morbid attitude and her refusal to take anything seriously, he considers her extraordinary because she is not like the other girls at school, yet never questions why she acts the way she does. His idealized view of Alaska continues even after her sudden death that may have been a suicide and though his skewered view of what Alaska represents to him is contested by his friends, Miles keeps believing that he was the one robbed of a secret love affair with her. Miles rarely reflects on his somewhat ignorant thoughts throughout the novel and instead holds on to his solipsistic view that Alaska's mental health issues would have made for an interesting element in their romance. The narrative oscillates between dramatizing and problematizing Miles's romanticization of Alaska. While he himself fails to understand that his actions regarding Alaska are harmful, his friends repeatedly try to show him that Alaska did not exist simply for Miles to achieve his dreams of becoming a legend that has found the "Great Perhaps".

As can be seen from the examples, narratives that incorporate romanticization complicate the concept of living with a mental illness. By linking one's romantic relationship with one's health progression, the portrayals beg the questions what effect romantic relationships can and should have on someone's mental health. Though this trope has potential in advocating for communication and sharing experiences as a constructive method to combat stigma, it can also have the undesired effect of glorifying the effect romantic love can have on mental health and, as *My Heart and Other Black Holes* shows, create false expectations.

The "Mad Genius" Trope

Lastly, another way in which mental illnesses are romanticized in YA fiction is through the "mad genius" trope. A notable character trait that has garnered academic attention because of its persistent prevalence in popular culture, that of the "mad genius" also appears regularly in YA fiction. A "mad genius" describes an individual who is artistically talented and whose creativity appears to be linked to or even engendered by their mental illness. Exploring the phenomenon in depth in "Insane, Poetic, Lovable: Creativity and Endorsement of the 'Mad Genius' Stereotype," Kaufman and colleagues study how people's opinions about the "mad genius" stereotype in the media are associated with their perception of their own creativity and conclude that "creativity may be one of the few arenas in which mental illness may be perceived differently […] instead of being portrayed as something to be feared or avoided, mental illness has been shown in a more positive (if idealized) light [and] whether correctly or not, mental illness has frequently been linked to success in the arts or other creative endeavors" (150). Whereas mental illness therefore can often be considered an obstacle to one's productivity, in the case of fiction, it can be seen as a catalyst for creativity. This idealization has found its way into young adult literature as well where characters believe their mental illness to be integral to their artistic creations. In fact, they even consider their mental illness to be an advantage because it offers them to see the world differently and draw from the experience of being unlike others.

Particularly, more and more books have characters with social anxiety escaping into their artistic talent and linking the quality of their creations to their mental illness symptoms. Characters living with social anxiety, an illness that was discovered around 1985 and has often been trivialized as mere shyness, often express their feelings of alienation through their art. Cath, the protagonist of Rainbow Rowell's *Fangirl* (2013), for instance, experiences social anxiety to an extended degree when she begins her freshman year of college. Instead of participating in introductory activities, she rather spends her time writing fanfiction in her dorm room. Throughout the novel, whenever someone – her twin sister, her roommate or her love interest Levy – comments on or makes fun of her sitting out these activities instead of trying to participate, Cath feels fortified in escaping into her fanfiction where her efforts are validated through the online community. Similarly, in Francesca Zappia's *Eliza and her Monsters*, the main character Eliza finds it difficult to talk to people in real life due to her social anxiety and thus escapes into fiction, writing and drawing an internationally popular webcomic while hiding her identity.

Both Eleanor and Eliza romanticize their own mental illness. Because of the way it makes them gain a unique viewpoint they can then express through their art, they come to consider their social anxiety as integral to their creations. They both consider their art a safe space where they do not have to live up to someone else's definition of what it means to be a "normal" person. As Kaufman and colleagues summarize: "people may romanticize the connection between creativity and madness. People who may ordinarily feel that mental illness is a burden or a difficulty may consider it differently when considering illness in terms of creativity" (157). In both novels, Cath and Eliza struggle with and sometimes resent the fact that they cannot spend time with others without feeling anxious, however, they both revel in the fact that their alienation from others gives them the courage to pursue their creativity in a space where their behavior in real life is not as important as what they create because of said struggles. Correspondingly, their art suffers and lacks in frequency – both measured in their uploads of their respective creative projects online – as they take strides to become more involved in their personal lives and try to combat their social anxiety. This coupling of artistic talent or creativity with mental illness may make characters feel better about their mental health struggles and perhaps even suggest that there is something valuable to take from it.

However, one of the problems with the mad genius trope is that its implications can also cause people to reject treatment. Kaufman and colleagues contend that "[if] there is an enduring belief that treatment (i.e. medication or psychotherapy) intended to attenuate or prevent the recurrence of mental illness also harms the creative process, then this belief may also discourage people who value creativity from seeking appropriate treatment or taking needed psychotropic drugs" (158). The same reluctance can be seen in fictionalized tales of the "mad genius". If characters believe medication may curb their creativity, they may opt out of taking it. A fitting example is *When We Collided*, in which the protagonist Vivi is known to possess a lot of artistic talent. From her vibrant (and often self-made) dresses she wears to the pottery class she takes and the mural she creates in her room, most creative endeavors are attributed to Vivi being off her bipolar disorder medication. There are hints in the story that this has happened a few times as Vivi's mother grows suspicious of Vivi skipping her pills whenever she finds her completely enthralled in her work on a creative project or lashes out when her mother tells her to take a break. Meanwhile, Vivi stops taking the pills because they make her feel numb and unable to create anything that is to her liking – which then ends in her hyper-modes of productivity that ultimately cause her to forget everything and everyone around her, isolating her.

Another example in which the bipolar disorder is not diagnosed prior to the story yet still linked with creativity, is the *Bloodlines* series by Richelle Mead (2011), a spin-off of her *Vampire Academy* series, in which the protagonist Adrian Ivashkov is known for his erratic, often reckless behavior and his artistic talent. In bursts of hyper-modes of productivity, he paints entire canvases and often forgets everything around him. Praised time and again for these creative outbursts because of their mesmerizing results, it takes almost three instalments of the series before someone notices that beyond his productivity lies more than ambition. Once diagnosed and prescribed medication, however, Adrian, like Vivi in *When We Collided*, struggles with taking his pills consistently because they render him desperate to reclaim the creative spark he does not feel when taking them to keep his symptoms in check. Both Vivi and Adrian thus consider their hyper-modes as beneficial and worth the impeding symptoms they experience while not on medication, in turn romanticizing their mental illnesses, believing their creativity stems in part from them.

Overall, the shown tropes indicate that some novels tend to dramatize mental illness and turn it into a plot twist, potentially perpetuating stereotypes held about mentally ill individuals instead of exposing them. Albeit there is evidently a plethora of novels that over-dramatize mental illness, the 2010s also saw the emergence of YA novels that incorporate mentally ill characters but in a new, more destigmatizing manner. Instead of following characters explicitly keeping their mental health struggles a secret or overshadowing one's recovery by sensationalizing characters' setbacks, more novels now try to provide realistic representations of mental illness by making it a part of their story but not the focal point, moving from dramatization to genuineness. This change in fictional representation may have partly been inspired by the shifting awareness and perception of mental illness in American society.

The 2000s saw an increase in advocacy efforts by mental health activists and the emergence of new mental health organizations like *The Jed Foundation* or *Active Minds* that promote awareness and a better understanding of mental health. Moreover, advancements in neuroscience and psychology research further led to improved diagnostic criteria and treatment approaches, offering patients new methods of addressing their mental health struggles. Closely related to these advancements was and continues to be the existence of the internet that allows patients easier ways of seeking treatment. Instantaneous accessibility of online resources or for example virtual therapy sessions facilitate treatment especially for those individuals who may feel more comfortable connecting with professionals online instead of in person. Undoubtedly,

one of the most crucial factors that contributed to a shifting awareness in American society, was the Mental Health Parity and Addiction Equity Act of 2008 as well as the Affordable Care Act of 2010, which both expanded American citizens' access to mental health services. These legislative reforms not only increased public awareness of the existence of mental health issues, declaring that mental well-being is just as vital to a healthy lifestyle as physical fitness, but also helped reduce obstacles such as a lack of financial means or a lack of capacity in treatment centers that may have kept individuals from pursuing treatment. The shifting attitude towards mental illness and the individuals that manage them therefore has come about due to multiple political, scientific and societal factors that, overall, engendered greater understanding and support. In this next part, I focus primarily on book-related communities online that mirror and have been influenced by the broader developments of the past twenty years discussed above.

Societal Influences

On a larger scale, the shifting attitude can be seen in many spaces of American culture since the genre's growing tendency for more open-mindedness about mental health struggles of course does not exist in a vacuum. With famous singers like Shawn Mendes cancelling his world tour to prioritize his mental health (Madani) and revered actors like Kristen Bell openly sharing her lifelong struggle with depression and anxiety (Smith), mental health is becoming a more talked about topic in the media. What is more, celebrities such as Mayim Bialik, best known for her role on *The Big Bang Theory*, or actor Sterling K. Brown, best known for his role on *This Is Us*, have not only spoken up about their own mental health struggles but have, alongside dozens of individuals from the entertainment industry, become Ambassadors for the National Alliance on Mental Illness (NAMI) with the goal of subverting stereotypes, educating and advocating for more openness surrounding mental health ("Influencer").

Additionally, even in spaces such as elite sports in which talking about health struggles was long seen as a taboo topic, strides have been taken to acknowledge mental health issues' impact on one's athletic performance (see Pinto). Athletes like DeMar DeRozan, an NBA All-Star, have spoken up on their personal Twitter accounts about their mental health struggles, "sparking conversation that has altered the trajectory of how the NBA and NBPA have decided to approach the topic" (Pinto). With athletes sharing their own experiences in hopes of others feeling "more comfortable about opening up or seeking treatment," their overall goal is to break down the stigma and show that mental health struggles are normal and can happen to anybody.

By speaking up about their mental health on their own social media channels, celebrities are reaching a broad audience with their openness. Katrina Gay, NAMI's national director of

strategic partnerships, explains why famous figures like the ones mentioned above can have such remarkable influence on society at large: "they have the capacity to raise public awareness and open NAMI and the mental health movement to new audiences. When ambassadors use their own platforms to echo our efforts […] we expand our reach exponentially" ("What"). Gay attributes this to the power of social media since (almost) everyone has access to it: "We've learned that one of the most effective anti-stigma agents is a face-to-face experience with a person's story of lived experience. And face-to-face is now in the palm of your hand, and accessible at any time". Therefore, social media and accessibility play an important role in fighting the taboo surrounding mental illness and is a contributing factor in how representation – and understanding – of mental illness has changed in real life.

Celebrities are of course not the only ones who actively challenge mental illness stigma. In the area of publishing, for instance, the demand for more realistic, destigmatizing portrayals of mental illness is part of a larger movement of the 2010s: the call for more diversity. In 2014, *The Guardian* published an article titled "Why Is American Book Publishing So White?" Prompted by an incident at the National Book Awards ceremony where Daniel Handler, a popular White male children's author made racist comments – passed off as humorous quips – after presenting an award to Jacqueline Woodson, the article examines American publishing and calls into question why it is neglecting publishing more diverse novels and instead only promoting works from White authors. Additionally, *The Guardian* reporter Carole DeSanti draws attention to an important factor in how the incident at the ceremony played out, surmising that "The matter would never have become public at all if social media hadn't erupted during the livestream of the event: people were tuning in and listening in a way that mainstream US publishing was not, and hasn't for some time" (De Santi). As the book audience grows on social media platforms and diversifies, there exists the clear demand for more realistic representation of marginalized experiences.[2]

While it is of course only one moment *The Guardian* highlights, it is not an isolated incident in the publishing industry that hints at the neglect when it comes to ethnicities of authors that are being published in American society. Indeed, similar articles and inquiries have

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[2] While I focus on the publishing industry in this chapter, it goes without saying that there are other more political factors that influenced topic such as diversity and racism in the publishing industry. The political climate in the U.S. during the 2010s as well as significant moments like the legalization of same-sex marriage or the *Black Lives Matter* movement all influence how diversity and equality are represented, spoken about and impacted in publishing. However, to include these events would go far beyond the scope of this chapter and are thus not outrightly mentioned within the text.

been written by well-known publications such as *The New York Times* and *Publishers Weekly*. While *The New York Times'* opinion piece "Just How White Is the Book Industry" proves that discrepancies exist in how many White authors are published in opposition to people from other ethnicities, Deahl's article in *Publishers Weekly*, "Why Publishing Is So White," considers not only data on the demographic makeup of published authors but also of the professionals working at publishing houses, arguing that diversity should play a role in the authors that are published as well as in the people who publish them. Based on Lee and Low's Diversity Baseline Survey, which includes results from eight review journals and 34 publishers across North America, staff and published authors are overwhelmingly White with 79% ("Where"). While the numbers may be discouraging, Deahl also offers insight on the efforts publishers have taken to diversify their staff as well as authors and novels they are considering for publication. Deahl and DeSanti both attribute the continued strides taken in diversifying publishing in parts to the rising influence of social media and the public's willingness to spark debates online to get their demands for more diversity heard.

Indeed, the influence of social media has gained multiple publishers' attention. After all, it is not just larger publications such as *The Guardian* and *The New York Times* lamenting the lack of diversity and lifelike representation from diverse voices in publishing. Instead, published authors themselves have taken it upon themselves to create the change they are missing in the publishing industry. Following the announcement of a panel comprising of all-White, all-cisgender male children's authors at a book convention, two authors started a *Twitter* exchange where they criticized the lack of diverse voices in publishing. With fellow authors and readers engaging with the authors, the conversation turned from a mere hashtag, #weneeddiversebooks, into a movement. The hashtag that incited the debate on *Twitter* and garnered over half a million uses on Instagram and over two million on *TikTok* has since then evolved into the non-profit organization *We Need Diverse Books*.

The non-profit organization has made it their goal to amplify voices that accurately portray being part of a marginalized group and destigmatize their experiences. Advocating "essential changes in the publishing industry to promote literature that reflects and honors the lives of all young people," the organization's members are especially conscious of the impact representations of marginalized communities can have on a younger audience ("We Need"). It "strives to create a world in which all children can see themselves in the pages of a book […] including (but not limited to) LGBTQIA, Native, people of color, gender diversity, people with disabilities, and ethnic, cultural, and religious minorities." As part of their goal, *We Need*

Diverse Books has also created awards and scholarships that highlight and empower important diverse novels. The Walter Dean Myers Award, for example, is intended to honor diverse authors that portray diversity in a meaningful way ("Walter"). One of the award winners in recent years was Kacen Callender, receiving the award for their middle grade novel *King and the Dragonflies* that addresses grief, depression, and queerness.

Scholars such as Anastasia Wickham have also stressed how influential narratives with realistic, undistorted representations of mental illnesses can be: "the question of adults writing in adolescent voices, and furthermore, authors without apparent mental illnesses writing as first-person characters with mental illness, is potentially problematic in that power is redirected away from the population the authors seek to bolster" (15). In other words, representations that are not based on own experiences may inadvertently stigmatize mental illnesses if they perpetuate stereotypes that pervade the media. Therefore, it makes sense that people who have been stigmatized or even excluded because of their gender, race or disabilities are the ones who are advocating for representation in fiction where others like them can find themselves.

The significance of these calls for more diversity and uplifting marginalized voices can, for example, be seen in the launch of new publishing houses and imprints across Northern America that are dedicated to representing stories promoting inclusivity (see Mehta). One such new U.S. publisher, Oleb Books, primarily "seeks to expand representation of disability in literature, or D Lit, by publishing disability stories by writers with disabilities" ("Disability"). On top of that, many well-known publishing houses such as Disney-Hyperion, Penguin Random House, Simon & Schuster and Harper Collins have created imprints that are devoted to publishing novels with "a distinct focus on building a platform for underpresented voices – People of Color, LGBTQ creators, Indigenous Creators, writers and artists with disabilities, those from minority religious backgrounds, and others," with a majority publishing solely novels intended for children and young adults (Mehta).

There are also other developments that show the strides the publishing industry has taken in listening to the call for more diversity. In 2021, for example, a documentary film called *Tell Me Another Story* that chronicles diversity in children's literature was released (see Keats). The documentary focuses on authors such as W.E.B. Du Bois, Pat Cummings and Grace Lin who have written stories that highlight multiculturalism, while also drawing attention to more recent efforts in American society during the 2010s to inaugurate children's book awards that focus on multiculturalism, such as the Ezra Jack Keats Awards and Coretta Scott King Awards.

The film was sponsored by a variety of major publishing houses, for example Candlewick Press, Simon & Schuster, HarperCollins and Scholastic. Drawing attention to the considerable strides that have been taken to diversify publishing over a century, the documentary informs the audience on why diverse representation is so important in society.

Beyond the documentary movie, this desire for diverse representation has also found its ways into what titles are being published in the U.S.. In 2018, an anthology called *Life Inside My Mind: 31 Authors Share Their Personal Struggles* was published by Simon & Schuster Books for Young Readers. Containing 31 essays, the collection "takes aim at ending the shame of mental illness [,] with the intention of providing hope to those who are suffering, awareness to those who are witnessing a friend or family member battle mental illness, and opening the floodgates to conversations about mental illness" ("Life"). With many authors that had popular releases in the late 2000s – such as Kami Garcia's *Caster Chronicles* Quartet or Maureen Johnson's contribution to the YA Christmas novel *Let It Snow*, which both ended up being adapted as movies and a *Netflix* series, respectively – the anthology was sure to find an audience. Following the release of *Life Inside My Mind* in 2018, a similar anthology called *(Don't) Call Me Crazy* was published only six months later. Whereas the former anthology focuses on challenging the shame individuals feel because of their mental illness, *(Don't) Call Me Crazy* aims to dig deeper at the reasoning behind why words such as "crazy" are so embedded in the vernacular of mental illness discussion in the media ("Don't"). It also not only includes essays from popular YA authors such as Victoria Schwab and Adam Silvera but also offers personal experiences from artists like Jessica Tremaine and former Marine Clint Van Winkle. By broadening the scope of contributors, this anthology aims to show readers that mental illness is not an isolated experience but something anyone can struggle with, as the synopsis details. The collection of essays is intended to deconstruct the stigma surrounding mental illnesses by being "a conversation starter and guide to better understanding how and where mental health impacts us each and every day. […] It's a pulling back of the curtain and an opportunity to get up close and personal with mental health" ("Don't").

These two publications are no isolated incidents. Indeed, the ongoing efforts of authors to destigmatize mental illness can be seen in more anthologies being published. In the same vein as the discussed anthologies, Candlewick Press is set to release *Ab(solutely) Normal: Short Stories That Smash Mental Health Stereotypes* in 2023. However, instead of containing essays from authors about their own experiences with mental illness or its stigmatization, this anthology features sixteen authors channeling their experiences into fictional short stories that

are supposed to, as the title predicts, subvert mental health stereotypes. The synopsis of the anthology offers the contributors' hope for the publication's reception: "through powerful prose, verse, and graphics, the characters in this anthology defy stereotypes as they remind readers that living with a mental health condition doesn't mean that you're defined by it" ("Absolutely"). On top of the fictional short stories, each chapter includes an afterword by the author as well as a list of resources where readers can learn more about the respective depicted mental illness. While these are of course only three publications, their release dates and variation of contributors shows that the wish for more representation is not an outlier in publishing – at least, when it comes to authors being more than happy to share their own experiences to help destigmatize mental illness.

As is evident, authors have had a substantial impact on how the publishing industry is moving towards more open-mindedness and more diversity from representational voices, that is, those who can speak of their own experiences. While articles from the past few years show that the American publishing industry is still overwhelmingly White (cf. Romero and Figueroa, "Where"), actual change is happening step by step as new imprints and anthologies have shown. The developments also highlight that becoming more inclusive needs to be pursued by both publishers and authors alike and that it not only means changing staff or novels that are being released but that the marketing of novels has to change as well if diversity is supposed to be the goal.[3]

In fact, creating more diversity and highlighting realistic representations is a collaborative effort, which calls to mind another important factor that plays a role in the changing attitudes in publishing: the reader audience gaining a voice via social media. While the examples above have shown how much influence well-known voices can have with the help of social media, readers themselves are becoming powerful marketing tools and advocates for diverse representation thanks to the rise of social media. Readers have created powerful communities on popular social media platforms to talk about books and thus mobilized the fandoms of their favorite books across the internet, such as #bookstagram, which have garnered millions of hits.[4] Publishers have been known to employ individuals from these popular communities, sending them free advanced reader copies in hopes of promotion on their

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[3] Jean Ho offers an insightful look into how calls for diversity may be a "hot debate" at the moment but that BIPOC individuals have been around for decades in the entertainment, and especially in the publishing industry, yet not seen the support they needed to become bestsellers

[4] If you search for "bookstagram" on *Instagram*, for example, you get over 82,030,000 individual posts, with slightly smaller numbers when it comes to more specific hashtags such as "bookstagrammer" with 15 million

channels (see "BookTube" and Kalpaxis). While social media marketing may of course not always "make or break" a book's success, it is safe to say that it can significantly influence the amount of copies that are sold. With the rise of "BookTok," the niche community on the popular social media app *TikTok*, sale numbers of books have exploded (see "This Is," Kjellberg and "Booktok").

By sharing their thoughts in short videos, TikTokers have begun to revolutionize marketing. Canter writes that "readers are taking critical authority into their own hands to create new kinds of discourse and connection". Indeed, a book does not have to be new to become popular thanks to the *TikTok* algorithm and the "For You" feature. Instead, "one person 'rediscovering' an older or under-covered book can set off a cascade" (Canter). This has certainly been the case for Colleen Hoover. Already an established romance author, Hoover's novels have experienced a resurgence in sales thanks to BookTok and its users rediscovering novels released almost a decade ago. In her article "How *TikTok* Became a Bestseller Machine," Harris follows Hoover's rise on bestselling lists since the beginning of the pandemic: "Books by Colleen Hoover […] became a sensation on *TikTok*, and Hoover is now one of the bestselling authors in the country. NPD BookScan, which tracks the sale of most printed books in the United States, said that of the 10 bestselling books so far this year, Hoover has written four". Other established authors like Madeline Miller, Taylor Jenkins Reid and Adam Silvera have experienced similar rises in their book sales thanks to readers praising the "authenticity" and "emotional impact" of their stories via social media (cf. Harris, Rizer). The appeal of BookTok of course, is that it is not down to one reviewer or one short video to decide whether a book is worth buying, but the "grassroots explosion of people creating the videos and then organically, by word-of-mouth, it grow[ing] from there" until no one can escape the trend (Harris).

During the pandemic and the lockdowns it led to, in particular, publishers have not only had to acknowledge the influence social media platforms such as BookTok have but have even started to profit from it. As *The Guardian* states: "on the platform, a five-second clip recommending a book has the potential to go viral, affecting sales and bestseller charts worldwide – a phenomenon that *The Guardian* has coined as the BookTok effect, and which […] describes as "the force that can't be ignored in publishing anymore" (Touma). And indeed, publishers and book shops are "cashing in" on the influencer culture, as *The Observer's* writer Kalpaxis updates. From using slogans such as "*TikTok* made me buy it" on listings in online book shops to creating displays in stores featuring #BookToks favorite reads, the publishing

industry is listening to the readership and using it to their advantage in marketing (cf. Kalpaxis, Herman).

However, thanks to the rise of these online book communities, readers do not only have influence on already published books but can even shape novels that are yet to be released. A recent example of this is a particular publisher's reaction to early reader feedback. After the release of advanced reader copies for the YA debut *Aces Wild* by Amanda DeWitt, a novel that features a heist in Las Vegas with a full cast of asexual teen characters, multiple readers mentioned in their reviews that they would not recommend the book because of an ableist plotline.[5] Within the story, the protagonist Jack uses his sister's old hearing aid and converts it into a means of communication to successfully pull off a heist. Early reviews on retailer websites like Barnes & Noble drew attention to this problematic plotline for which they saw "no need for him to use a hearing aid when he had access to money that could buy an appropriate in-ear communication device" and "encourag[ed] seeking out HoH (hard of hearing) and Deaf voices in regards to this issue" to ensure genuine reader feedback ("Noble"). Eventually, the publisher Peachtree Teen released the following statement on *Twitter*: "Based on advanced reader feedback, we have revised ACES WILD to correct an ableist plot point, and the first edition hard cover, audiobook, and e-book reflect the change. We're so thankful to our readers for bringing this issue to our attention" ("Peachtreeteen"). As part of this change, Jack now uses an AirPod instead of a hearing aid to complete his heist. Evidently, readers are ever growing their influence on the American publishing industry.

In tandem, readers are using their platforms to raise awareness for novels with realistic mental illness representation. With readers advocating true to life mental illness representations with popular hashtags such as #OwnVoices – meaning a novel about mental illness is written by an author who lives with the same mental illness that the characters in the novels do – and #mentalhealthmatters which have cumulatively gained over 50 billion videos on *TikTok*, it is clear that the rise of social media has helped in normalizing mental illness in real life and in fiction. While these are only a few examples of societal factors that may have contributed to the changing representation in fiction and what types of stories gain approval from readers, they illustrate how important the focus on realistic mental health narratives is.

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[5] One reader pointed out the "glaring ableism" while another noted: "I'm deaf and I was really uncomfortable with the one deaf character, who uses hearing aids, being used as a tool for the plot […] Mobility aids, hearing aids are really important to a disabled person's identity and I really hated them being used this way", see "Aces"

Destigmatized Representation

Undoubtedly, the emergence of social media debates and content created by readers have impacted how mental illness is represented in books. Indeed, this influence is reflected in some of the novels published since the societal debate has become more visible thanks to social media. Overall, an increasing number of novels offer a more destigmatized representation of mental illness. As the publishing dates of the following examples will suggest, these novels are published alongside dramatizing and potentially stigmatizing stories, speaking to the fact that the societal debate surrounding realistic mental illness representation is still ongoing. Nevertheless, the tropes used to explore the overarching themes I have explored in Part 1 are now being transformed and even subverted to decentralize mental illness. Indeed, instead of dramatizing characters' mental illnesses, these narratives intend to normalize their existence. In other words, mental illnesses are still prominent within YA narratives, but they are often no longer the (sole) central theme.

Indeed, instead of only concentrating on characters and their downward spiral in which their mental illness symptoms increase and lead to a dramatic climax, novels now often follow protagonists that are already familiar with their mental illness and treat it with therapy, prescribed medication, or both. While their mental illness is still very much a part of their narrative, it is not the only topic their stories cover. Instead, young characters live their day-to-day life with mental illness (and treatment). For instance, Rachel Lynn Solomon's novel *We Can't Keep Meeting Like This* (2021) follows teenager Quinn Berkowitz who has been living with OCD and anxiety for many years and both attends therapy as well as takes medication as part of her treatment. Yet, the novel focuses on Quinn's ambitions of what to do once she finishes school which are at odds with the future her parents have envisioned for her since they want her to take over the family business of wedding planning. While Quinn's OCD sometimes interferes with her productivity and meeting deadlines for her parents' company, it never dominates the narrative and is merely a part of her story.

Another example is Robbie Couch's sophomore novel *Blaine for the Win* (2022), in which the protagonist Blaine Bowers decides, after his boyfriend breaks up with him because he wants to pursue more "serious" guys, to run for senior class president to prove that Blaine can be serious when it counts as well. After some suggestions by his friends, Blaine runs his campaign on the prompt "Let's Talk," encouraging his classmates (and thus voters) to come tell him about what they need to feel comfortable at school – and in their own minds. Although mental health is not the central theme of the novel, it affects both how Blaine and his friends

see themselves and their classmates, eventually realizing that the problem is less with them not being resilient enough to manage the pressures of high school but with the administration's prioritization of academic accolades over their students' mental well-being. Following that, both Blaine and his friends decide to advocate for more openness and less stigmatization of needing help to cope with mental illnesses, especially in an institutional setting such as their school and the colleges they are applying for. Protagonists like Quinn Berkowitz and Blaine Bowers indicate the shift from over-dramatizing mental illness in favor of offering a more realistic portrayal of the day-to-day life of teens living with a mental illness. By choosing to include story arcs that are not primarily focused on a character's mental illness but rather included as part of their identity, they indicate that it is possible to live a "normal" life with mental illness.

Other notable publications that normalize mental illness through this decentralization are Julian Winters's *Right Where I Left You* (2022) and A.L. Graziadei's *Icebreaker* (2022). The former novel follows Isaac during the summer after high school graduation. Dreading losing his best friend Diego since they are going to different colleges in the fall, Isaac and Diego decide to make the most out of their last summer together. However, instead of being together, Diego ends up spending more time with his fellow gamer friends which leaves Isaac to fend for himself as he struggles to connect with others without Diego's support. While his social anxiety does at times prevent him from forming deeper connections, the novel primarily draws attention to his fear of not being able to find a community who will accept him and his mental illness if his best friend Diego is not around to help facilitate communication come fall. Graziadei's debut novel *Icebreaker* likewise focuses on the need for a supportive social environment. It chronicles how protagonist Mickey deals with his depression and anxiety, yet the focus lies on his struggles to connect with people and learning to let them in since his family's legacy in the ice hockey world has prevented him from being seen as a human and not just a commodity. Furthermore, the novel subtly explores the stigmatization of mental health in sports and how honesty might impact one's chances of climbing the career ladder. As the novel is set right before the NHL draft, Mickey struggles with speaking up because he fears becoming less desirable to high-profile hockey teams. Eventually, he pursues treatment for his depression after deciding to put his own needs before becoming a pro hockey player. Both novels integrate the protagonists' respective mental illnesses but do not dramatize them in order to advance the plot.

Furthermore, some novels also address negative stereotypes that are still being perpetuated in society and the media and try to dispel them. One example occurs in *Heartstopper* (2018), Alice Oseman's YA webcomic that has also been published as graphic novels and adapted into a *Netflix* series. It follows the intertwining stories of Charlie Spring and Nick Nelson who become fast friends after an unexpected seating arrangement at school and eventually fall for each other. While there are multiple hints in previous volumes of the graphic novel that Charlie struggles with an eating disorder – such as Charlie's plate being full when everyone else is done eating, Charlie declining joining everyone for an ice cream cone, admitting that he is aware that his eating habits are not like others but that he sometimes experiences the urge to control what he eats and fainting during a school trip because he has not eaten or drunk anything all day – it is only at the end of the third instalment of the graphic novels that the reader sees Nick Nelson, Charlie's boyfriend, researching eating disorders and how to help someone with it while Charlie is researching how to tell someone you love them. This first juxtaposition of romance and mental illness subtly challenges earlier depictions of love being able to cure someone of their mental illness.

This is further elaborated on in the fourth volume, which addresses Charlie's declining mental health as his eating disorder worsens and Nick's plan to get Charlie the help he needs to finally treat his mental illness. However, instead of over-dramatizing Charlie's self-harm or refusal to eat or making this storyline the sole focus of Charlie and Nick's relationship, the graphic novel's panels focus on Nick encouraging Charlie to reach out to his parents – even writing it down on paper so the words will come easier when faced with his fear of disappointing them – and get professional help, both normalizing the act of asking for help and highlighting the importance of a support system. It further draws attention to how public stigma prevents individuals from reaching out as Charlie confesses that he feels ashamed to admit his issues because he considered eating disorders to be a "girl's thing" since it is usually portrayed as such in the media and was worried that his parents would not believe him (Oseman).

Most importantly, however, is that *Heartstopper* actively repudiates the stereotype that love is enough to fix someone's mental illness. While Nick is trying hard to get Charlie the help he needs, he also feels powerless in moments where Charlie confesses to self-harming. When he admits his concerns to his mother, she tells him that:

Maybe you can't help him, darling. I know you love him so, so much. I'm sure he loves you too. And I know you feel like it's your job to 'save him'. I know it feels like you

are both each other's whole world, but that dependency isn't healthy for either of you. Charlie needs help from someone who isn't his sixteen-year-old boyfriend. He needs help from a doctor or a therapist, someone who knows about eating disorders and how to treat them. *Love can't cure a mental illness.* There are lots of ways to help him, you can just be there. To listen. To talk. To cheer him up if he's having a bad day. And on the bad days you can ask what you could do to make things easier. Stand by his side, even when things are hard. But also knowing that sometimes people need more support than just one person can give. That's love darling. (Oseman; emphasis added)[6]

Within these panels, *Heartstopper* offers multiple insightful notions about helping someone with a mental illness. It subverts the earlier discussed trope of love being able to cure a mental illness as Nick's mother discusses the responsibility Nick feels to "save" Charlie from himself and indicates that mentally ill people oftentimes need more help than one person can give. Moreover, it highlights that the best support one can give is to listen and check in with what someone needs instead of ignoring or explaining away worsening symptoms.

Contrary to the example discussed above, Warga's *My Heart and Other Black Holes*, in which love is portrayed as the element that saves the protagonist and her boyfriend from committing suicide, *Heartstopper* shifts the focus to how love can be helpful in getting the treatment one needs instead of curing one's mental illness. As such, novels like *Heartstopper* offer up a more realistic depiction of mental illness and show the positive effects of a healthy support system. By not centralizing the protagonists' mental illnesses and by acknowledging and disputing potentially harmful stereotypes, the novels try to normalize the experience and thus allow to focus on recovery and how the protagonists can ameliorate their lives.

Correspondingly, novels focusing on recovery often offer a narrative structure that shows that mental illnesses cannot be healed but only treated and managed. Though *Heartstopper* certainly falls into this category as Charlie eventually goes to a psychiatric clinic and returns with an OCD, eating disorder and anxiety diagnosis that he has to continuously work on treating by following a meal plan, regular therapy sessions and a journal detailing his moods, there are many more novels exploring the no-healing narrative. John Corey Whaley's *Highly Illogical Behavior* (2016), for instance, follows Solomon Reed, a teen who lives with agoraphobia and has not left his house in over three years after a panic attack at school made him an outsider. One of his former classmates, Lisa Praytor, plans to befriend Solomon and fix

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his agoraphobia to write a paper on her results that will hopefully guarantee her a spot at her dream college. As Lisa tries different methods to fix Solomon, common misconceptions about mental illness are exposed and proven wrong with Lisa eventually learning that Solomon's agoraphobia cannot be fixed but only treated and made easier to manage with the right support system. Although Solomon is still homebound at the end of the novel, he also gains a tight-knit community in Lisa and her boyfriend Clarke and learns to accept his mental illness instead of resenting it.

Furthermore, the subgenres in which mental illnesses are represented have also expanded, allowing for more chances of identification with fictional characters. Primarily encountered in contemporary novels and settings until the 2010s, characters with mental illnesses are now increasingly introduced and discussed in non-contemporary literary genres such as fantasy and science fiction. Young adult fantasy series such as Sarah J. Maas' *A Court of Thorns and Roses* (2015)*, The Witch King* by H.E. Edgmon (2021) and Leigh Bardugo's *Six of Crows* (2015) have introduced narratives of depression and PTSD into the genres. Moreover, urban fantasy – stories set in our world but with magical or supernatural elements – such as TJ Klune's trilogy *The Extraordinaries* (2020) – also features mentally ill protagonists. The first instalment in the series introduces the protagonist Nick Bell who, among being a popular fanfiction writer, also lives with Attention-Deficit-Hyperactivity Disorder (ADHD). While this illness occasionally causes Nick to miss social cues and land himself in awkward situations with his peers and his father, Nick – for the most part – accepts his ADHD. Indeed, he even considers his condition to be valuable: "For the most part, [Nick] accepted that some people were born to be *Extraordinaries*, and some people were born to be medicated so they didn't spin out of control. Fair? Not really, but Nick was learning that his brain could do things others couldn't. In a way, he had his own superpower, even if it was called a disorder" (Klune). Thus, while Nick seemingly is not one of the chosen *Extraordinaries* – humans with supernatural abilities – he considers his ADHD as beneficial since it allows him to see things from a different perspective than others do. Important to note is that even when Nick eventually learns that he is also an *Extraordinary* with supernatural powers which have been suppressed, he nevertheless considers his ADHD his real superpower as does everyone around him. Instead of relegating him to the sidelines of the narrative or paint him as a damsel in distress who needs to be saved by his superhero boyfriend, Nick's ADHD does not prevent him from becoming a fellow hero that helps keep his city safe. By having mentally ill characters as protagonists in not only contemporary but also other genres, these novels indicate to readers that mentally ill people are

not confined to certain genres but instead expand into more spaces. Furthermore, enriching the literary landscape with mental illness representation by expanding the *genres* in which these characters appear is not the only way in which mental illnesses are normalized.

On top of representing mentally ill characters in more subgenres, more novels are now including more diverse protagonists which increases the chance of readers seeing themselves in characters. This is achieved through highlighting intersectionality, that is, these novels focus on how unique aspects of characters' social and political identities, such as their gender, race, sexual orientation, physical and mental ability, uniquely shape their experience of their mental illness. To offer an example, the novels try to delineate how someone who is a part of the LGBTQIAP+ community and comes from a low-income household may struggle more to gain access to treatment for their mental illness than someone who passes as heteronormative and earns more money. These novels therefore focus on the interplay of different parts of someone's identity and how they shape their experience of mental illness and the journey to getting treatment. This has become a focal point in novels with narratives shifting from following heterosexual, White cisgender protagonists and instead introduced diverse protagonists such as people of color, from different societal classes, varying sexual orientation and gender identity.

An example of this is Mason Deaver's novel *I Wish You All the Best* (2019), which follows Ben De Backer who is thrown out of their house after coming out to their parents as nonbinary. Moving in with their estranged older sister and her husband, Ben's anxiety disorder worsens as they grapple with who to trust with their identity and fearing further problems at their new school. Ben's mental health struggles play a vital role in the novel, yet the focus is less on the anxiety itself and rather on how their parents' rejection and the fear of being denied community if they come out to others has contributed to their mental health struggles becoming more prominent and, in turn, having to find new coping strategies – and going to therapy – to manage said struggles. The novel stresses the importance of treatment to work through trauma and features breakthroughs during Ben's therapy sessions that culminate in them realizing that there is no shame in asking for help when you need it.

Moreover, Adam Silvera's *More Happy Than Not* (2015) is a YA novel that explores the link between being part of the LGBTQIAP+ community and the high depression and suicide rates found within that marginalized group. The novel follows Puerto-Rican teenager Aaron who, unbeknownst to him, has had his memory erased by an institute that pursues

eradicating homosexual behavior in society, mirroring real-life conversion therapy. Aaron himself struggles with depression, stating that after his father committed suicide, he himself tried to do the same but ultimately was too afraid to do it. For most of the novel, Aaron struggles with his depression in part because he does not know where his feelings of rejection from the world around him and especially his parents stem from. When he eventually learns that his father committed suicide after Aaron came out to him which then led to Aaron having to undergo the procedure at the institute which left him with long-term memory issues, he resolves to make the most out of the memories he does retain and live "more happy than not".

Even novels that incorporate tropes I discussed in Part 1 now feature diverse characters. In Michael Gray Bulla's debut novel *If I Can Give You That* (2023), the protagonist Gael is a trans boy who lives with his mentally ill mother. The novel not only discusses how Gael struggles to support his mother through her bouts of depression but also follows Gael as he attends a support group for LGBTQIA+ teens in which he gradually learns that it is okay to tell others about his own struggles with his mental health that are linked to his fears of being seen as Other for the rest of his life because he is trans. Whereas Gael begins the novel feeling guilty for facing so many struggles with his identity and anxiety, he eventually faces such topics as body dysmorphia, parental neglect and panic attacks and reconciles the different parts of his identity that make him who he is.

Evidently, these novels focus on how parts of the protagonists' identities – their sexual orientation, gender, race, or class – shape their experience of and approach to their mental health struggles. They also highlight the importance of honesty, support and getting the treatment to help them cope and allow for readers to understand what may play a part in one's mental well-being. As can be seen in the examples shown above, the tropes I discussed in Part 1 have stayed the same, but they are employed differently and thereby the representation has transformed. Additionally, as the inclusion of diverse characters in particular shows, all these elements in mental illness representation that further the agenda of normalizing mental illness have been influenced in considerable part by the public's shifting view on mental illness.

I hope to have shown in this short overview what tropes in the depiction of mental illness occur regularly and how the way in which they are used to normalize mental illness have been influenced by the public's demand for more realistic representation. Overall, it is clear to see that while questions of identity and fear of stigmatization or rejection are still widespread, the mode in which these concerns are addressed in fiction has changed to a more

optimistic and, more importantly, realistic outlook and open dialogue, which supports my main thesis that these narrative strategies are ultimately utilized to combat stigma surrounding mental illnesses. With this overview in mind, it will become evident in the following chapters that transformed versions of these tropes are present in the novels I discuss. In Chapter 2, I will analyze how the effects of mental illness stigma are expressed through Joseph Campbell's hero's journey arc.

Chapter 2: A Journey Like No Other – The Quest Arc as Narrative Strategy

One of the most common narrative arcs in Western literature is that of the quest. Dozens of examples come to mind when thinking of stories that chronicle someone going on a journey to retrieve a magical object, fighting mythical or supernatural creatures to save someone's life and returning triumphantly, irreversibly transformed for life. Beyond its frequent use in ancient myths, fantasy novels like *Harry Potter* and the *Lord of the Rings* or popular TV series such as *Game of Thrones*, the quest structure has also found wider use in contemporary YA novels, chronicling the transformation from childhood to adulthood. Indeed, the quest structure has informed many adolescent identity crises narratives across various media and genres: the formula of the hero going out into the world and returning with wisdom and courage mirrors teenagers venturing out into the world on their own for the first time, learning to interact with the social forces that shape their identity.[7]

A popular example of the quest structure is Ernest Cline's *Ready Player One* (2011). Set in the year 2044 where everyone prefers spending their time in the virtual utopia known as the OASIS, the novel follows teenager Wade Watts as he tries to find clues hidden in the virtual reality game, planted by its creator prior to his death. Promising power and fortune to whomever discovers them first – each one entailing its own set of trials – Wade finds himself in a deadly race to inherit and safekeep the game creator's legacy all while being confronted with the real world's deterioration that everyone is desperately trying to escape. Beyond testing Wade's physical prowess and analytic thinking, the trials moreover help him face his own fears about not fitting into society because he considers himself useless in his real life. In order to succeed, Wade first needs to confront the forces both within virtual reality as well as at home that make him feel powerless. Only once he has gained the knowledge that he can change the world for the better can he win the game and begin helping to restore the real world's decay once he returns victoriously.

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[7] Many scholars have explored how this formula informs fictional narratives and reveals the forces that impact one's identity formation. See for example Tison Pugh's "The Queer Narrativity of the Hero's Journey in Nintendo's The Legend of Zelda Video Games" which delineates how the popular video game renegotiates adolescents' understanding of heteronormative power structures as they are growing up or Svenja Hohenstein's *Girl Warriors: Feminist Revisions of the Hero's Quest in Contemporary Popular Culture* that examines how narratives informed by the hero's journey perpetuate traditional gender roles as well as offers examples where they are subverted.

Any discussion of quests naturally includes Joseph Campbell's seminal work *The Hero with a Thousand Faces*. Comparing the myths and legends of various cultures, Campbell delineates the common elements that feature into the hero's journey of transformation, also referred to as the monomyth, and breaks it down into three stages, The Departure, The Initiation, and The Return, which are further divided into seventeen substages. Overall, the narrative pattern goes as follows: in the first stage, we encounter the hero in their usual surroundings, the Ordinary World (Campbell 45). Then, a challenge materializes that pushes the hero to leave their world behind to go on an adventure, completing the first stage by departing. In the second stage, The Initiation, the hero ventures into unknown territory, the Special World (82). This can encompass a complete change in scenery or simply an altered perspective of their regular surroundings as they are faced with the unfamiliar. Of importance here is that the Ordinary and Special World contrast each other (83). In this Special World, the hero is faced with various trials, challenges and enemies. Their experiences culminate in a battle in the widest sense from which they emerge transformed (89). Victorious, they finish their quest in the third stage by returning to the Ordinary World, forever changed and often carrying the knowledge that will permit change for the world at large (179).

At first glance, the structure of the quest is quite straightforward, even if there are variations in length, order or the importance of singular steps. However the story varies, though, Campbell argues that at its core, the hero's quest is always a quest for identity, urging the hero to transform and adapt to unexpected circumstances and surroundings, forcing them to face their own limits: "the agony of breaking through personal limitations is the agony of spiritual growth" (176). This concealed search for identity, the inner transformation of the hero, if you will, is thus what the quest is all about, even if the protagonist is not initially aware of it: "One does not know toward what one moves. One does not know by what one is propelled. The lines of communication between the conscious and the unconscious zones of the human psyche have all been cut, and [the hero has] been split in two" (359). Therefore, a quest can only be successfully completed if the hero undergoes an inner transformation.

I argue that the texts I have chosen to analyze in this chapter all feature such a quest for identity and that the quest's structure articulates the effects of stigma on a character's identity and sense of self. It reveals the existence and social construction of subject positioning to the character. Subject positioning is a concept used by social constructionists to "refer to the process by which our identities are produced" (Burr 129). The effects of stigma inform the subject positions that are available for the characters. To successfully complete the quest, the

effects of stigma have to be acknowledged and, to some degree, overcome – this process is shown through subject positioning in these novels. The four novels I have chosen for this analysis are Ned Vizzini's *It's Kind of a Funny Story*, *Darius the Great Is Not Okay* by Adib Khorram, *Every Last Word* by Tamara Ireland Stone and Jennifer Niven's *All the Bright Places*. While the other two novels I analyze within this dissertation, Adam Silvera's *History Is All You Left Me* and John Green's *Turtles All the Way Down*, also fit the quest pattern, their respective protagonists' experiences are primarily tethered to their doubles. Their journeys are therefore analyzed in depth in Chapter 3.

Structuring my analysis along the lines of the three major stages of the quest, I will discuss how each stage is dramatized in the novels and how the stage contributes to the representation of the effects of stigma on subject positioning. Toward the end of the chapter, I discuss why such a perennial narrative arc as the quest is used so frequently in today's young adult literature and what occurs when the protagonist's quest fails. Throughout the analysis, I also draw attention to the tensions between an essentialist and social constructionist take on identity in the novels. As will be seen, the novels chosen sometimes offer contradictions when viewed through the hero's journey. The hero's journey as a traditional concept follows essentialist ideals: the hero comes into their full potential because they are put through trials that test their identity's innate steadfastness. Through the tests, the hero becomes aware of the power that rested in them all along, confirming essentialist beliefs. However, while featuring such quests, the novels also emphasize and elaborate on the effects of stigma, which is a socially constructed concept that impacts characters' behavior and their understanding of self. The ways in which these novels thus play with the boundaries of two seemingly opposing concepts thus merit a closer look. Overall, I argue that dramatizing these tensions between social constructionism and essentialism serves to expose how powerful stigma is because it can make the heroes question their convictions and the validity of their own identity. Thus, the juxtaposition of a traditional quest structure with a socially constructed concept like stigma makes the triumph of succeeding in the face of adversity all the more impactful. Before commencing with my analysis, I first reiterate the effects of stigma and then elaborate on the concept of subject positioning.

As already discussed, there are various ways in which stigma affects individuals and their identity constructions. Most commonly, due to public stigma, mentally ill people receive fewer opportunities for social interaction and community, experience bullying and harassment, and face a lack of understanding by family or peers. Self-stigma usually manifests as reluctance

to seek treatment, feeling ashamed, hopeless and isolated and experiencing a high degree of self-doubt due to low self-efficacy and self-esteem. The degrees of self-efficacy and self-esteem are informed by their subject positions.

As briefly mentioned in the introduction, social constructionism claims that "people construct their own and others' identities through their everyday encounters with each other in social interaction" (Burr 15). The concept of subject positions derives from the idea that within particular discourse during social interaction, there exist implicit subject positions that a person can inhabit or is put into (130). The subject positions that we inhabit shape both how we represent ourselves and others, but also how we regard ourselves and others within any given social arrangement. Social constructionists argue that subject positions constitute our identity: "Our sense of who we are and what it is therefore possible and not possible for us to do, what it is right and appropriate for us to do, and what it is wrong and inappropriate for us to do thus all derive from our occupation of subject positions" (139). Subject positions thus shape our sense of identity. Burr elaborates this as follows:

> The person can be described by the sum total of the subject positions in discourse that they currently occupy. The fact that some of these positions are fleeting or in a state of flux means that our identity is never fixed but always in process, always open to change. The subject positions that we occupy bring with them a structure of rights and obligations; they legislate for what 'that kind of person' may or may not reasonably do or say. But not only do our subject positions constrain and shape what we do, they […] provide us also with our sense of self, the ideas and metaphors with which we think, and the self-narratives we use to talk and think about ourselves. (143)

Subject positions are therefore a vital part of how identities are fashioned and how power relations are negotiated in our everyday lives in social interactions. Subject positioning also stresses the importance of situational context. Within culturally, historically or temporally different environments, diverse subject positions are available to any given individual, which shows that identity is never fixed and always depends on the context.

With regard to free will and agency, the concept of subject positions therefore causes a conundrum. Thinking of subject positions as something that we are merely deposited into turns humans into "simply the bearers of social structures" (140). However, we still "experience ourselves as agents," lulling us into a false sense of power over our identity (140). While macro social constructionists follow this notion that we are products of the discourses that structure

our lives and have no true agency, micro social constructionists believe that there is some negotiating power that affords us agency: "the alternative view, that we both actively produce and manipulate, and are products of discourse allows us the possibility of personal and social change through our capacity to identify, understand and resist the discourses that we are also subject to" (144). In other words, the possibility of agency lies in detecting patterns that constitute our positions and rejecting them in interactions. This aligns with the concept of combating stigma discussed in the introduction – protest, education and social contact. While we cannot avoid subject positions altogether, it is in our power to recognize them and to accept them or resist them. Social discourse theorists therefore believe that true power lies in resistance of subject positions (145).

Evidently, there are limits to this power of resistance in real life and in young adult novels. Free will only goes so far when you are underage and even later in life. Characters might choose to resist certain damaging subject positions mentally, but it is much more difficult to do so in terms of actions in their day-to-day life. If they are restrained by their parents, for example, they cannot simply "exit" that strained relationship. Likewise, if institutions are harming them through structural stigma, they can rarely escape them. Structural stigma occurs when economic or political pressures result in individuals being treated unfairly or denied care access because of their mental illnesses (Corrigan 620). In a genre that is notable for striving to empower its characters – just think of the YA dystopian genre where teenagers dismantle entire oppressive governments, often without supernatural abilities and rather with the power of a group of friends – they often need to be resourceful in finding opportunities to resist the subject positions they are coerced into by outside forces. In fact, this is the main objective of their journeys, as will become evident in my analysis.

The Departure

The initial stage of the quest arc takes place in the Ordinary World and occurs against the background of the character's socially bestowed identity. Encompassing a variety of substages such as the Call to Adventure, Refusal of the Call and The Crossing of the First Threshold, the first stage's aim is to establish the hero's mundane and often unsatisfactory life and propel them out of their comfort zone. Within the comfort of their own home, the hero is "walled in boredom [and their] life feels meaningless" (Campbell 54). Confronted with a problem the hero cannot ignore, they are either compelled to go on a quest of their own free will or coerced by a herald, the "announcer of the adventure" that encourages them to commence their journey (48). Combined, these circumstances prompt the crucial "awakening

of the self" (47). With their ordinary life thrown off its axis, the need to alter the status quo, to reexamine their old life and move on to resolve the issues is invoked in the hero. This moment marks the prediction of irrevocable change to come, as Campbell notes:

> it signified no more than the *coming of adolescence*. But whether small or great, and no matter what the stage or grade of life, the call rings up the curtain, always, on a mystery of transfiguration – a rite, or moment, of spiritual passage, which, when complete, amounts to a dying and a birth. The familiar horizon has been outgrown; the old concepts, ideals and emotional patterns no longer fit; the time for the passing of a threshold is at hand. (47; emphasis added)

Therefore, though contexts, places and stages can vary, what most heroes have in common is a general sense of dissatisfaction or the sensation of lacking something that hinders them from feeling fulfilled. Having lost "the power of significant affirmative action" (54) in their own lives, they feel the desire to eschew the familiar horizons – that is, the social environments they find themselves in and have clearly outgrown – but feel incapable of doing so, which is a source of frustration and dissatisfaction. In the selected novels, this dissatisfaction leads to alienation.

In fact, alienation dramatizes the conscious and unconscious impact of stigma on the characters' sense of self. Alienation "in its various aspects – powerlessness, meaninglessness, normlessness, social isolation, self-estrangement and cultural estrangement – denotes the radical, perceived or actual, separation of the self from the social world" (McCallum 99). In other words, alienation is the act of someone withdrawing intentionally or becoming isolated from others due to being cast as Other. This is an especially common occurrence in adolescence where individuals grapple with their familial and peer relationships. Whether only imagined or actually present, there exists a seemingly unbridgeable gap between characters and their peers and families as they clash with their "socially bestowed identities," the roles they find themselves deposited into (Burr 123). This estrangement is often part of the identity crisis that occurs in adolescence, the time when individuals struggle with who they think they are versus who they think they are supposed to be. Though always present in adolescence, I argue that the experience of stigma further amplifies this conflict.

One element that indicates the power dynamic between stigma and alienation is the character's definition of normalcy. In all the novels I discuss, the characters have preconceived notions of what constitutes being "normal"; they desire it and yet feel like they are everything *but* normal. Their understanding of normalcy, of course, is shaped by their social environment.

Especially through comparison with their peers, they regard themselves as deficient. Craig in *It's Kind of a Funny Story,* for example, is frustrated with himself because he "should be *normal*" like his friends who watch TV and relax and eat whereas he struggles with all of these basic tasks due to his depression, clearly marking him as different (Vizzini 44; original emphasis). Darius in *Darius the Great Is Not Okay*, who often feels isolated from his family, repeatedly ends inner thoughts with the question: "that's normal. Right?" because he wonders if others think as much about what is socially accepted as he does (Khorram 17, 80, 118). And Sam in *Every Last Word* clings to the idea of normalcy her friends exemplify and refuses to tell them about her mental illness because she believes that the moment anyone finds out about her OCD, she "cease[s] to be normal" (Stone 251). Since these characters do not perceive of themselves as normal because of their mental illness, the internalized stigma and the implied Otherness of that position in society, they feel alienated because they cannot achieve the state of normalcy they begrudge others. In the following discussion of three examples of representations of alienation, I will elaborate on this.

The characters' alienation is one of the elements in the novels that dramatizes the clash of essentialist and social constructionist ideas of identity. The idea of being dissatisfied with their lives, or as Campbell puts it that "ideals and emotional patterns no longer fit," derives from their belief that they are not enough when compared to others, namely that they are missing something that would mark them as normal. This elucidates the tension between essentialism and social constructionism early on in the novels. Essentialism "assumes that there is an essence at the core of an individual that is unique, coherent and *unchanging*" (Burr 62), meaning that it claims that nature determines who a person is and how that person behaves, and that this nature is permanent in every cultural, social and political climate. Meanwhile, social constructionism argues that a person's behavior and understanding of self is shaped by differing contexts and settings. The characters initially struggle with this juxtaposition, which is articulated in the misconception that, thanks to their mental illness, they are missing something crucial that would mark them as normal which they have to "retrieve" during their quest. Therefore, they try to reclaim this perceived missing piece of their identity in order to dismiss the notion that they are different from their peers.

One way of trying to reclaim the missing piece of their identity is shown by characters examining their lives before and after their mental illness diagnosis. Craig in *It's Kind of a Funny Story* particularly struggles with his depression diagnosis because he thinks if he can just discern "what has robbed [him]," he can reverse to the time when he was alright (Vizzini

5). At the outset of the novel, Craig has been living with his diagnosis for months and, despite medication and regular therapy, still struggles with participating in everyday life. Though he never outrightly states that he thinks he can fix himself, it is implied by the experiments he conducts with his mind, "to see how it got the way it is" (41) and to determine "what was wrong with me [,] where did I lose it" (99), and to reclaim whatever "it" constitutes to Craig. Analyzing emotional survival novels that feature mental health issues, grief and substance abuse, Koss and Wilson detail this conundrum of *who I was versus who I am now* as characters facing "the struggle of trying to figure out how their idyllic childhoods have morphed into lives of present-day pain, how they deal with controlling this emotional pain, and if they can envision a life without pain" (55-56). In Craig's case, his interrogations are motivated by his desire to reverse whatever has happened that is causing his inner turmoil.

Beyond experimenting, this feeling of incompleteness also leads to a sense of nostalgia for the past self that is deemed superior because it is considered complete. Craig shares this idealized view of his past. Chronicling how he got to the point where he is in the present – that is, wanting to commit suicide because he has stopped taking his medication to treat his depression and believes there is no other way – he reminisces about his childhood when he liked to draw but grew frustrated with not having the right tools to draw real places like architects do. When his parents eased his mind by proffering that perhaps he should create his own imaginary places he quickly agreed, marveling that his "brain was alright back then" because there was a quick fix to the problem, unlike now with his depression where progress fluctuates (Vizzini 26). This memory also reiterates how Craig believes himself to be deficient – whereas when he was younger, he could still comply to his parents' suggestion to simply change the way he approached tasks whereas now he is unable to do the same, as is seen when he tries to convince his brain to simply enjoy dinner with his family but cannot.

Childhood, in particular, is often conceived to be the last time characters were in control of their relationships with others. As Koss and Wilson observe, the characters "long for a simpler time when their childhood roles were more clearly defined and before their lives began to spin out of control" (51). Perhaps adding to this desire is the fact that back then, Craig's parents were the ones in control by leading him to the right solutions, whereas now Craig cannot physically make himself comply, mirroring Campbell's notion that "emotional patterns no longer fit" even as Craig yearns for them (47). Indeed, childhood is viewed as "an idealized time of family togetherness and fun" (Koss and Wilson 51), matching the close bond with their parents both Craig and Darius in *Darius the Great Is Not Okay* miss. Crucial to note here is

that the tether they feel to their old self is usually accompanied by how this past self made people *around* them feel about their existence. When Darius finds his mother flipping through old photographs of their family only to realize that a photo he thought was of his father and his sister was really one of him and his father, he muses: "I wished we could go back to that. To a time when we didn't have to worry about disappointments and arguments and carefully calibrated intermix rations. When we could be father and son full-time, instead of forty-seven minutes a day. We couldn't even manage that anymore" (Khorram 273). This nostalgia for who he used to be is thus only present because Darius realizes that that version of himself got along with his father, whereas now he perceives himself as a disappointment to his father because he does not meet his father's standards of normalcy.

Further, this nostalgia is often tied to the characters' inability to speak up about their own feelings. Social constructionists understand language as one of the principal means through which we construct our social world and are constructed within it. "Concepts and categories," explains Burr, "are acquired by each person as they develop the use of language and are thus reproduced every day by everyone who shares a culture and a language. This means that the way a person thinks, the very categories and concepts that provide a framework of meaning to them, are provided by the language they use" (10). The performativity of language is important because it structures the representations, or discourses, through which we construct and are constructed.

Darius's inability to speak up is therefore problematic. Beyond his frequent stumbling over words and the repetition of "um" whenever he starts to speak that indicate his uncertainty, Darius also experiences the social isolation as part of cultural estrangement since he is half-Persian and half-American. Whenever his mother chats with his maternal Persian grandmother Mamou, Darius gets tongue-tied, even though he wants to talk to her: "It was like I had this well inside me, but every time I saw Mamou, it got blocked up. I didn't know how to let my feelings out" (Khorram 24). Additionally, this difficulty approaching his grandmother feels like a failure on his part because his younger sister Laleh does not share these problems. Whenever their grandmother turns on her webcamera, "like she was coming to me from some alternate reality. It was like Laleh belonged to that reality, but I was just a guest" (24). Laleh also has no difficulty finding new friends at school. This knowledge festers in Darius and makes him less prone to speaking up because he already believes that Laleh is "a replacement [,] an update" for his parents because he thinks his father is ashamed of him: "I knew Stephen Kellner was relieved to have another chance, a new child who wouldn't be such a

disappointment" (132). Darius does not blame Laleh for having a better relationship with their father, yet it bothers him in so far that he wonders if his birth was the "accident" everyone often suspects Laleh's to be since they are so far apart in age (133), but he does not voice it because he fears his theory being confirmed.

Craig in *It's Kind of a Funny Story* also experiences this inability to speak his mind. Beyond starting the narrative with the lament that "it's so hard to talk when you want to kill yourself" (Vizzini 1), he continuously checks out of conversations with his friends and loses his train of thought, an occurrence so frequent that his peers have coined it "Craig-ing out" (3). He further deems spaces such as the bathroom to be "sanctuaries" and often withdraws to them when he is spending time with his friends because in there he does not have to pretend that he is "normal," even though his reflection in the mirror always fools him to think he is (7). While others have accepted that he does not participate in their conversations, they nevertheless are annoyed at him and never ask how he is or for his opinion on a matter. Craig does not fare any better at home, where he fails to partake in the easiest of rituals such as eating dinner with his family. Frustrated at not being able to keep down the food his mother painstakingly prepared for him, he rushes off to the bathroom: "I should be frickin' eating and sleeping and drinking and studying and watching TV and being *normal*" (44; original emphasis). In not being able to participate in conversations or speaking up for himself, he takes on the role of an observer. He rarely makes things happen and instead comments on everything that happens *to* him, eliciting the passive role in his own life, which is the cause of frustration.

Along this line of thinking, alienation can thus also mean that characters intentionally withdraw from their social world as a protection mechanism. Though this will be discussed in further detail in Chapter 4, it is crucial to mention here that protagonists sometimes distance themselves from their peers in order to evade potential stigmatizations. Corrigan affirms that "people avoid being labelled mentally ill, thereby escaping the negative statements that lessen self-esteem and self-efficacy" (618). While Craig does this to a smaller degree by fleeing to places unoccupied by his friends as a reprieve, there are two other protagonists who take this withdrawal further. Both Finch *from All the Bright Places* and Samantha from *Every Last Word* socially distance themselves so no one will discover their mental health struggles. Sam in *Every Last Word* separates herself from her group of friends, called the Crazy Eights, because she fears the social repercussions if they find out about her not fitting in: "my friends can't know about my OCD or the debilitating, uncontrollable thoughts, because my friends are normal. And perfect […] and they can't ever find out how far I am from those two things" (Stone 8).

Echoing Campbell's claim that prior to entering the Special World heroes feel like they have lost the "power of significant affirmative action" in their lives (54), Sam fears her friends' reaction and is convinced that they will ostracize her for being different if she were to reveal her mental illness, yet nevertheless struggles to leave the group of her own free will.

Finch in *All the Bright Places*, meanwhile, uses humor to deflect attention and to keep people from looking too closely at his actions and absences. One of Finch's undiagnosed bipolar disorder symptoms is that whenever he experiences a low episode, he cannot get out of bed and spends undisclosed amounts of time in what he calls the *Asleep* phase, a blank period where he does not leave his bedroom and is unable to talk to anyone (Niven 17). Despite these phases getting more frequent and his sister Dee being somewhat aware of this, he hides their impact by lying to his school's principal and feigns being busy so his mother will not worry about his absences at family dinners. Similarly, he does not tell his friends about these symptoms since "[t]here's no way of explaining the *Asleep* to my friends, and even if there was, there is no need. One of the things I like best about Charlie and Bren is that I don't have to explain myself. I come, I go and *oh well, it's just Finch" (*37; original emphasis). Finch thus surrounds himself with friends who will not question his absences. Even when his school counselor asks him point-blank why he was in the bell tower of the school – where he meets Violet Markey, a girl dealing with the loss of her sister, he merely quips that he "wanted to see the view" (13). In his attempt to keep others from finding out the severity of his mental health issues, Finch detaches himself and creates distance between his struggles and the persona he plays in social interactions.

Detachment and deflection are two established mechanisms to evade stigma. In her article "On Letting the Outsiders In: *Will Grayson, will grayson* and the Lonely Work of Individuation in Young Adult Literature," Katherine Bell examines how adolescents' identity can be shaped by their abject status in society. Examining John Green and David Leviathan's co-written YA novel *Will Grayson, will grayson*, a story that follows two boys with the same name who, although living very different lives, both struggle with their sense of self due to their status as outsiders at their respective schools, Bell points out that "Will Grayson believes his detachment [to be] a mechanism for progressing through adolescence unscathed, while will grayson sees his loneliness as a default byproduct of his clinically diagnosed depression" (69). Finch thinks similarly, believing that by keeping everyone at arm's length and creating a carefree persona, no one will pay too close attention when he misses school because of a

particularly strong bipolar episode. The detachment or conscious uncoupling from his peers is thus a preemptive measure to evade stigma.

Lastly, alienation is also behind the protagonists' lack of self-worth. Characters often consider themselves burdens to their families or even failures in their parents' eyes because of their mental illnesses. Campbell notes that this lack of self-worth is often demonstrated by the hero refusing the call to adventure because they are trapped in a vicious cycle of anguish, believing that "all [they] can do is create new problems for [themselves] and await the gradual approach of [their] disintegration" (54), that is, believing themselves to be the root of all the problems in their lives and those of their families. Craig in *It's Kind of a Funny Story* feels an intense sense of guilt for the burden he is to his parents and his younger sister: "[M]y family shouldn't have to put up with me" (Vizzini 31), especially since his parents "are always looking into new ways to fix me" (38). Beyond all the effort and time they put into his recovery, Craig also feels "ashamed" for the money they have spent on him without any clear improvement (39). And even though he has a solid relationship with his sister, he believes that he merely serves as a cautionary tale to her: "she doesn't want to end up like me" (39). She urges him to "please get better," which puts further pressure on Craig for causing their parents to worry (104). His father also reminds him of their investment in his well-being: "we're doing everything we can to help you" (41), pressuring him because in their eyes, he has every means available to him to get better. One of the commonly held stereotypes about people with a mental illness is that they are incapable of taking care of themselves, with people wrongly surmising that "because of weak character, they are responsible for the onset and continuation of their disorders" (Corrigan 616). These unconscious stigmatizations become apparent in Craig's interactions with his family members as his sister reminds him that "[E]veryone is trying (Vizzini 41) and doing their best to help Craig and thus Craig needs to do better as well. While the remarks may be intended well, for the characters they increase the pressure to succeed in their endeavor to reclaim their old self and to "get better" as quickly as possible. Craig's parents do not openly blame him, but the underlying message of their comments suggests to him that he is not trying hard enough. And in turn, Craig blames himself for not being able to do his part by attending family dinners and being a role model for his sister.

The feeling of failing the parents can also be apparent *prior* to being diagnosed. Even though Finch in *All the Bright Places* keeps his mental health struggles secret, his mother notices his disappearances. Mentioning how glad she is that Finch has once again returned to daily family dinners, Finch can still hear "the slightly blaming note in her voice" for

disappearing in the first place. There are hints that Finch's mother is not completely unaware of his struggles: "even though she tries to forgive my sadness, she wants to count on me as the man of the house" (Niven 41). Finch does not reach out to his mother because she has been overwhelmed since the divorce and Finch has adjusted to this new power dynamic at home: "Ever since then, I've done what I could to be pleasant and quiet, making myself as small and unseen as possible – which includes pretending to go to school when I'm asleep, as in *the Asleep* – so I don't add to the burden" (39). While his self-imposed alienation at school may help him to evade stigmatization, it does not do so at home.

In similar fashion, Darius's complicated relationship with his father in *Darius the Great Is Not Okay* leads to his estrangement. Darius recurringly refers to his father Stephen Kellner as the "Übermensch," a man he regards as larger than life and superior to everyone else simply by his attitude (Khorram 13). He rarely if ever calls his father "dad" and rather refers to him by his full name in his thoughts, distancing himself from the ideal that he represents. Darius is convinced that he falls short of his father's expectations at every turn but has become used to it. He recurringly references how much of a disappointment his existence constitutes for his father (4, 28, 32). Prior to Darius going to Iran to meet his grandparents, the only time he and his father spend together is while watching *Star Trek* every night. Darius prefers it like this, because he believes that he and his father only get along because they hardly spend time together (41). Indeed, his father constantly tries to fix Darius, either by admonishing him about his weight – which Darius has come to terms with since his medication keeps him from losing weight but stabilizes his mood – or talking him into getting his hair cut because its length makes him a target at school. To his father's comment that the school bully only targets him "because he can tell he's getting to you" Darius wonders "if that's why my Dad treat[s] me the way he d[oes]. Because he c[an] tell he [is] getting to me" (41). Darius feels unable to reach out to his father and discuss their shared depression disorder. In fact, whenever he does ask about his father's diagnosis and how he coped with it when he was younger, his father deflects, causing Darius to feel even more inferior for not handling it as well as his father seemingly has: "maybe he'd never had [mood swings] in the first place. Maybe his medication had recalibrated his brain right away, and he was back to being a high-functioning Übermensch in no time. My own brain was much harder to recalibrate" (33-34). It is evident here that Darius wants to connect and talk about his own struggles with depression, yet the few attempts that he makes are thwarted, isolating him.

A crucial component in the first stage of a hero's journey is that the hero is trapped in "a relationship with forces that are not rightly understood," a relationship that is "the result of suppressed desires and conflicts" (Campbell 46). Darius's and his father's shared depression diagnosis constitutes such a suppressed conflict that shapes their relationship. Although it is established early on in the novel that both Darius and his father have lived with depression for many years and even regularly take their medication together, Darius's father gets "this look on his face, the same disappointed look" from which Darius gleans that his father "was ashamed of me. He was ashamed of us. Übermensches aren't supposed to need medication" (28). Though it is unclear whether Darius is projecting here or whether his father's shame is meant for the both of them, the ramifications are clear because Darius tells no one outside of his family because he believes that others would not be supportive if he told them about his mental illness. When he accidentally overhears his parents talking about him, his fear of being a disappointment is proven true as he draws his own conclusions. His mother argues with his father, telling him that he should not "keep trying to control him" by putting the blame for being bullied on him because it is only "making him ashamed of everything" and will not fix anything. However, his father replies "I don't want him to be ashamed […] He wouldn't be such a target if he fit in more. If he could just, you know, act a little more normal" (60). Darius's father expects him to adjust his performance so as not to fall prey to the stigmatizations of his classmates, yet what he fails to understand is that by treating his son this way, he is adding to his feeling of inferiority. How deeply he has internalized this stigma becomes apparent once Darius goes on the trip to Yazd to meet his grandparents and he and his father are forced to spend more time together in close proximity. As such, the entry into the Special World, in this case Yazd, compels Darius to reassess his relationship with his father and his own experience of stigma because of it.

Two central substages of the Departure that occur before characters enter the Special World, namely the Crossing the First Threshold and The Belly of the Whale, have the hero committing to their journey (Campbell 71). In part due to their alienated state of not feeling like they belong in the Ordinary World – be that in the context of their friend group or their familial relationships – the characters have to somewhat "prove" that they are willing to take on this journey. Campbell argues that the Crossing the First Threshold stage "gives emphasis to the lesson that the passage of the threshold is a form of self-annihilation" (84). In order to get whatever is to be gained by their impending quest, they have to first let go of something integral to them. In the novels I discuss, this is mostly an eschewal of pretense. Faced with the

unfamiliar and initially reluctant guardians of the Special World, the characters thus have to prove their intentions.

In *Every Last Word*, for instance, Sam seeks out the secret poetry club on her own volition, effectively conveying that she wants to distance herself from the Crazy Eights. Though AJ, the group's impromptu leader and quite literal guardian of the "threshold", that is the entry to the basement they all meet in, initially refuses to let Sam pass the doors to the room, Sam eventually gets the chance to prove her worth, considering the entrance exam the club issues – reading a self-written poem out loud – "a test [she needs] to pass" (Stone 107). Taking on the challenge, she muses: "If I'm going to prove I belong, I need to get up on that stage and show them I'm not just one of the Crazy Eights. I'm just me" (109). The poem Sam intends to read to the group "talks about regret and second chances, a fear of not belonging that runs so deep it changes you into someone you don't want to be. It's about seeing what you've become and wanting – craving – to be someone different. Someone better. […] I'm not who they think I am. Or maybe I'm exactly who they think I am, but I no longer want to be" (91). In terms of Campbell's vision that something has to be forfeited to gain entry to the Special World, that is that one has to give up a belief they have been holding on to in the Ordinary World to fully commit to the journey, Sam eventually gains entry to the poetry club because she becomes aware of her limiting position with the Eights and actively wants to remedy the influence they have on her sense of self. Burr argues that "an examination of the discourses and positions available to us may help us to work towards occupying positions in discourses that are less personally damaging" (142) and Sam experiences just that – her examination of the harmful implications not only to herself but to others shows her just how much she has been influenced by her friend group to comply with their social expectations. Thus, by taking matters into her own hands and working toward belonging to a group where she feels more accepted, Sam begins her quest.

In a reversal of this entry process, Craig commits to his quest by relinquishing control instead of clinging to it. Craig reaching out to the suicide hotline and going to the nearest hospital can be interpreted as his crossing of the first threshold because he has to admit to himself that he needs help. Following Burr's social constructionist notion that within social interactions, there are "implicit positions a person may take up" (130), Craig is now faced with the choice of staying passive like he has done for the past months or to actively come to terms with his depression and get help. He further has to commit when he is asked whether he wants to be "admitted" to the hospital – ultimately, it is his decision to relinquish control to,

eventually, regain control through the aid of the caretakers and psychologists present at the psychiatric ward (Vizzini 176). Both Sam's and Craig's decisions symbolize their willingness to leave the Ordinary World – and ostensibly their alienation – behind in favor of the Special World and its promise of betterment.

The Initiation

The Initiation occurs in the Special World, a space unlike anything the hero has experienced in the Ordinary World. There is a definitive shift in the setting as they are now surrounded by unfamiliar territory with new rules and characters that join them on the Road of Trials, a sequence of challenges that test the hero's character (Campbell 123-24). Campbell comments that "the traditional idea of initiation combines an introduction of the candidate into the techniques, duties, and prerogatives of his vocation with a radical readjustment of his emotional relationship to the parental images" (125). Though Campbell envisions various confrontations with the ones that have upheld the old customs that have shaped the hero in such substages as The Woman as Temptress and The Meeting with the Goddess, it is the substage Atonement with the Father that is crucial in exposing the effects of stigma on the characters' sense of self. Culminating with the substages Apotheosis and The Ultimate Boon that signify the hero having gained vital knowledge that propels their move "beyond the last terrors of ignorance" (139), they are no longer blind to the forces that shape them and are ready to face the final confrontation.

On the whole, then, this stage is about encountering new social practices and the rules that come with this "vocation" as well as modifying relationships that have confined the hero up until this point, which clearly resonates with the discussions of subject positions. To swiftly put this in relation to the Departure stage: there, the hero has been antsy to outgrow antiquated traditions and rituals; here, they get the first glimpses at possible alternatives, often in the form of challenges. Arguably, this is the most commonly known stage since popular narratives often prolong this stage the most – just think of Alice falling down the rabbit hole, Katniss Everdeen being chosen to participate in the Hunger Games and traveling to the Capitol, or Harry Potter entering the magical school Hogwarts. These challenges are both ones where heroes must prove themselves *and* encounter those that alter their self-perception.

In the novels I discuss, the second stage marks the time where the story breaks with the traditional values of the monomyth and questions essentialist notions of identity. In these illness narratives characters realize during the Initiation stage just how much their sense of self has been influenced by their social surroundings. Traditionally, the hero should realize their

inner strength in this stage, but instead they come to understand that they cannot complete their quest if they remain part of the social environment that renders them powerless. This reveals the tensions between social constructionism and essentialism apparent in these stories because the essentialist notion that an individual's inner core is unchanging clashes with the trajectory of characters becoming self-aware of the social forces that have shaped their sense of self and trying to reject their power by resisting the subject positions they have been placed into. Indeed, there are two story lines through which their inhabited subject positions are revealed to the characters: one, the exposure to a new environment with unfamiliar customs, social practices and implied subject positions that makes them question their positions in the Ordinary World, and two, the reevaluation of the relationships with their parental figures. Both of these story lines align with substages from the second stage of the monomyth, such as The Atonement with the Father and The Meeting with the Goddess. While the characters in the chosen novels simultaneously go through both of these arcs, I will illustrate the exposure to new social environments with the help of *Every Last Word* and *It's Kind of a Funny Story* and focus on *Darius the Great Is Not Okay* to demonstrate the importance of the parental relationship in the latter arc.

In the first narrative arc, characters are exposed to new social groups that are in stark contrast to their usual peers and family. This discrepancy reveals to the characters how much of their internalized stigma is contingent on the people they are frequently surrounded with by offering them a space in which they do not feel the effects of stigma, or at least experience them to a lesser degree. Sam in *Every Last Word*, for example, routinely does not speak up when she is with the Crazy Eights. When Kaitlyn trivializes how the group used to bully AJ for his stutter and that they essentially "fixed him," Sam remains silent, "saying nothing, as usual" instead of standing up for AJ who was bullied for something he could not control (Stone 90). However, when Sam enters the Special World, she relays her feelings about being stuck and not having any power within the Eights by reading poems detailing her most vulnerable thoughts: "I read a poem about unreliable friends, people you love and feel bonded to but can never really trust. It was about feeling alone and vulnerable, and never being able to fully let your guard down" (204). Sam confesses her inability to be honest with the Eights for fear of stigmatization or exclusion but feels isolated within the group anyway. Following the praise and approval she gains from her fellow Poet's Corner members, she manages to confront Alexis when she tries to corner one of the other Eights members Hailey for posting something on Instagram she was not allowed to (209), something she has never done before. Even more

telling is the fact that after she and AJ reconnect, she slowly begins to confide in him about her compulsions, which she hides frequently from the Eights. Though her OCD remains a secret, she confesses her issues with stopping the car if the odometer is not aligned with the number three and her compulsion to title her playlists with three words (160), taking first steps to overcome her alienation.

Craig in *It's Kind of a Funny Story* also experiences this shift in his behavior. For one, he is able to stomach food in the psychiatric ward without issues: "I am a working machine. Part of me works that didn't before" (Vizzini 210) which hints at the fact that once the pressure to not disappoint his parents is lifted, he can complete basic tasks. Talking to others during the meal also offers him the experience that there are others who also live with mental illnesses and struggle with simple tasks like enjoying food when familiar faces are around them (205-09). Indeed, Craig finds himself surrounded by people who not only sympathize but understand his struggles with his mental illness, making him realize how isolating it has been to not have that presence in his life: "I never really considered it, but there are people worse off than me" (202), he thinks after learning that Bobby, who has stayed at the psychiatric ward a few times himself, is managing his depression despite setbacks. Strengthened by his roommate Muqtada and Bobby, he even manages to tell his father that the jokes he continuously makes about his mental health are demeaning instead of uplifting, which shows that he is slowly learning to defend himself and recognizes the damaging subject position he is in (224).

The exposure to a new social environment that challenges their status quo is often amplified by the introduction of a guide. In the monomyth, heroes often encounter a supernatural aid that helps them make sense of the Special World. They usually offer some type of support – from magical abilities to protection skills or advancing the hero's training – that is needed in order to survive the journey ahead (Campbell 63). Beyond that, the supernatural aid is characterized by their exceptional wisdom and has presumably survived what the hero has yet to face (64). This is true for the "guides" both Craig and Sam encounter. Sam's guide, AJ, not only introduces her to the Poet's Corner and helps her find her footing with her poems but beyond that, he has experienced and survived the ridicule of the Crazy Eights and as such, acts as a safety net for Sam because he offers her a new perspective concerning the Eights and their toxic influence.[8] Repeatedly, AJ's comforting and supportive

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[8] Caroline, the girl who essentially leads Sam to the secret poet club, can also be read as the supernatural guide since she is quite literally supernatural – she is a figment of imagination only Sam can see. However, since Caroline and Sam's relationship is detailed in the following chapter, I have chosen not to mention her in this part.

attitude makes Sam realize under how much pressure she is to keep her mental illness a secret from her friends and reaffirms her belief that they would not accept her if she were to tell the truth (Stone 200, 219, 226). When AJ questions the Eights' motives for mocking Sam's looks, she replies: "because *they* get off on the misery of others" (217; emphasis added), indicating that she sees herself as separate from them and does not want to be associated with their cruelties. Her friendship with her guide AJ also grants her more stability in her sense of self: "I don't care what they [the Eights] think […] all I know is that I feel good about myself for the first time in ages" (199). Sam here takes the first steps in distancing herself from her friends' constraints.

Craig in Vizzini's *It's Kind of a Funny Story* similarly encounters a guide, Bobby, who beyond introducing him to the lay of the land of the psychiatric ward, also is someone to confide in about his mental health struggles and offers him a more positive outlook of the future. For the first time, Craig can discuss his symptoms with someone who reacts with compassion instead of contempt or ridicule (Vizzini 191-99) and even realizes during a phone call with his best friend Aaron and his girlfriend how toxic their influence on his sense of self is and consequently pictures them "dissolving, being replaced […] by Bobby" (272). His attachment to Bobby makes him realize the difference between being part of a supportive and a toxic environment.

That being said, the characters initially do not fully commit to the new subject positions they encounter. Campbell discusses the incompatibility of the Ordinary World and the Special World, and how the hero cannot return until they have made some significant change to their character. We see this in Sam's refusal and fear to have the Eights learn about her involvement in Poet's Corner: "no one can ever know […] if they kick me out […] I don't have anyplace else to go" (Stone 43). Sam projects this persona that fits with the Eights whenever she is spending time with them, constructed with make-up and passive-aggressive comments, which is in contrast to the blunt honesty she offers in Poet's Corner with her poems detailing not being able to be who she wants to be. Moreover, Sam initially does not interact with the members of Poet's Corner during school hours and goes to great lengths to avoid being seen with AJ where the Eights could encounter them (86).

The Special World, despite its trials, can also be seen as a refuge from the hero's Ordinary World. Craig in *It's Kind of a Funny Story* also revels in the knowledge that no one knows where he is: "People on the outside world don't know what's happened to me – I'm in

a sort of stasis right now" (Vizzini 229). Additionally, once his friends find out that he is in the psychiatric ward, Craig returns a call from Aaron and tells him not to visit since he would "like to keep in here and the outside world as separate as possible" (298). The clear-cut distinction between the outside world and the inside of the psychiatric ward aligns with Campbell's conception of the Ordinary and the Special World. This element of secrecy mirrors the characters' secrecy surrounding their mental health and reveals how much of this refusal to be honest stems from fearing consequences like exclusion by their peers. This incompatibility of the Ordinary and the Special World thus demonstrates that it is not their mental illness that puts them in these subject positions but stigma and the fear of it.

The fact that the two worlds are not compatible furthermore highlights the tension between social constructionism and essentialism in these novels. Protagonists like Sam and Craig keep their stay in their respective Special Worlds a close-guarded secret because their new position makes them realize how much of their initial alienation is due to their toxic social environment and thus leaves them conflicted as to where they belong. Recalling the essentialist notion of a whole, unfragmented identity, characters should not behave or feel any differently about themselves in the Special World, yet that is exactly what transpires for Sam, Craig and even Finch. In terms of social constructionism, this constitutes an identity crisis. Adolescents are caught between who they think they are supposed to be (in the Ordinary World) and the potential of who they could be (Special World). Torn between two options, they do not commit to either: "we talk of being 'in conflict': we say that our thoughts lead us in one direction, and our feelings in another, we say that our hearts rule our head, or that we have acted out of character [and therefore] question the idea that our personality is inside us" (Burr 36). I would therefore argue that their inability to commit to their subject positions is that once they do take a stance, they would have to defend it against those that have cornered them into the ones they occupied before. Thus, their resolve to change their subject positions is challenged which will either lead to them ultimately committing to rejecting the old subject position or keep them confined in it. This identity crisis in the form of being unable to commit is a necessary step in the monomyth. Their loyalties – that is, their subject position – will be questioned and challenged one final time. Hence, they arrive at the final substage of the second stage in the monomyth, the Ordeal.

Traditionally, the Initiation culminates in the Ordeal, the ultimate confrontation or conflict the hero faces. Rather than fighting some mythological evil, the characters in novels featuring mental illness often find themselves faced with social forces that do not want them to

change, that is, that do not want to lose control over them. As discussed, when characters are offered new subject positions and become aware of the damaging ones they have occupied, there is pushback from outside meant to protect the status quo. This pushback is the consequence of other individuals fearing for their own subject position. As Burr argues:

> To the extent that prevailing or dominant discourses are often tied to social arrangements and practices that support the status quo and maintain the positions of powerful groups, then in challenging such discourses and resisting the positions they offer we are also implicitly challenging their associated social practices, structures and power relations. We can therefore expect to find some degree of resistance to our attempts at change. (142)

In other words, any challenge issued to the status quo is often met with resistance or downright dismissal. Sam's attempts to do things that make her feel more in control of her sense of self, for example getting the Eights to call her Sam instead of Samantha, are instantly squashed because they appear akin to insubordination to Alexis, the group leader. Alexis dismisses it immediately because the name "Sam" sounds like that of a child and is therefore "not cool" (Stone 27). Further, when Sam tries to create distance between her and the Eights after not having been chosen for a spa trip and sleepover – Alexis handpicked and manipulated two members to fight over who would be allowed to go – Alexis draws her back in, reestablishing her elevated position in the group's hierarchy (29, 61). Even though Sam has a horrible time during the spa treatment because she realizes that Alexis "never wanted [her] to come" and only invited her to make one of the other members feel bad (69), Sam regresses to her damaging subject position of being the alienated observer of the group instead of active participant, blaming herself and even defending Alexis and the Eights: "I take things too personally. I mean, it isn't always them. Sometimes it's me" (77).

Once the social forces that have confined the hero are faced with the loss of control over them, they try to reclaim their power. When the Eights finally confront her about where she has been going during their lunch breaks, Sam confesses to spending her time with AJ and the others. The Eights lash out and accuse her of having "been acting like a totally different person" (274). Faced with their disapproval, Sam finally stands up to them and tells them that she no longer wants to spend all her time with them (275). It is interesting to note here that the acts of resistance that are attempted to be squashed by the Eights are the ones that would change appearances or affect how others would see the group overall – if someone willingly decides

to leave the group, the overall exclusivity and desirability of the group decreases. Thus, this powerplay interaction goes both ways – Sam's friends deny her challenging the custom social rules the group has because they might fear the consequences to their own subject positions – that is, how much power they have over her and their reputation at the school – if they allow her refusal. Nevertheless, Sam does not return to the damaging subject position of being someone's lackey and actively pursues her friendship with the Poet's Corner members where she no longer has to be "acting" a certain way to be accepted (274).

Craig experiences similar antagonism when he tries to create distance between him and his best friend Aaron, who is one of the people that make Craig feel the effects of stigma quite prominently. When Craig tells Aaron that he needs to take a step back from their friendship for the sake of his mental health, Aaron reacts defensively and tries to blame Craig:

> What, like I don't know what this is really about? […] You want my girl, dude. You've wanted her for like two years. You're mad you didn't get her, and now you've decided to turn being mad into being depressed, and now you're off somewhere, probably getting turned into somebody's bitch, trying to play the pity card to get her to end up with you…And I call you as a friend to try and lighten your mood and you hit me with all of this crap? Who do you think you are? (Vizzini 257)

From Aaron's reply, we can glean that he feels threatened by Craig's new confidence and the fact that he is standing up for himself. His dismissal that this is all about not having won Nia's affection or that he is playing the "pity card" illustrates how Aaron is clinging to his own subject position of being the better friend in this scenario. The accusation that Craig has "decided" further exposes the stigmatization of individuals with mental illnesses by implying they are to be blamed for their illness, a defense mechanism Aaron employs to "save face". Craig rejecting his subject position thus makes Aaron fear for his own as the group leader everyone looks up to and he resorts to an outright attack.

Unlike Sam, however, Craig internalizes Aaron's stigmatizing rebuke. After Aaron's accusation that Craig is just acting mentally ill, he questions his decision to seek treatment, worrying what he is losing by standing up for himself: "I don't have any friends [and] I've sunk to the lowest place I can be" (258). He further questions his own choices: "I'm asking for simplicity, for purity and ease of choice and no pressure" (266), exactly what he cannot have while stuck between two subject positions. The true ordeal, however, is when his school – one

of the biggest triggers for stress in his life – calls and Craig realizes that the Ordinary World now knows about his stay in the psychiatric ward:

> You get lulled into thinking Six North is the real world […] This was all an excuse, I think […] because I needed to be the center of attention, because I needed something more, I ended up here, wallowing in myself, trying to convince everybody around me that I have some kind of…disease. I don't have any disease. I keep pacing. Depression isn't a disease. It's a pretext for being a prima donna. Everybody knows that. My friends know it; my principal knows it. (Vizzini 302-03)

Internalizing these false accusations, Craig wavers and initially returns to his damaging subject position of once again believing he has no agency in all of this: "I can't function here anymore. I mean in life. I can't function in this life […] I'm not afraid of dying; I'm afraid of living. I was afraid before, but I'm afraid even more now that I'm a public joke" (302). He worries that now everyone knows he is mentally ill and thus will associate his incompetency with it. Beyond that, he questions the validity of the sense of self he has regained: "the question is, am I really better, or am I just lulled into a false sense of security by this fake environment?" (305). While this is of course a setback, it nevertheless conveys that Craig comes to realize how much of his sense of self – his self-worth and his subject position – is determined by the spatial and social forces surrounding him. Only with that knowledge acquired can he advance to the final stage of the quest and solidify his new subject position.

The second arc in the Initiation that can occur is the problematization of parental relationships and the eventual confrontation of the ties that bind the character to their subject position. Darius's entry into the Special World highlights the importance of the cultural and spatial component of stigma. Quite opposite to Craig, whose quest leads him to a place where others sympathize with his mental illness, Darius suddenly occupies a space where mental health is not an easily broached subject. The unspoken acceptance of his depression he receives at home is juxtaposed with the open stigmatization from the first individuals he faces in Yazd. After his mother cautions him that people in Iran think differently about mental illness and particularly medication treatment, Darius is promptly taken aside by airport security for carrying pills in his luggage. The following conversation ensues with the Customs Officer when Darius tells him that the pills are anti-depressants:

'What are you depressed about?'

My ears burned. I glanced up at the four lights and hoped I wasn't going to be chained

to the ceiling and stripped naked. I hated that question: *What are you depressed about?* Because the answer was *nothing*. I had nothing to be depressed about. Nothing really bad had ever happened to me. I felt so inadequate. Dad told me I couldn't help my brain chemistry anymore than I could help having brown eyes. Dr. Howell always told me not to be ashamed. But moments like this made it hard not to be. (Khorram 68-69)

This internal stigmatization of depression based on others' incomprehension of the illness constitutes a reversal to Darius who has been taught by his father and his doctor to not be ashamed of his mental illness. His fear of being penalized with physical force for being depressed indicates his internalized belief that others would disvalue or even attack him because of his mental health. This first encounter thus shows that experiencing stigma depends on social arrangements. Darius's first interaction in Yazd dramatizes how regressive mindsets imply different ways to be treated by others, namely in this case with outright dismissal. Rather than interpreting this as denouncing non-Western civilizations, Darius's initial invalidating experiences in Yazd with strangers demonstrate that the Special World heroes enter during their quest are not necessarily better or more favorable to the hero. It also stresses that stigma is constructed since it depends on the spatial and societal conditions one is in.

Furthermore, Darius's interactions with others in the Special World elucidates the reach of his self-stigma that is partially due to his strained relationship with his father. In addition to the dismissive treatment from strangers, Darius also encounters family members who further stigmatize his mental illness. When his grandfather, referred to as Babou[9], observes Darius taking his medication and Darius tells him that it treats his depression, Darius feels ashamed because his grandfather's facial expression reminds him of the look he exchanged with his father back home when they took their medication together earlier in the novel (28):

I could sense the disappointment radiating off [Babou]. I never expected Ardeshir Bahrami to have so much in common with his son-in-law.
'What are you depressed for?' He shook the pill bottle. 'You have to think positive, baba. Medicine is for old people. Like me.'
'It's just the way I am,' I squeaked.

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[9] Darius's grandfather's full name is Ardeshir Bahrami, but Darius uses "Mamou" and "Babou" to refer to his grandparents, which translate to "granny" and "grandpa" in English.

I would never be good enough for Ardeshir Bahrami.

'You just have to try harder, Darious-jan. Those will not fix anything.' (102)

Two things to note here are that Darius associates his grandfather's disappointment with that of his father's and that he jumps to the conclusion that he falls short of his grandfather's expectations because of his mental illness – perhaps not even because of its existence but because of needing and accepting treatment for it, since Babou dismisses the medication, quite like Darius's father resents having to take it. Darius's belief that he is a disappointment to his grandfather further proves how much his relationship with his father governs his sense of self. Burr argues that "whatever personal qualities we may display are a function of the particular cultural, historical and relational circumstances in which we are located" (40). I would argue further that shame – or the experience of it – is equally tied to these personal qualities. Darius's reaction to the outright dismissal of his real, biological illness is a crucial indicator of how public stigma, here in the form of platitudes such as "you just have to try harder" and "you have to think positive," alters his sense of self by affecting his self-esteem.

Indeed, especially his interactions with his grandfather, who can be interpreted as another father figure, confirm Darius's incapability to escape his father's influence. Frustrated at Babou's kindness the next day as if nothing happened, he does not know what to think: "I didn't understand Ardeshir Bahrami. Yesterday I wasn't Persian enough because I didn't speak Farsi, because I took medicine for depression. […] He made me feel small and stupid" (Khorram 158). When Babou once again observes Darius taking his medicine and does not bother to hide his disapproval, Darius thinks to himself: "I was used to being a disappointment to Dad, and being a disappointment to Babou didn't seem that different […] The silence between us hung heavy with all the things we couldn't say. All the things we knew without them being said out loud" (164). Beyond the "well" inside him that Darius refers to in the Departure stage which keeps him from connecting with others and talking about his mental illness, here the stigmatization of his depression further drives a wedge between him and his grandfather, effectively keeping him alienated.

Even when Darius makes new friends in Yazd, his father's impact is still palpable. Darius's initial interactions with Sohrab, whose family is friends with Darius's maternal grandparents, ostensibly offer him a new subject position. Taking him to play soccer with acquaintances of his, Darius believes to have found a true friend in Sohrab. However, once he confides in him, he is ridiculed by him and his friends in the communal showers after the soccer

match for being uncircumcised – another aspect of his body that marks him as deviating from the norm – and Darius regresses to adopting his father's perception of him: "How had I misjudged him [Sohrab] so badly? Maybe Dad was right. Maybe I would always be a target. Even for things I couldn't help […] I would never fit in. Not anywhere" (115). Sohrab's ridicule indirectly confirms Darius's deepest fear that his father's view of him – as out of the norm, as vulnerable, as not belonging – is correct. Similarly, when Darius tells his grandfather that he will not return to playing soccer with Sohrab and his friends, Babou indirectly puts the blame on Darius, claiming that "it's probably just a misunderstanding" to which Darius notes that "it was the sort of thing Stephen Kellner would have said" (120). Darius's pattern, whenever he is faced with adversity or ridiculed, is to relate other people's opinions to those he believes his father to have of him, which leads to him feeling even more alienated.

Despite this alienation, Darius's exposure to Sohrab offers him a source of support. When Sohrab and Darius eventually become friends after Sohrab apologizes to Darius, Darius finds himself in a position where can confide in someone about his strained relationship with his father and reveal how much he craves his father's approval. From the conversations Darius overhears between his parents, he knows that his father wants him to be more like him and to raise less unwanted attention by his looks (132). Darius confesses to Sohrab how he and his father have become estranged but cannot seem to bridge the "vast gulf" between the two of them (191). Upon being asked what distances them from each other, Darius replies: "Everything. He's always so disappointed in me. He's always trying to change me. To make me do things the way he would do them. To make me act how he would act […] He told me people wouldn't pick on me so much if I was more normal" (191). Eventually, Darius confesses that he would not care about the stigmatization and bullying from others if his father were on his side: "It wouldn't be so bad if Dad would just say they're wrong. That they're wrong about me. That they're wrong to do that. But he acts like it's my fault" (191). From this admission, it is clear that Darius is aware how his strained relationship with his father lowers his self-esteem and destabilizes his sense of self. It also shows that Darius – if we think back to the moment between him and the Customs officer – is less worried about how people he does not know or like perceive him and more so how his father sees him. If they were to reconcile their differences and if he had the support of his father, Darius thinks, he would be less likely to take the stigmatizations of others at face value, indicating the importance of familial support.

Interestingly, when Darius's problematic subject position with his father is threatened, he still fears losing it altogether. Echoing Sam and Craig's initial inability to disengage from

their friend groups completely, Darius sees the intrusion of his sister Laleh in the little time he spends with his father as a form of ostracism. When Laleh decides to join Darius and their father for their daily ritual of watching a *Star Trek* episode together, Darius believes he is being slowly edged out. Darius is loathe to lose this routine with his father because it denotes "the only time [he] ever got to be his son" and finds himself relegated to a mere observer: "I sat with Stephen and Laleh Kellner as they watched *Star Trek*" (144). This emphasis on him *watching* them – especially that he now both addresses his father as well as his sister in third person – illustrates his outsider position in the one instance where he usually feels close to his father despite their shared depression. Indeed, Darius knows he is being replaced: "They looked happy and content without me. Like I said, I knew Laleh was a replacement for me. I had known that since she was born. But I had never minded it before. Not that much. *Star Trek* was all Dad and I had. And now Laleh had replaced me at that too" (223). Despite his strained relationship with his father, Darius nevertheless feels as if he has lost his position in his father's life because he has been "replaced."

Darius's reaction to this new development highlights the limitations of changing his subject position. As discussed, there are limits to the extent a young adult can fight back against damaging social interactions. Darius cannot simply decide not to interact with his sister and father anymore. However, he tries to escape the feeling of being replaced in a different way. He decides not to join the two for the next day's episodes because he is haunted by the fact that "they looked happy and content without" him when he asked his father to wait for him to finish making tea before starting the episode and he refused, claiming that Darius has already seen the episode and would not miss anything important (225). When his father asks why Darius chose not to join them after finishing his tea, Darius confesses that he feels as if he is no longer relevant:

> I made a tactical withdrawal. 'You guys started without me. Again.'
> 'I didn't want your sister to wander off.'
> 'Well, would that be so bad? For us to watch it without her?'
> 'She's your sister, Darius.'
> 'This was supposed to be our thing. You and me. This was our time together. And she's ruining it.'
> 'Did it ever occur to you that I might actually enjoy watching it with her?'
> Stephen Kellner had never hit me. Not ever. But this felt like it. What was it about me

that made it so easy for him to cast me aside? Was it because I was such a target?
(225)

Darius's thoughts suggest that he gave up their time together before his father could be the one to do it, which would have hurt Darius even more. Since Darius is already under the impression that watching the show together means more to him than to his father, hearing him say that he "might actually enjoy" watching the episodes with Darius's sister only further proves this point to him. His father's seeming dismissal of Darius once his sister joins the *Star Trek* tradition lowers Darius's self-esteem and makes him question his own worth – on top of being replaced by his sister, he also feels unwanted by his father, further distancing himself by making "tactical withdrawals" to protect himself from further exclusion. Overall, in nearly every instance where Darius experiences some effect of stigma – be that exclusion, ridicule or confrontations – he associates it with his father to varying degrees. He cannot complete his quest until the troublesome relationship with his father has been mended.

The deterioration of Darius and Sohrab's friendship is the catalyst for the Atonement with the Father. When Sohrab receives news that his incarcerated father has died in prison, he lashes out at Darius's feeble attempts to comfort him, telling him that "nobody wants you here," which Darius believes because it echoes his father's earlier dismissal with the *Stark Trek* episodes (279). He furthermore is rendered silent by this notion of inadequacy: "I couldn't speak. I just stood there, blinking and crying," which echoes Sam and Craig's experience where they were rendered speechless by others. Rejected by Sohrab and feeling unwanted, Darius runs away and is found by his father. Pushed into an inevitable confrontation, the two speak openly for the first time.

Campbell remarks that the substage Atonement with the Father is similar to cutting the umbilical cord – the metaphorical tether the hero has to their father needs to be dissolved in order for the hero to come into their full potential: "the hero transcends life with its peculiar blind spot and for a moment rises to a glimpse of the source. He beholds the face of the father, understands – and the two are atoned" (Campbell 135). For Darius, this means he is finally forced to reevaluate the relationship with his father that informs the social interactions he takes part in and how it impacts his sense of self in terms of self-worth. To move forward, he needs to cease relating every social interaction that seemingly stigmatizes him to his father.

Their eventual confrontation confirms that much of the effects of stigma Darius encounters is because of his father. When his father finds him distraught after the dispute with Sohrab and urges Darius not to cry, Darius erupts:

'Sometimes I can't help crying. Okay? Sometimes bad shit happens. Sometimes people are mean to me and I cry. Sorry for being such a target. Sorry for disappointing you. *Again*.'

'I'm not disappointed-'

I snorted. […] 'You just want me to be like you. You want me to ignore it when people are mean to me. When Trent bullies me. When Sohrab […] You don't want me to feel anything at all. You just want me to be normal. Like you. […] You won't even watch *Star Trek* with me anymore,' I whispered. 'I'll never be good enough for you.' (Khorram 283)

Darius finally addresses all the feelings he has kept to himself concerning his father – his fear of disappointing him, his belief that he is inadequate, that his father wants nothing to do with him and that he is seen as a burden because he shows emotions openly instead of letting himself be guided by his father's nudges to act more "normal" and hide what he is feeling. Reiterating all the ties he has to his father and how he shapes Darius's experience of his mental illness leads to their reconciliation.

Transcending the "blind spot," that is, the ignorance of the other's intentions of their actions, that Campbell proposes comes to pass in the reconciliation. Darius's father inadvertently reveals that much of his attempts to make Darius conform to what is considered normal in terms of looks and attitude – wanting him to lose weight and wear his hair shorter as well as not cry in public – stem from Stephen's own internalized stigma because of his struggle with depression. Stephen tells his son that their estrangement and his damaging attempts at getting Darius to fit the norm have been caused by his fear that his son will suffer like he did in his youth: "I want you to feel things, Darius. But I'm scared for you. You have no idea how scared. I take my eyes off you for one moment and if it's the wrong moment, you could be drowning in depression […] and I can't protect you from that. No matter how hard I try" (285). His father's actions were not motivated by his belief that Darius is inferior or abnormal but by his desire for Darius to be safe and not fall into self-harming patterns, like he did when Darius was younger (286). Further, Stephen blames himself for Darius's hard life because he feels

guilty for Darius 'inheriting' his depression (286). Consequently, Stephen's actions stem from a place of fear and guilt, emotions caused, in part, by stigma.

Their talk finally leads to the epiphany that allows Darius to reject the subject position that has kept him in an observer role rather than actively trying to take charge of his life and reconnect with his father on a more equal standing. Now that he understands his father's motivations, he realizes that their relationship is not as strained as he thought. The two of them resume spending time together, even beyond watching *Star Trek,* and speak openly about their struggles:

> All his walls had come down. Dad had never hidden his depression from me. Not really. But I never knew how close I had come to losing him. How hard he fought to stay with us […] I didn't want to lose him. And he didn't want to lose me. He just didn't know how to say it out loud. I think I understood my father better than I ever had before. (290)

The similarities between Darius's and his father's experience of alienation are staggering. Both of them struggle with their mental illness precisely because they do not have anyone they can openly talk about it with, an inability that is furthered by their belief that they do not measure up to other people's expectations. Both did not want to lose the other one but their individual fears of addressing the problem caused alienation on both parts. Stephen's actions further suggest that it is not the mental illness itself that alienates or constrains people to damaging subject positions, but the stigma attached to it because neither had the chance to openly discuss how hard they "fought to stay" with each other. His phrasing that "suicide isn't the only way to lose someone to depression" clearly indicates that his symptoms are not what held him back from a relationship with Darius (286).

Darius's and his father's reconciliation demonstrates why the quest is so important in Darius's case. The question to ask here is if Darius would have ever confronted his father about the stigmatization he experiences through him if he were not pressed to do so after experiencing differing reactions to his depression in Yazd. By relocating to another setting and being exposed to new social practices, Darius is forced to question his feelings' validity and their connection to his father. Would he have realized how many effects of stigma are associated with his father at home? Though this question is left to the reader to answer, the reason behind the rift between Darius and his father dramatizes that stigma is a systemic issue in how it creates a cycle of alienation. Nevertheless, in the sense of the Atonement with the Father Campbell envisions, Darius and Stephen have finally reconciled.

Consequently, challenging though it may be to have their newly acquired subject positions threatened, it appears that this step is needed for the characters to finally become aware of just how damaging the previous subject position has been to them. Campbell calls this the "the process of dissolving, transcending, or transmuting the infantile images of our personal past" (93). In other words, without acknowledging the inherent wrongness of the current subject position, they cannot begin to resist it. From a social constructionist point of view, that is how true agency – that is, the capacity to act independently and make choices of your own free will – is engendered: "we are able to disrupt unwelcome or oppressive identities through our own reflexivity; our capacity to reflect upon the repeated occasions when we may be positioned in particular ways can be a source of insight into our situation and constitute basis for change" (Burr 169). Slaying the proverbial dragon of Campbell's myths is second in importance to diminishing the ignorance the hero has when it comes to his own identity, the hero has now "gone beyond the last terrors of ignorance," so to speak (Campbell 139).

Campbell puts a lot of emphasis on the second stage as the timespan of discovering who the hero's foes and allies are and in a way, this is also the case in the novels I discuss. The characters have to learn who makes them feel inferior and why; they have to understand that they have the power to leave the positions they have been forced into by others – whether they have been confined to their illness or are hiding their mental health issues to protect themselves. Once the characters are aware of the subject positions they "may be offered, accepted, claimed or resisted by the participants [they realize] it is these subject positions offered, claimed or accepted, that define us as persons" (Burr 133). The crucial component of the second stage of the monomyth, of the identity crisis the characters thus muddle through, is therefore to become aware of the subject positions they are offered in social practices and to act upon them of their own free will. With that newly acquired awareness of how their identity is shaped, the characters can finally return to their Ordinary World, fortified.

The Return

The last stage of the monomyth usually follows this formula: the hero, who has won the knowledge they needed to defeat whatever stood in their way, is now granted the reward – whatever form it takes – and is tasked with bringing this beacon back with them as they return to their Ordinary World. Though there are substages that temporarily deter the hero from returning, Campbell highlights two elements about the hero's ultimate identity formation that stand out: first, the hero usually gets tested once more before returning to prove that they have learned something during the Initiation and grown from that knowledge; and second, once they

return to the Ordinary World, they have to come to terms with the realization that while *they* return "fulfilled," others may not be content or understanding of the changes the hero has gone through (Campbell 192). Campbell speaks of the "bliss of the deep abode [that] is not lightly abandoned in the favor of the self-scattering of the wakened state" (192). In other words, while the hero may be enlightened because they now know what has caused them dissatisfaction and frustration in their lives, they are still faced with the fact that others in their lives may not be as aware or even reject that knowledge if the hero confronts them with it, especially if they have played a role in creating the frustrating circumstances. Considering the feeling of peace that Sam felt in Poet's Corner, Craig who likened his stay at the psychiatric ward to a reprieve, and Darius who finally found someone to confide into in Yazd about his struggles, it is understandable why they do not want to return home where they will have to "survive the impact of the world" (209), that is, face what – and who – they have left behind. Most importantly, in this final stage the characters need to become aware of the social constructions that influence their subject position and actively engage to change their felt impact. That is to say, they need to realize that their feelings do not only veer from their mental illness but from the stigmatizations – both that which they experience through others and the internalized effects they live with – of said illness.

After the obvious incompatibility between the Special and the Ordinary World in the second stage, the hero now needs to demonstrate that they can act as a Master of Both Worlds, "not contaminating the principles of the one with those of the other yet permitting the mind to know the one by the virtue of the other" (213). This is easily applied to the discussion of the characters who return from their journey – either physically like Darius returning home from Yazd, or spiritually like Craig who is about to be released from the psychiatric ward – and have gained knowledge about their subject positions and the social interactions that have impeded and negatively influenced their sense of self. The "reward" that they are to bring home with them is the awareness of the ties that bind them, so to speak – and in turn, the power to act on them. The characters need not only gain knowledge but establish that they can use it to "negotiate satisfactory identities for [themselves] and in [their] ability (physically and morally) to behave and to take action as [they] would like" (Burr 138). Beyond becoming aware of the subject positions they are offered during social interactions, they now have to alter them in a way that puts them back in control of their identity. Thus, that the characters have successfully completed their "quest" is shown in how they not only acknowledge but choose to resist the

damaging subject positions they used to inhabit once they are back in their ordinary social setting. This different outlook on subject positions is staged in multiple ways.

Craig, for instance, acknowledges that his stay in the psychiatric ward was important because he "wasn't capable of dealing with the real world" (Vizzini 398), echoing that his quest was needed for him to return with the ability to reject the subject positions that have harmed him. Indeed, Craig identifies the stigmatizing elements in his life that cause him to feel anxious and takes steps to rid himself of them. For one, he decides to leave his high-pressure high school where he constantly feels overwhelmed and instead enrolls in an art school where there is less pressure to be the best (395). Further, he actively acknowledges and works against the alienated state he was in before entering the ward by recognizing that he is not alone in his mental health struggles: "I come in here and I see that people from all over have problems" (362) and instead of letting this isolate him further, he sees it as "a chance to connect" to others despite the stigma he has encountered in his friend group back home (397). Instead, he values being able to discuss his mental health with others, realizing that "when you say the truth, you get stronger" (416), which stands in stark contrast to how he felt incapable of speaking around his friend group at the beginning of the novel and refused to tell them about his depression. In these new social surroundings, he no longer feels alienated and has regained his voice.

That being said, his resistance is also expressed through silence or choosing not to engage at all. Resistance to damaging subject positions can be conveyed by characters leaving harmful social interactions behind for good. Burr explains that power can lie in simply altering the way one responds to unwanted positions: "to change one's response to particular conversational gambits, or when to remain silent (silence may well be a particularly useful way of resisting positions we do not want to accept)" can also be empowering (143). This concept of remaining silent as resistance appears in *It's Kind of a Funny Story* when we look at the relationship between Craig and Aaron. When Aaron visits Craig at the psychiatric ward to apologize, he also mentions their friend group that ridiculed Craig alongside Aaron during their phone call. When Aaron reminds him to keep in touch even though he knows Craig might not be ready to return to their group of friends yet, Craig confidently tells him that he "may never be chilling again" with them (398). Craig here repudiates the reminder that his damaging and passive subject position in the friend group is always open for him to return to in favor of putting his own mental health first. This last resolution, in particular shows that Craig's resistance lies in taking himself out of potentially harmful social interactions – he has

successfully reevaluated the relationships in his life and learned how to prevent the expectations of others taking over his sense of self.

Sam in *Every Last Word*, after suffering from a mental breakdown and subsequently confessing to AJ that she has OCD, reevaluates her relationships once more and gradually accepts that resisting her fraught subject position within the Eights where she is manipulated and forced to conform to their rules can only be achieved by leaving the group. Confronting them and telling them that she needs space, she acknowledges the degree of impact they have had on her sense of self: "I don't really know who I am without you guys. But I think I need to find out" (Stone 345). Sam thus rejects these social interactions in favor of people like the members of Poet's Corner that offer her a space of acceptance. Though she is "feeling all the pain of letting them go," she knows it is "the right thing" to do (346). Choosing to leave the toxic relationships behind her, she can focus on finding the people that make her feel more comfortable with her OCD.

Darius's growth is best illustrated in the way he approaches certain situations after returning from Yazd. Before Darius was diagnosed with depression, he used to be part of a neighborhood soccer club. Once diagnosed and on medication that slowed down his body, he could no longer focus on the game and felt like an outsider:

> I didn't know how to talk to people about being medicated back then. And Dad kept saying I just needed more discipline. Mom finally put her foot down and insisted it was okay for me to quit, scuttling Stephen Kellner's dreams of me playing professional soccer before they ever made it out of dry dock. It was another of Stephen Kellner's many disappointments in me. At least he eventually got used to them. (Khorram 108)

Evidently, Darius wanted to quit the soccer club because he no longer felt like he was living up to the expectations of his father. Darius even mentions that he believes his father "thought it was a lack of discipline" that Darius had to quit soccer (127). However, once Darius returns from Yazd and plays soccer during P.E., he remembers how much fun it can be to play without any expectations: "I thought about having fun on the field, like I did with [Sohrab]" (307). When his coach asks him why he has never tried out for the team even though he is talented, Darius tells him that perhaps he will try out in the future (307). This implies that Darius no longer thinks in terms of what his father might think about his decisions – he no longer lets his every choice be informed by the limitations he has set for himself because of how he thought others perceived him. Now, Darius rather focuses on the potential benefits of joining the team,

how he for example will be able to tell Sohrab and his other soccer friends in Yazd about his team membership, instead of fixating on the isolation he felt before leaving on the quest where he did not know how to approach his teammates (307).

Further, Darius no longer feels threatened in his relationship with his father. Whereas he initially regarded Laleh's intrusion to the *Star Trek* episode watching to be threatening his own relationship with his father, he now encourages her to join them: "Maybe it did feel different after all. Maybe something had changed" (302). Moreover, the way Darius thinks about his father changes – he no longer refers to him by his full name "Stephen Kellner" or as the "Übermensch," hinting at the fact that the two have begun closing the distance that used to exist between them. To Darius, then, resistance lies not in rejecting subject positions but in changing his notion of how others see him and realizing that they care for him. Darius's main issue with his father was because he believed he was nothing but a disappointment to him; now that the air has been cleared, the perceived power imbalance has been eradicated and they can spend time together and even discuss their depression. Koss and Wilson notice a similar final arc in emotional survival novels, dubbing it the "process of healing [that] comes with the recognition that there are people who care about them. [They] learn that by opening up and allowing people in they can begin to fight for their survival rather than against it" (57). Darius observes this when he talks about the "well" of feelings inside him that was blocked before going to Yazd that he has now "managed to open up [and can't] block it again" (Khorram 299). When his father now expresses pride in him, he understands that he is "trying to make things better between" them (299). They even begin adding other traditions to their lives together, for example drinking tea at the end of the night and talking about their days (319). Acknowledging the efforts that others as well as he take to repair broken bonds eventually leads to him feeling more secure in making choices of his own.

Significantly, for none of these characters, the illness itself was the obstacle to be removed, but the way people made them feel because of it. Thus, the quest structure demonstrates the conflict with stigma rather than with the mental illness. None of the characters are "cured" at the end of their quest – indeed, Sam still attends therapy but now is driven there by AJ and remarks that "[i]t feels good to be surrounded by people who make it so easy" (Stone 350), indicating the relief that comes with telling people about her mental illness instead of having to hide it. Craig feels similar: "I'm a free man […] I haven't cured anything, but something seismic is happening in me" (Vizzini 442). The acknowledgment that he is free is reminiscent of the monomyth's substage The Freedom to Live, in which the hero can finally

move on with his life. This can both be emphasized by the hero feeling different because something fundamental has changed, but often also translates into altered behavior. Darius, for instance, does not feel any different after returning home: "I thought I would feel different – transformed – by my trip to Iran. But when we got back home, I felt the same as always. That's normal. Right?" (Khorram 302). It is not so much that any of these characters' worlds have changed, but simply that their knowledge has grown and they can now act accordingly in their own best interests.

In summary, the quest is well suited to negotiate subject positions and imbalances of power caused by the effects of stigma. Quite like the hero who goes through the stages of dissatisfaction with their outgrown horizons to become aware of the ties that bind them – a journey that culminates in them gaining the power to change their life – subject positions go through the trajectory of ignorance to acknowledgment to action:

> change is possible through opening up marginalized and repressed discourses, making them available as alternatives from which we may fashion alternative identities. This is a form of consciousness-raising, and the purpose of it is not to impose another, but different, identity upon us, which would be just as oppressive, but simply to free us from our usual ways of understanding ourselves. This view thus sees the person as simultaneously constructed by discourse and using it for their own purposes. (Burr 141)

We see characters effecting this change in the Return stage, understanding what shapes them and thus interacting with people in different manners – Craig leaving his stressful school and disengaging with Aaron, Darius reconnecting with his father and trying out for the soccer team, and Sam choosing to stay away from the Eights in favor of spending time with the Poet's Corner members, all hint at their liberation from the repressed discourses they have been part of.

The Return stage brings the tension between social constructionism and essentialism to a climax. On the one hand, the characters all seem to fulfill their quest in this final stage. After venturing out into the world, gaining allies and foes, being tested and challenged, they realize at the crucial point that the power was in them all along and can defeat whatever stands in their way. They realize that they are capable of much more than they thought they were, displaying their self-efficacy. On the other hand, this essentialist happily ever after, or more accurately "happily-for-now resolution" (Wherry 59) is only achievable *if* the characters realize their socially constructed position that is dependent on who they interact with as well as the cultural

conditions of those interactions and either fight, reject or come to terms with said positions. Indeed, even though the characters do not explicitly state that the subject positions they occupy are responsible for them feeling stigmatized, they clearly associate certain effects of stigma with the relationships they have in the Ordinary World.

All the protagonists initially feel somewhat powerless and resentful toward their peers because of their own low self-esteem and self-efficacy. Sam is "having a hard time being around the Eights" because her friends' manipulative schemes isolate her and make her feel inadequate for not falling in line (Stone 97). Eventually, she distances herself from them and gains a more positive outlook when she becomes part of the Poet's Corner and even wonders how she could help others in similar positions of alienation (338). Craig, similarly, resents his best friend Aaron for the ease with which he goes through life while Craig struggles with the simplest of tasks, resentment that turns inward a lot of the time. This also is only remedied once Craig distances himself from Aaron and gains perspective of how damaging that relationship is. And lastly, Darius suffers from the unspoken expectations he thinks his father has for him because their interactions are impeded by the internal stigma they both experience and only once they confront this barrier can Darius combat the effects of stigma. All of the characters do not necessarily have to change something about themselves – in line with the essentialist ideal of an unfragmented, unified self – but have to become aware of the external forces that influence them. Only once they acknowledge the association between the stigma they experience with their subject position – for Sam and Craig that means the role they play in their group of friends, for Darius it refers to his relationship with his father – and actively challenge said position, that is, harness the potential to speak up, can they fulfill their quest.

Overall, then, when we think about the implication of the traditional quest arc, the intended message seems to be that everyone has the potential to be a hero – as an agent of change for themself or for others as well – as long as they *realize* their innate potential. Considering a very popular example for a moment, Harry Potter ultimately does not defeat the series' villain Lord Voldemort by becoming more proficient in magical spells. Instead, the power that saves him time and again has been inside of him all along: his ability to love and be loved, something that Lord Voldemort has never understood and thus cannot shield himself against. Campbell believes that to be the lesson to take away from the monomyth: the "perennial agony of man, self-torturing, deluded, tangled in the net of his own tenuous delirium, frustrated, yet having within himself, undiscovered, absolutely unutilized, the secret of release" is the ultimate knowledge to be uncovered (148). These narratives thus hover

somewhere between social constructionism and essentialism. Why, then, is the quest arc frequently used in coming-of-age novels, especially those with social constructions like stigma as central theme? The reason becomes clear when we look at what happens when a quest fails to be completed.

When the Quest Fails

Firstly, this in-between state paired with the happily-for-now resolution can be read as a reflection of the shifting values and challenges in contemporary society and in young adult literature. Though young adult literature often engages with darker topics, there is a tendency toward contentment and fulfilling resolutions, placing the power back in the hands of the young protagonists. Particularly in illness narratives, the quest arc offers a certain kind of agency because it promises the opportunity of regaining control – which most characters with mental illness lack in the discussed novels – by overcoming adversity and refocusing on the importance of supportive, non-stigmatizing relationships. An optimistic outlook is the key element (see Kaplan).

Secondly, it is intriguing to interweave the seemingly incompatible concepts of essentialism and social constructionism and use them to illustrate the identity formation process and how it is influenced by stigma. In no little part, the quest arc attributes power to the hero, and to the consumer – there is a villain that can and *will* be defeated and the ordinary person finds power within themselves even when they face draining issues like mental illnesses. Moreover, the stages of the monomyth depict how social interactions contribute to one's sense of self. Throughout the quest, the hero's beliefs are questioned, challenged and constantly evolve because of the new environment and people the hero is exposed to. It echoes Burr's take on subject positions as everchanging: "Some subject positions are more temporary or even fleeting and therefore who we are is constantly in flux, always dependent upon the changing flow of positions we negotiate within social interaction" (139). One reason for the popularity of the quest thus surely stems from the empowering message it delivers to the audience. Despite the limitations discussed earlier in the chapter, the protagonists generally manage to overcome their obstacles.

With that in mind, there is also something to be said about reader expectations. In most cases, when confronted with a quest narrative, readers are prone to believe that there will be at least *some* positive outcome. Despite obstacles and possible losses along the way for the hero, the expected ending is that they will return. Campbell even states that for the monomyth "to fulfill its promise" it is crucial to show "human success," however that may transpire (192).

Indeed, in "Deconstructing the Hero: Literary Theory and Children's Literature," Margery Hourihan suggests predictability as the defining reason why young readers enjoy these stories because "the hero's ultimate triumph is always assured" (9). This, in turn, evokes the possibility of autonomy for readers because that triumph "implies that unequivocal success is attainable, that all problems are solvable, that certainty is possible. Where the central binary opposition is defined as a conflict between good and evil the achievement of the hero's quest is a victory of the good and the closure asserts that evil can be clearly identified and defeated" (52). Though there are narratives where the hero fails their quest, those where the hero does not return even *after* that failure are rare. So perhaps the best way to grasp the importance of subject positioning in connection with stigma is to study a story where the quest pattern collapses, namely *All the Bright Places* by Jennifer Niven.

Finch ultimately fails his quest because he cannot combat the effects of public and self-stigma he lives with. At the beginning of the story, Finch is voluntarily alienated, distancing himself from others as a protection mechanism. However, when he meets a fellow student called Violet Markey up in the bell tower where he regularly contemplates jumping, he projects his own struggles onto her and vows to help her reclaim her life after her sister Eleanor's death. The next steps in his journey, per formula, would be to go on a quest and become aware of the limiting subject positions he is in. While Finch goes on his quest, his motivation is split and has more to do with deflecting his own troubles by focusing on Violet. Finch may embark on the quest to partly keep himself "awake" as long as possible and thus ignore his bipolar disorder diagnosis, but his overall goal is to make sure Violet faces her grief instead of hiding from it.

Once he and Violet go on the quest and enter the Special World, Finch should either be faced with trials that make him grow aware of his limiting subject position or further problematize and eventually lead to a confrontation and reevaluation of his relationship with his father. In Darius's case, I have pointed out how important the confrontation with the father is for characters to become aware of and actively combat the effects of stigmatizations they experience because of the fraught relationship with their parent. Finch's parents are divorced and Finch has a very toxic relationship with his father, who is abusive and has both verbally and physically hurt him, his mother and his siblings in the past. Though Finch's father has moved out, he continues to berate Finch for the way he is. This is where the limitations of the young adult contemporary genre become evident – Finch cannot escape these toxic subject positions because he cannot simply choose not to see his father anymore or stop listening to him. Though the story could have Finch's father be an absent figure, he is drawn back into the

plot multiple times to prompt Finch's own fear of following in his father's violent, unpredictable footsteps. Throughout the narrative, Finch tries to distance himself from his father – he tells his school principal and school counselor that he has been "killed in a hunting accident" (69), only sees his father once a week for family dinners and comes up with elaborate lies when others ask about him, for example Violet's parents (125, 193). The lasting impact of his father's influence is evident when Finch gets stuck on words his father said to him and tries to convince himself that these are not true: "*Worthless. Stupid.* These are the words I grew up hearing. They're the words I try to outrun, because if I let them in, they might stay there and grow and fill me up and in, until the only thing left of me is *worthless stupid worthless stupid freak*" (63; original emphasis). The repetition of these words shows that Finch struggles with ridding himself of his father's abusive words.

This becomes even more palpable when we consider Finch's lasting fear of labels that is dramatized both in connection to his mental health and in how he presents himself to his peers. Finch outrightly rejects the bipolar disorder label when his school counselor Mr. Embry tells him that he should look it up, indicating he thinks Finch might be diagnosed with it:

> The thing I know about bipolar disorder is that it's a label. One you give crazy people. I know this because I've taken junior-year psychology and I've seen movies and I've watched my father in action for almost eighteen years, even though you could never slap a label on him because he would kill you. Labels like "bipolar" say *This is why you are the way you are. This is who you are*. They explain people away as illnesses. (271)

Finch is scared of what it would mean to be labelled as mentally ill because it would further take away his autonomy. Whenever he is reminded of this diagnosis, he rejects it, proclaiming that he is "not a problem. Not a diagnosis. Not an illness. Not something to be rescued. I'm a person" (307), indicating that the label, in his eyes, would dehumanize him even further. Already feeling victimized by the social construction that is stigma, he does not want to risk further consequences by being labeled mentally ill. This also hints at just how intricately his rejection of labels is linked to his father's opinion. This fear of dehumanization and being anything like his abusive father becomes clearer when we consider Finch's creation of personas as another way of avoiding labeling.

During the novel, Finch creates elaborate personas, essentially alter egos of his for whom he constructs intricate backstories and adjusts the way he acts, for example dressing differently or speaking in a foreign accent. Considering the frequency with which Finch

changes personas, his inner restlessness indicates that this serves as a distraction from his "true" self, the one that is trying to outrun the bipolar disorder label. Finch's repeated rejection of these different personas can be read as another attempt to break out of the limiting subject positions he occupies. One of his personas, 1980s Finch that dresses completely in denim, is discarded after only a day because Finch thinks that he "just doesn't feel right" (81). When he is reprimanded by a friend that he should not alter his looks and entire personality to make a girl like him because she should like him for himself, Finch remarks: "this would be fine if I knew who *me* for *me* was" (83), indicating his confusion over his identity. This question haunts Finch until the very last chapter where he wonders "which of the *mes* is me?" because he cannot tell what is real and what has been fabricated by him anymore (314). Immediately switching out 1980s Finch for Badass Finch – complete with a new hairstyle, different attitude and leather jacket – he believes this to be an identity that can work for him. Seeing the potential in this role, he mentions how others, especially girls, react positively to him and how Badass Finch could probably get away with anything (84). However, all his hopes for this persona collapse when he sees Violet talking with her ex-boyfriend: "and just like that, I am Indiana-born Theodore Finch in a pair of second-hand boots. Guys like Ryan Cross have a way of reminding you who you are, even when you don't want to remember" (85-86). This shows that, on the one hand, the personas are meant as an escape from his own original identity that he cannot stand and, on the other, that Finch's personas are as much about himself and his subject position – that is, who he wants to be – as about public perception and what he believes others want to see. Once the perception of outsiders makes him question the validity of the current persona and reminds him that it is not real, he discards it due to not feeling "right" anymore.

To return to the quest, during this Initiation stage Finch should be able to actively acknowledge the limiting subject positions he finds himself in and be exposed to new social environments that offer him opportunities to express himself and feel like he belongs, as Sam and Craig do. However, Finch only experiences further stigmatization, even from those new relationships he builds, like the one with Violet. Indeed, the few attempts that he makes to counteract the effects of stigma – namely reaching out to people – are thwarted. There are various instances where it is clear that Finch wants to live – he repeatedly states that he wants to stay "awake" (33, 117, 185), and when he nearly overdoses on sleeping pills, he goes to the ER of his own volition to get his stomach pumped (278-80). Finch even acknowledges that going up to the bell tower regularly is less about the idea of jumping and more about control: "I do it because it reminds me to be here, that I'm still here and that I have a say in the matter"

(286). However, when he tries to approach others to get help, either internalized or public stigma prevents him from doing so.

In terms of internalized stigma, Finch is reluctant to ask for help because he imagines people to be the opposite of supportive if he were honest. During the first on-page bipolar episode, he contemplates calling his school counselor but does not want to bother him (185). He then wonders whether he should go downstairs to ask his mother for help but decides against it after thinking that "she'll tell me to help myself to the Advil in her purse and that I need to relax and stop getting myself worked up, because in this house there's no such thing as being sick unless you can measure it with a thermometer" (185). He further imagines what she would say if he opened up to her about his symptoms, mimicking her voice that would, as he believes, berate him: "*You're always so sensitive, Theodore*" (185; original emphasis).

Certain that he will receive no support, Finch distances himself even further from the people he cares for. When his bipolar episodes occur more often, he even withdraws from Violet: "I am avoiding seeing Violet. It's exhausting trying to even myself out and be careful around her, so careful, like I'm picking through a minefield, enemy soldiers on every side. *Must not let her see*" (281; original emphasis). Violet becomes an "enemy" that he tries to avoid because he fears further stigmatization if she sees behind the personas he cannot uphold while struggling with his mental health. Doubts plague Finch that he will not be able to hold on to Violet if she finds out about his mental illness: *"I am broken. I am a fraud. I am impossible to love.* It's only a matter of time before Violet figures it out. *You warned her. What does she want from you? You told her how it was*. Bipolar disorder, my mind says, labeling itself" (278; original emphasis). The effects of internalized stigma thus prevent him from reaching out at multiple instances in the novel because he fears that he will not be met with support but rather ridicule or trivialization.

The effects of public stigma on Finch become apparent when he eventually finds ways to reach out to people, yet is still unable to escape his subject position. If this was a successful quest, he should be able to recognize and actively fight against his limiting situation. Finch tries to get help after his suicide attempt with the sleeping pills and decides to join a support group called *Life is Life*. During the introduction, he realizes that one of his classmates Amanda – attending under a fake name to protect her identity – is also there. When she is asked what is most important to her – the members state what "is life" to them – she proclaims that "secrecy is life" (284), indicating that in her mind, health comes second to public perception. It also

demonstrates that Finch's subject position as the "freak" his classmates have put him in cannot be escaped because it follows him beyond the confines of school. During the meeting, Finch listens to the others defining themselves through their mental illness and contemplates his own stance: "I want to get away from the stigma they all clearly feel just because they have an illness of the mind as opposed to, say, an illness of the lungs or blood. I want to get away from all the labels, "*'I'm OCD,' 'I'm depressed,' 'I'm a cutter,'* they say, like these are the things that define them. […] I'm the only one who is just Theodore Finch" (284; original emphasis). Though Finch wants to get rid of the ties that bind him – the stigma he feels – it becomes evident that he is not able to, especially when Amanda swears him to secrecy about her presence at the meeting if he does not want to face even more ridicule at school. Though she herself is attending the meetings because of her mental health, she further stigmatizes and isolates Finch. Similarly, when Finch confides in Violet and finally explains how he feels during these "dark moods," she rationalizes his feelings: "I get moody, too. It's normal. It's what we're supposed to do. I mean, we're teenagers" (294). With her words, she inadvertently reaffirms Finch's fear that others will not help him and rather discredit his own experiences.

Finch's gradual deterioration can also be seen in his speech patterns. In the examples above, it becomes clear that Finch is denied speech – Amanda suppresses him by swearing him to secrecy and Violet shuts him off by telling him that his feelings are normal and not something to worry about. The two times Finch thus searches actively to escape his stifling situation, he is pushed back into his confines. His attempts at articulating his struggles are stopped. Whereas Darius in *Darius the Great Is Not Okay* regains his grasp on language – he begins fewer sentences with "um" and speaks more confidently to his father and his peers at school – Finch develops in the opposite direction. The more often his bipolar episodes occur, the less he talks and instead turns to his notebook where he collects suicide methods. Toward the end of his life, his words turn into broken fragments and in the penultimate chapter from Finch's point of perspective, there are, beside a quote from Cesare Pavese about the suffering commencing, only four single lines: "I / am / in / pieces" (297), hinting at the fractured state of his being. Unlike Craig who finally asks for the things that will help him succeed outside of the psychiatric ward, Sam who opens up about her OCD or Darius who finally confronts his father about their past, Finch's ability to speak up declines rapidly until he feels he has no words left. Quite like with his father, Finch does not get a resolution or support when he reaches out to others but only gets suppressed and pushed into his subject position further. Feeling completely

isolated from everyone around him and unable to counteract the effects of stigma on his sense of self, Finch drowns himself.

Finch, then, never takes the necessary steps and thus fails his quest to reclaim his sense of self. Rather, he fragments it further by creating personas that confuse him to the point where he does not recognize who he really is. Though he is aware of the subject positions that he holds within his family and with Violet, he nevertheless is unable to escape them because stigmatizing social interactions always deny him the choice to get help. Thus, Finch's side of the story ends particularly somber for the young adult genre.

However, there is an alternative, more positive reading for *All the Bright Places* and that hinges on Finch functioning as a sacrifice. While Finch's narration ends in the latter parts of the book, Violet's point of view wraps up the story. There are heroic protagonists in children's and young adult narratives that similarly sacrifice themselves – Harry Potter willingly walks to face his death by Lord Voldemort so no one else will be hurt because of him, and Buffy in *Buffy the Vampire Slayer* willingly dies so her sister Dawn and her friends can survive. Albeit both protagonists end up returning after their sacrifice has saved their respective worlds, they did not know they would be able to return, which marks their actions as selfless and highlights that the intention behind their choices is what counts. If we thus read Finch as a sacrifice, his decision – him taking his life – ultimately is what propels Violet to, in the traditional sense of the monomyth, fulfill her quest and reaffirms the optimistic values of such a traditional structure.

Following this reading, Finch acts as both the herald and mentor in Violet's quest. Finch initially decides to make Violet his partner for the school project of finding beautiful places in Indiana to keep her distracted from her own grief, believing no one else is looking out for her after her sister's death: "who's going to check on Violet Markey to make sure she's not back up on that ledge?" (78). Though initially reluctant to spend time with Finch because of his reputation as a troublemaker at school – and in part because of their unexpected meeting in the bell tower – Violet overall profits from his help. Finch does not "fix" Violet but merely offers her opportunities to momentarily escape her grief and reencounter the good parts of life that she has been neglecting. Throughout the narrative, it is clear that his efforts are successful – Violet eventually takes off her dead sister's glasses which give her a headache but which she wears to be close to her sister and embraces Finch's attempts to see the best places in the state of Indiana. She even picks up writing again and brainstorms the design for an advice website

reminiscent of the one she created with her sister, however, this time encouraging other people she knows to help her. Violet accredits Finch for this step toward accepting her sister's death and reconnecting with friends she alienated herself from: "Even though it isn't much yet, I take a picture and send it to Finch. I write: Look what you've got me doing" (170). To a certain degree, Finch offers her the tools to move beyond grief, and in helping her find these tools, their actions confirm the traditional ideal of the quest, of finding the way back to the power to save oneself, the power that seemingly was in them all along.

If we consider Finch's death as a sacrifice, one could even argue that Finch's death acts as a catalyst for Violet to realize the stigmatization of mental illness and her own part in it. Though this certainly is a problematic reading, the text nevertheless makes clear that Violet only becomes aware of the extent of Finch's mental illness and the overt and veiled stigmatization he experienced once he has passed. After Finch's death, Violet remarks on the hypocrisy of her classmates who put Finch on listicles in their school's newspaper declaring him one of the people most likely to commit suicide (108) and who are now mourning him, wearing black and building a shrine with a blown-up picture for him at school with messages: "Here are these people who called him 'freak' and who never paid attention to him, except to make fun of him or spread rumors about him, and now they are carrying on like professional mourners" (341). In addition to feeling ashamed for her classmates, everyone also avoids Violet because of what she terms the "suicide-by-association phenomenon" as if she is contagious (346). She also remarks on the term "suicide victim" and how Finch only appears to be able to be mourned because his parents insist that it was an accident instead of suicide. Musing on the implication of guilt and responsibility when it comes to suicide, Violet thinks: "The victim part of it implies they had no choice. And maybe Finch didn't feel like he had a choice" (341). With the school counselor Mr. Embry, she discusses guilt, as she knows that she could have done more to help Finch but did not have the right tools to do so (347). Violet further attempts to counteract the stigmatization of suicide when she talks to Amanda and asks her about her own experience, essentially trying to learn more about the topic and to understand the motivations behind it (349-51). All these instances show that Violet actively tries to educate herself on how to do better and learn how to reach out to people who might need help instead of devaluing their experiences. To cast this in terms of the monomyth, Violet's actions can be seen as the part of the substage The Ultimate Boon, where the hero is given knowledge or a priceless object that will help the people in the Ordinary World to survive (Campbell 159). Finch's sacrifice is

catalyst for Violet to learn more about mental illness and the stigmatization of it lest history repeat itself.

The final chapter in *All the Bright Places* confirms this alternative reading of Finch's death as a sacrifice. Violet returns to the pond she and Finch swam in where he later drowned himself, declaring that she has written an epitaph for him: "Theodore Finch – I was alive. I burned brightly. And then I died, but not really. Because someone like me cannot, will not, die like everyone else. I linger like the legends of the Blue Hole. I will always be here, in the offerings and people I left behind" (Niven 378). Quite like in ancient myths, there seems to be merit in Finch's "legendary" story for the people around him, either as a cautionary tale or a call to action. His impact on the people around him will persist even though he will not be around to see it, the epitaph suggests.

This is finally proven true when Violet contemplates what her own epitaph would look like: "still to be written, and [including] all the places I'll wander. No longer rooted, but gold, flowing. I feel a thousand capacities spring up in me" (378). Her statement evokes the final two substages of the Return: Master of the Two Worlds and Freedom to Live. For one, Violet is no longer fearful of abrupt change and instead welcomes the fact that she is "no longer rooted" in her grief. Instead, there is a hopeful undertone to what she imagines her future to be like and where she will go. This is in stark contrast to her stance on life before she met Finch where she clung to her grief and refused to participate in any activities that would take her away from her family or the memory of her sister. Further, the substage Freedom to Live, which calls to mind the optimistic denouement of many young adult novels, is articulated through Violet's outlook on the possibilities to come. Recalling Campbell's notion that the quest is only successful if it includes human success, this final assessment of Violet's life evokes that, for Violet at least, the quest has come to a fruitful end and she is now able to "return" to life. Thus, the resolution of the narrative from Violet's point of view allows for a somewhat optimistic outlook because it reaffirms the traditional values of living life to the fullest while offering Violet autonomy.

Therefore, the pattern of the quest remains powerful even when the quest itself fails. Though Finch may be unable to successfully complete his own quest, there is still merit in it for other characters. Despite Finch dying, or perhaps even because of it, the novel still manages to elucidate the harmful effects of stigma and, even more importantly, leaves readers with an insightful look at the consequences of not getting the help one needs when dealing with a mental illness. Unlike the other protagonists of the discussed novels who manage to return to

the Ordinary World with knowledge that guides them to pursue treatment – that is, they have become aware of the impact of social constructionism on their identity – Finch never manages that return. However, others do. By completing her own quest which has been created by Finch, Violet returns with the knowledge about stigma that alters her Ordinary World. She both learns the importance of not repressing her own mental health struggles as well as refuses to be like all the others at school who now call Finch's death a tragedy but who discouraged him from getting help when he was still alive, as can be seen in her conversation with the school counselor and her observations during the funeral. Thus, even when the quest seems to fail, it still offers a structure that is potent with opportunities to explore the potentially detrimental subject positions characters are placed in and still offers important takeaways for readers, emphasizing the power of this narrative arc.

In summary, the quest arc is a well-suited narrative strategy to dramatize stigma and its impact on a character's sense of self. Each stage of the quest serves a purpose: the Departure establishes the stigmatizing environment and social interactions the protagonists are stuck in; the Initiation exposes characters to new social arrangements that gradually help them become aware of their stigmatization through family and peers, and lastly, the Return has characters actively combating their stigmatization and thus working on altering their subject position to one where they are in control and their autonomy is less limited by social outside forces.

In this chapter, then, I have shown the correlation between the narrative structure of the quest and the ways to combat stigma characters find by going through the stages. I have further illustrated the tensions that exist between essentialism and social constructionism in a traditional, essentialist structure combined with current, constructed concepts like stigma. Lastly, I have discussed in substantial detail the impact of public stigma on the characters' sense of self. In the following chapter, I will provide an in-depth analysis of a popular literary motif that uncovers the effects of self-stigma: the double motif.

Chapter 3: Double Means Trouble – The Double as Narrative Strategy

Doppelgänger. Shadow self. Clone. Alter ego. Dead ringer. Duplicate. Ghost. Hidden self. Over the years, the double has been assigned many names. Quite like its name, its appearance has also varied throughout the centuries – as a monster created by the protagonist's very own hands, as a chemically-induced alter ego that lives out the protagonist's every hidden desire, and even in the form of a portrait, haunting its owner by turning more grotesque with every sin he commits. Though its name and appearance differ, its existence in fiction is predominantly associated with examining aspects of the self that are supposed to stay hidden but are brought to light. In his psychoanalytic study of the double, Otto Rank aptly notes that its existence derives from the "universal problem – that of the relation of the self to the self" (xiv).

Since the double has often been utilized to address individuals' anxieties over not fitting in because of their differences to what they consider the "norm" – that is, society at large – as well as representing desires that they think they cannot attain because of said differences, it is not surprising to see this traditional narrative device appear in young adult novels addressing mental illnesses in which characters fear the consequences of being outed as mentally ill and thus different from their peers.

I argue that in the novels I discuss, the double functions as a narrative strategy to dramatize the protagonists' experience of mental illness self-stigma and, in accordance, their innate desire for validation and acceptance from their environment. I further argue that there are two broader categories into which the doubles fall: either as a rival to the protagonist or as their guide. While rivals act as a manifestation of the protagonists' self-stigma and seemingly show them what they could have if they were not mentally ill, guides show them ways to ameliorate their stigmatized situation. To argue this, I will turn to Jacques Lacan's concept of desire and introduce a fellow psychoanalyst, Mark Bracher's, work who elaborates on the concept of desire and analyzes the relationship between the self and Other in terms of how one gains validation from others that will elucidate my claim that doubles can be categorized in different ways.

This chapter is therefore structured as follows: firstly, I elaborate on the reasons why using the double to show the manifestation of self-stigma is so effective and offer a quick overview on the double's history of locating repressed desire somewhere else as well as showing readers that the doubled character's actions are influenced by how society sees them.

I then introduce Lacan's and Bracher's theories. Following that, I will offer an in-depth analysis of the doubles in five chosen young adult novels, namely Ned Vizzini's *It's Kind of a Funny Story, History Is All You Left Me* by Adam Silvera, Jennifer Niven's *All the Bright Places* and Tamara Ireland Stone's *Every Last Word*. I focus on how the doubles are a representation of the protagonists' self-stigma and how their (re)actions shape the protagonists' understanding of self, especially in terms of self-efficacy and self-esteem, two crucial components in the experience of self-stigma. Separating the doubles into two modes of appearance – either as a rival or a guide – I examine how the doubles cause the protagonists to experience self-stigma or to reduce its effects. I also introduce a deviation from these types of doubles by analyzing Ava Holmes' relationship with a fictional alter ego her friend Daisy has created of her in John Green's *Turtles All the Way Down*. Lastly, I turn to the dissolution of the doubles, where one of the advantages of utilizing this narrative strategy in the representation of self-stigma will become evident. Comparing its origins of departure with the manner in which it is dealt with in these contemporary novels, I draw connections between Corrigan's methods of counteracting stigma – education, honesty, communication and empowerment over shame – with how the characters resolve their identification with and need for validation from their doubles.

Using a literary device as established as the double as a narrative strategy to convey self-stigma – its existence and the way it is experienced – is a worthwhile choice since the double has a long history of being used as a means to articulate repressed desires and fears that would be grounds for being ousted from a community. While the existence of the double can be traced all the way back to the origins of Western civilizations, it is most often associated with the rise of romanticism in Europe in the late eighteenth century and considered a Gothic literary device. Imbued with the predominant themes of the Gothic – for example mortality and the concept of compromising pleasures in order to keep one's desires hidden from societal censure – the double can be used as "a means of expressing otherwise taboo forces. The gothic draws on the modern assumption that it is dangerous to bury things […] by bringing the unspoken to light" (Kilgour 40-41). Indeed, the double often acts as "cultural response to a sense of the human subject in crisis" (Townsend 6) and considering the emphasis often laid on the importance of social standing in some gothic novels, it is no wonder the double appeared in order to address the desires and fears one could not speak out loud for threat of condescension or censure from peers. Not without reason are the most commonly known stories featuring a double those that present it as something of an outlet. Consider Robert Louis

Stevenson's novel, *The Strange Case of Dr. Jekyll and Mr. Hyde*, in which a kind and renowned scientist tinkers with the dark side of science to bring about his true nature. By transforming into Mr. Hyde, an evil alter ego who feels no remorse for violent outbursts or crimes, Dr. Jekyll can ostensibly live out his repressed desires without forfeiting his moral standing in society. As Rank comments, the double acts as a "detached personification of instincts and desires which were once felt to be unacceptable, but which can be satisfied without responsibility in this indirect way" (76). The double therefore not only relays compromising or repressed desires, but also hints at the fact that disrupting society's conventions and rules can lead to a splitting of the self into two parts: the ones they believe they have to portray to the outside world in order to be accepted and the one that is to be hidden, living out the desires, safe from disciplinary punishment.

There are recurring parallels between how effects of stigma present themselves and what the double has been known to represent. Judging from its many faces in literature, the double's main function is to reveal and examine repressed desires. These are most often either hidden because the doubled character feels the traits and actions would either be unsanctioned by society at large or because they consider them non-conforming, weak or evil. This stance then either leads to the projection of fears and desires onto the double to express their desire for another existence, which marks them as a rival because they can achieve this existence while the doubled individual cannot, or considering the double to be a guide that will help them become a better version of themselves. Ultimately, the double functions as a way to explore the divided psyche of the doubled individual and ultimately articulates "man's eternal conflict with himself and others, the struggle between his need for likeness and his desire for difference" (xvi). The doubled character therefore both fears and desires to be like the double they think they are inferior to. Putting these features parallel to the effects of stigma I want to explore in this chapter, there are various instances where these common features overlap: feelings of shame can be expressed by the idea of a hidden nature (or is believed that it should be concealed), self-doubt can be shown by projections of fears, fewer opportunities for social interaction equally aligns with self-doubt since the double can have what the protagonist fears they cannot because of their mental illness and lastly, a lack of understanding from others can be expressed by hiding one's diagnosis in an attempt at self-preservation.

Lastly, the application of the double in the representation of self-stigma offers benefits both on the narrative as on the audience's level. By locating the anxieties and desires about fitting in but fearing their mental illness will prevent it in an Other, the doubles give the

characters something tangible, an actual presence to work with and a way to face their own stigma that might be invisible otherwise. The inclusion of the double thus allows to dramatize the invisible symptoms of mental illness to the characters. In select cases, furthermore, the doubles can also be used to show mental illness symptoms that may make readers realize the importance of seeking support and treatment, which is helped by the autodiegetic narrators and the sense of immediacy of the novels. In similar fashion, there are benefits on the reader's level as well. The doubles articulate to the reader in which ways the protagonists experience self-stigma. For example, if a protagonist resents not being able to achieve the same things their double does, this can hint at the protagonist's experience of low self-efficacy, one of the prevalent effects of self-stigma. By externalizing the aspects of the protagonist's own divided psyche, the double can show the protagonists' repressed desires and the fear that their traits – in this case, their mental illness – will not be accepted and *how* that fear can be approached. The peaceful resolution of the double, likewise, articulates to readers that there exist methods to counteract stigma and that there is support available to them should they find themselves in a similar situation to the characters they are reading about. Accordingly, it provides readers a chance at a deeper reading by having the doubles be a more palpable, visual manifestation of the characters' self-stigma because even if the characters themselves do not notice the parallels between their double and the effects of self-stigma they are experiencing, readers might pick up on and thus better understand said effects.

Desire and the Other

One of the ways self-stigma can be expressed in connection with the double is through desire. Many psychoanalysts have used the double to approach an individual's relationship with themselves and the Other, focusing on repressed desires, unconscious memory and fears of conformity. Though Freud ventures deeply into the mental state of the child and its repressed desires to analyze the double's role in fiction and in real life in his well-known essay "The Uncanny," I want to focus on the underlying connections between the double and desire and, in particular, Lacan's concept of desire and how it contributes to the relationship between the protagonists and their doubles in the novels I have chosen.

The basis of all desire, Lacan argues, is the individual's desire for recognition and validation from an Other. Though there are many components to what constitutes desire, Lacan claims in his *Écrits* that this marks the most crucial of them, that "man's desire is the desire of the Other" (201). According to him, there are various elements that shape how we manifest and experience desire, especially unconscious ones such as wanting to belong and be accepted by

our peers and even society at large. First, desire is never our own – it is born in the unconscious space between what we think the Other desires and thus, in part, want to claim for ourselves because someone else considers it being worthy of attention (235). Desire is thus always a desire for recognition or validation from the Other, to be considered as worthy of their approval because we know – or believe to know – the Other's desire.

Second, if desire is something the individual believes someone else desires, then desire is not a relation to an object but a relation to a *lack*. It is not the object we desire, but the cause of the desire – namely, that someone else desires it, not its actual existence (236). Lacan refers here to the element of alienation that is reproduced in desiring because desiring creates distance between the self, their desire and the desire of the Other: "If it is merely at the level of the desire of the Other that man can recognize his desire, as desire of the Other, is there not something here that must appear to him to be an obstacle of his fading, which is a point at which his desire can never be recognized?" (236). What makes something desirable, then, is precisely the fact that someone else desires and thus evidently *lacks* it. Consequently, desire is again less about the desire itself and more so about recognition from the Other – what we experience as our own desire is simply what we *believe* someone else wants or has: "even if he has succeeded in constructing his own desire from the answer he has given to the question of the Other's desire, the fact that his desire has been premised on the Other's desire means that there will forever be a world of difference between what he desires and what he actually wants" (210). Third, this means that desire can never be fully satisfied since there does not exist an object that would content the desire. Lacan even argues that the lack that one desires does not necessarily have to be constituted of a person or an object, it can also be "assumed virtues, morals and ideals of our culture and upbringing" that is rendered more evasive to us because of the Other having or desiring it for themselves (201).

To quickly sum up the main elements, desire is the desire of the Other, it is in relation to a lack rather than an object, which means that desire is never our own but shaped by what we think someone else might desire, it can never be achieved because one cannot desire what one already has and lastly, all desire stems from the desire to be recognized as an equal by the Other. In relation to the double acting as a personification of self-stigma, this could mean that protagonists may desire what the double already has or what they believe they want because they themselves desire it. Considering Lacan's claim that what they desire could also be ideals or mores of our culture, it illustrates that what they might desire is the ability to fit in with the ideals of society and which they believe to be impossible to attain because of their mental

illness. This inaccessibility to society further elicits why protagonists in the selected novels search for recognition – they lack the sense of belonging to society because they are different and this desire shapes their relationship to the Other. They want to be recognized as equal to the Other because they believe this is the way to "gain entry" to society at large.

To show how this innate desire of belonging, the unconscious cause of the protagonists' self-stigma, is articulated through the relationship with the Other – that is, the doubles – I want to draw attention to Mark Bracher's psychoanalytic approach to the relationship of the self with an Other. I choose to employ Bracher's approach here because it captures how the individuals form relationships with an Other *through* desire and how the bonds are ultimately *based on* their innate desire to belong. In "How Analysis Cures According to Lacan," Bracher begins with Lacan's concept of transference, which is the – conscious or unconscious – attempt to get someone "to function as a particular type of Other in order to (re)produce a specific type of relationship from which [the individual] derives profound gratification" (199). Through this attempt at transference, so Bracher notes, one can gain a deeper understanding of a "person's unconscious desires and the ensuing conflicts [that] manifest themselves" when this desire remains unmet (199). Transference thus plays a vital part in psychoanalytic treatment "because it engages and brings to light the fundamental conflicts between the ego and its internalized Other" (201). Though Lacan distinguishes between three basic types of Other that can constitute objects of transference, Bracher focuses on the Imaginary and the Symbolic Other.

An Imaginary Other is usually another person the protagonist considers an equal, whether that be a "friend, colleague, rival, competitor, enemy" (201). Incidentally, the Imaginary Other does not need to be someone the protagonist is on amicable terms with, they can just as easily be working against each other without forgoing the gratifications the protagonist gets from exchanges with them, namely "narcissistic mirroring as well as the enjoyments of rivalry, competition, aggressivity and hatred" (201). A Symbolic Other, conversely, is often manifested as "a source of embodiment of knowledge, belief or truth" (201). The Symbolic Other does not have to be a collective and can also be represented by a single person, or for the sake of my analysis, one double. The gratification the protagonist gains from interaction with "Symbolic Others is recognition, validation of our identity – that is, validation of the worth of our ego ideal and assurance that we embody this ideal" they set as an example (201).

Bracher elaborates on the quality of the relationship with the Other as follows:

We are continually trying to find or produce those relationships with these Others that provide us with the various sorts of gratification that we believe we need in order to face life. This means, first of all, that every encounter with another person involves the Imaginary-order dynamics of identification, rivalry, and aggressivity. Analysands often try to engage analysts in an ego-to-ego relationship that will provide them with Imaginary-order narcissistic gratification […] Some analysands will try to relate to the analyst as a friend or colleague who will give them encouragement and moral support. Others relate to their analyst as a model to identify with. And still others try (usually unconsciously) to engage their analyst in a relationship of rivalry, competition, or mutual aggressivity, challenging the analyst's actions or competence. (201)

Evidently, this is where the parallels between the Imaginary Other and doubles in literature emerge most clearly. Townsend observes in his exploration of the double that it most often appeared as "an embodiment of disavowed aspects of the host's self" or as the "host-subject's morally better self, a voice of rectitude and conscience" (3,4), which precisely correlates with Bracher's claim of how relationships with the Imaginary Other are formed, through the validation from their counterpart. Protagonists engage in relationships with the Imaginary Other because they believe that the gratification they can earn from these interactions is what they need to succeed in life – that is, be accepted in it. Whether they enter rivalries to prove their worthiness or supportive friendships to gain what they feel is unattainable, the protagonist – or analysand as psychologists call the person being psychoanalyzed – seeks validation from the Other in order to be accepted into society, counteracting their self-stigma.

Indeed, this is what the relationship with the Other is all about. Bracher points out that the reason the protagonist tries to engage the Other is precisely because they seek someone who "enacts and expresses the particular qualities or values that one seeks to embody and consolidate as one's ideal ego" and thus the Other "offers the analysand's ego a familiar and reassuring" presence (202). Moreover, Bracher points out that if "recognition is not forthcoming, one may try to gain it by changing one's behavior […] or by changing one's ideals" to gain it (202). Therefore, whether protagonists change their behavior to emulate the Other or simply compete with the Other for their believed desire, the Other's existence always boils down to the protagonists' need for validation that they are equal despite their shortcomings, that is, their mental illness and the stigma they experience. This validation is arguably considered a way to combat stigma because by gaining the approval of the Other, the protagonists might believe that society at large will accept them just as they are. However, as

will become evident in the subchapter about resolution, stigma can only be combated once the protagonists acknowledge their experience of self-stigma and detach themselves from their need for the double's validation. The aspired or reluctant identification with the rival or guide will demonstrate the protagonists' innate desire for validation and belonging to a community in the following analysis.

The Double as a Rival

The two novels I have chosen to analyze the doubles as a rival are Ned Vizzini's *It's Kind of a Funny Story* and Adam Silvera's *History Is All You Left Me*. Both novels feature autodiegetic narrators and include ample retrospectives. In *It's Kind of a Funny Story*, the protagonist Craig recounts how his depression has gotten to the point where he is now considering suicide after having gone off his medication. *History Is All You Left Me*, meanwhile, is told nonlinearly. In alternating chapters, the story's timeline jumps from Griffin in the past while his ex-boyfriend Theo was still alive to the present in which he is dealing with the loss of him and the secrets he has been keeping. Furthermore, both novels feature frequent apostrophes. Griffin talks to his dead ex-boyfriend Theo in his mind – which is one of the symptoms of his undiagnosed mental illness – shifting the attention from what is happening in the novel to what he is feeling about Theo's loss since he cannot talk to Theo anymore. Similarly, in *It's Kind of a Funny Story* the protagonist Craig has imaginary conversations, too. These conversations often disclose Craig's feelings of low self-efficacy when he cannot do what everyone around him expects him to. Thus, both occurrences of apostrophes are closely connected and even illustrate symptoms of their respective mental illness.

The most prevalent commonality in tales that characterize the double as a rival is the paradox of the need for differentiation versus recognition. The rival double often acts as a manifestation of everything the protagonists think they desire and believe they cannot be or have because of their mental illness. In turn, the protagonists also feel threatened by the likenesses they note between them and their doubles. Thus, they are often caught in between wanting to be recognized by the double as equal while also not wanting to be compared to them. This is already noticeable in the context of the crucial moments at which the doubles enter the protagonists' lives in *It's Kind of a Funny Story* and *History Is All You Left Me*. In the former, Craig encounters his double Aaron as they are taking the entry test for a prestigious high school and in the latter novel, Griffin is introduced to his double Jackson, the boy who was dating his ex-boyfriend Theo at the time of the drowning accident that led to his death. Both moments suggest the beginnings of a yet unspoken rivalry as Craig and Aaron attempt to

get into the selective high school and as Griffin and Jackson meet at their late (ex-)boyfriend's funeral, competing for who has more reason to grieve.

One way in which the differentiation versus recognition is showcased is in the inferiority the protagonists experience when they consider the similarities and discrepancies in appearance and personality with their doubles. Craig and Aaron in *It's Kind of a Funny Story*, for instance, do not share many physical similarities. However, from their very first meeting, Craig feels inferior to Aaron because he appears to be able to seamlessly integrate himself in new social circles. Aaron interacts with everyone at the entry exam at the Executive Pre-Professional High School whereas Craig needs to be "rescued" by him when he is unable to talk to others (Vizzini 53). Further, his initial descriptions of Aaron are downright admiring: "He was smart and fearless, with a flop of brown curly hair and the sort of glasses that made girls like him" (53), already hinting at what Craig desires to emulate. From the beginning, this admiration often places Craig in the role of the spectator in their strenuous friendship since Aaron has a tendency to not let Craig finish his sentences or even refuting his opinions on questions of sexual nature (5, 59, 93). Craig evidently does not feel wholly comfortable in Aaron's space as he mentions that "When we hung out now, I didn't say half as much as I did that first night; I just listened and stayed impressed" (93). Since Craig's contributions to the conversation are often overshadowed by Aaron's more outgoing nature, Craig considers his rival to be superior.

Furthermore, once they start their first term, this feeling of inadequacy and low self-efficacy in comparison to Aaron who does not take school seriously, becomes more prominent. Although Craig has been studying for the entry exam for months, drawing back from his acquaintances to prioritize learning, Aaron "wasn't studying at all – didn't believe in it," yet they both get into Executive Pre-Professional High School (53). Once they start their first term, Craig already experiences a sense of low self-efficacy as he struggles with his homework because his medication to treat his depression is making him tired. This is worsened when he learns that Aaron, "who ended up in eight out of [Craig's] nine classes, got a 100 on the start-of-school reading quiz. He had read the books in Europe, where he got to go over the summer" (93). In reaction to Aaron being better than him, Craig compares himself to the other students. After getting a – in his eyes – "average" grade, he ponders: "Why were the other kids doing better than me? Because they were better, that's why" (96). It is only after Craig learns that Aaron has done better in the test that he compares himself to others, reflecting that his inferiority to Aaron makes him consider his inferiority to everyone else in his social circle.

By contrast, in *History Is All You Left Me*, Griffin experiences Jackson as a threat in part because of their similar appearance. Before meeting Jackson, Griffin wonders "if Jackson will look like I imagine, which is everything I'm not" only to then see a photo of him his ex-boyfriend Theo sends him and realizes that "He's not what I was expecting. He reminds me of myself" (Silvera 203). From these short initial thoughts, it already becomes evident that Griffin thought his ex-boyfriend would now date someone who was everything Griffin believes he was lacking in their relationship. Considering that Griffin broke up with Theo because he believed he would not be enough for him and that his undiagnosed mental illness might make Theo break up with him if Griffin did not preempt it, it seems that Griffin already felt as if he would be replaced by someone better. Further, even others draw attention to the similarities between Jackson and Griffin: "there's no denying Jackson and I resemble each other; even Wade [Theo and Griffin's best friend] joked about it. His hair is a little darker and longer than mine, but still light brown at first look. We're lanky, with bad posture" (35) and Griffin cannot help but note similarities such as their identical facial features or their comically similar leg length once the two of them meet in person (83). Repeatedly, Griffin refers to Jackson as "me-knockoff" and "clone" (235, 102). Their similar appearance thus makes Griffin feel threatened and in part proves his misconception that he is replaceable since he thinks that "Theo found himself a Griffin clone" the more he learns about Jackson (102). The more Griffin notices their similarities, the more he feels threatened by them.

Beyond their physical similarities, Griffin and Jackson also share common traits. Though Freud notes in *The Uncanny* that doubles often "are to be considered identical by reason of looking alike," even more interesting is that there appears to be an emotional connection that stands out in the depiction of doubles by "transferring mental processes from one person to the other […] so that the one possesses knowledge, feeling and experience in common with the other, identifies himself with another person, so that his self becomes confounded, or the foreign self is substituted for his own" (9). This rings true in the case of Griffin and Jackson since they both share knowledge about and experiences with Theo that they believe to be unique, yet learn have been doubled. Little instances like the fact that Theo was the only one who got to give Jackson and Griffin nicknames – abbreviations of their names, namely "Jack" and "Griff" – indicate that what they believe was unique to their experience was actually an "intimacy" they both shared with Theo (Silvera 203). Learning that the experiences Griffin thought only he and Theo shared were replicated with Jackson later on makes him further believe that he is rivaling with Jackson for Theo's attention even after his death.

The protagonists' reluctance to confide their personal struggles with mental illness in their doubles further illustrates how the rival doubles represent self-stigma on a larger scale. Griffin shies away from telling Jackson about his compulsive list-making and his obsession with even numbers over odd ones because he fears Jackson's reaction to something he himself cannot fully express: "Jackson will never understand what it's like to live in a head like mine, to be powerless against these impulses" (150). Indicative that Griffin considers this another aspect where he is inferior to Jackson is his use of the word 'powerless' and how Jackson might not understand because in Griffin's eyes, Jackson has control over everything in his life, unlike him. Once Griffin gets stuck inside his head trying to figure out how to escape his thought spiral about odd numbers, Jackson notices and it becomes inevitable to talk about it. However, Griffin realizes after Jackson's supportive reaction, asking whether he can help and even prevent another spiral the next time by acting differently, that Jackson does understand even if he has never had to deal with mental illness himself. This moment in the narrative shows that Griffin is clearly experiencing self-stigma instead of stigmatization from Jackson and that the opportunity to discuss his compulsions can actually help in lowering his experience of it, as he confirms himself that "it's freeing to let someone else in to try" and help him (151).

While Griffin is proven wrong when it comes to lack of understanding from his double, Craig in *It's Kind of a Funny Story* faces actual stigmatization once Aaron learns that he is in the psychiatric ward Six North due to suicidal ideation. Calling Craig at the psychiatric hospital he quips whether it is "the loony bin" with a room full of people that laugh in the background during the phone call (Vizzini 255). Craig tells Aaron: "I can't believe you're doing this" to which Aaron retorts: "Don't be a girl. You know if I was in the mental ward, you'd call me up and rag on me a little. It's because we're friends, man" (256). When Craig tries to make Aaron understand that his depression is a serious matter and that Aaron should not joke about Craig trying to get help, Aaron reacts resentfully and tells him off: "I call you *as a friend* to try and lighten your mood and you hit me with all of this crap? Who do you think you are?" (257), pretending that Craig is in the wrong here for not laughing and admiring Aaron like he has usually done in these situations. After the phone call Craig breaks down, thinking about how Aaron will now tell everyone that Craig is in a psychiatric hospital: "I was afraid before, but I'm afraid even more now that I'm a public joke. The teachers are going to hear from the students. They'll think I'm trying to make an excuse for bad work" (259). Aaron's phone call proves to Craig that he is inferior to Aaron and would not be accepted in society because of his mental illness and instead ridiculed. The lack of understanding from his double thus appears to

prove his own perception of self and his self-stigma to be true as he is essentially ousted from his community because he sought treatment.

The rivalry and the feelings of inadequacy due to self-stigma are most prominent in connection with the love interests both the protagonists and the rivals are vying for. As discussed in Chapter 1, young adult fiction – and media in general that is geared toward teens – has a tendency to romanticize mental illness and perpetuate the misconception that love from the right person can heal you. Both Griffin and Craig initially subscribe to this notion, believing that their respective love interests' approval might change their lives for the better and that the only thing standing in the way of that reality is their double. Rank confirms that "the double is the rival of his prototype in anything and everything, but primarily in the love for a woman – a trait which he may partly owe to the identification with the brother [double]" (75). If we extend Rank's notion of potential romantic partners to all genders, both *It's Kind of a Funny Story* and *History Is All You Left Me* are prime examples for the rivalry between the protagonist and the double that is in part due to their reluctant identification with the Other. In *It's Kind of a Funny Story*, Craig has "lost" the love interest Nia to his friend Aaron after they both have tried vying for Nia's attention to "win" her as their girlfriend. In *History Is All You Left Me*, Griffin dated Theo first before breaking up with him to protect himself from heartbreak only for Theo to end up dating Jackson prior to his untimely death.

For one, the love interests are used by the protagonists in attempts to make their rivals experience the self-stigma they experience themselves. Much of the resentment for their doubles stems from the doubles having gotten the love interests instead of the protagonists. For instance, since Craig always feels inferior to Aaron because Nia has chosen him, it is the fact that Nia confides in him about her own mental illness that Craig takes pride in. Their connection exists because both Nia and Craig refuse to tell Aaron about their respective mental illnesses and Craig feels good in the knowledge that, whenever he is experiencing a few days of inertia and cannot get out of bed, he can always reach out to Nia to let her know about it, like a shared secret (Vizzini 121). Beyond believing to have bested Aaron in this regard, he also uses this connection to rub in Aaron's face. When Aaron calls Craig at the psychiatric ward and makes fun of his depression, Craig tells Aaron that "I take pills for it, like your girlfriend […] Maybe you should talk to her a little more and figure out what she's actually like […] You might learn something" (256). Whereas in the other instances, his depression has been a reason for why he could not compete with Aaron, it is now something where he has a "head-start," so to speak.

For Griffin and Jackson, the penchant for using their love interest to combat their self-stigma by proving their superiority over the rival double is even more prominent. The situation is somewhat complicated because the object of their affection – Theo – is dead. Bracher points out that the doubled often revels in the "narcissistic mirroring as well as the enjoyments of rivalry, competition, aggressivity and hatred" (201), which aptly describes Griffin's attitude toward Jackson whenever they discuss their memories with Theo which almost always leads to a competition of who was more important to Theo. Since the love interest is who made Griffin feel accepted and like he belonged, the whole rivalry with Jackson is tethered to the late Theo. Evidently, Griffin cannot compete against Jackson in the present because Theo is dead which means that he uses elements from the past to show he was an equal competitor. This is indicated in the possessiveness Griffin feels over Theo – he grows agitated whenever someone calls Theo "Jackson's loss" (Silvera 119) instead of his alone since he already considers Jackson "the person who stole [Theo] from" him (85). Griffin makes it abundantly clear that Jackson "wasn't in the lead" in the "same race" they were running for Theo's affection (91). Their stalemate about who has more history with Theo makes Griffin feel powerless because the fear that he was not good enough haunts Griffin throughout the narrative.

Consequently, Griffin's low self-esteem is often exhibited in moments where he realizes that Jackson also had a claim on Theo. Initially hesitant to exchange their memories because Griffin doubts whether he "can stand hearing about your [Theo's] happiness with him [Jackson]" (Silvera 85), Griffin and Jackson eventually open up to each other about their experiences. However, the more they do the more Griffin resents what he hears: "I don't like how threatened he still makes me feel" (131). This happens time and again as they, for example, visit Theo's old room and Griffin encounters actual evidence that he has been replaced: "I see photos of you and Jackson on the windowsill beside your bed. Right where our photos used to be" (116). Moreover, Griffin clearly states that he does not hate Jackson but rather the genuine connection he had with Theo: "I don't hate you. […] I hate that you also have history with Theo. And I hate that you were building a future with him" (131-2). It is thus less about Jackson also having been with Theo and more so about Griffin feeling threatened because Jackson has taken over Griffin's place in Theo's life.

Similarly, in *It's Kind of a Funny Story*, Craig's low self-esteem is articulated during situations in which both he and Aaron are vying for Nia's attention. After they both have passed the entry exam at the high school, Aaron decides to host a party and invite Nia. Over the course

of the evening, both Aaron and Craig compete for Nia's attention until Craig realizes during a game of Scrabble that he will not be the one Nia will choose:

> I saw where this was going. I made eye contact with Nia and here's what her eyes said: *Craig, we're all headed to the same school. I'm going to need a boyfriend going in, to give me some stability, a little bit of backup, you know? Nothing serious. You're cool, but you're not* as cool *as Aaron. He has pot and he's so much more laid back than you; you spent the last year studying for this test; he didn't lift a finger for it. That means he's smarter than you. Not that you're not smart, but intelligence is very important in a guy – it really is the most important thing, up there with sense of humor. And he has a better sense of humor than you, too. It doesn't hurt that he's taller. So I'll be your friend, but right now let's let this develop.* (Vizzini 71-72, original emphasis)

In this stream of consciousness, Craig identifies all the traits of Aaron that make him feel inferior but which he never talks about out loud: how he offers stability whereas Craig is oven incapacitated by his depression, how he is more liked by others and relaxed, without needing to put effort into school to succeed and easier to talk to than him. Even after Aaron and Nia have gotten together, Nia is always around, irritating Craig: "I thought I was cool with it, but as I saw them […] I started to get more and more pissed off. It was like they were throwing it in my face, although I knew neither of them meant that" (91). For Craig, Nia's presence in Aaron's life is a constant reminder that he is inferior to Aaron because he could not "get the girl" because he does not measure up to Aaron in his mind. Aaron thus personifies Craig's self-stigma because he represents to Craig the things he could have if he were not mentally ill.

Incidentally, this rivalry and the feeling of inadequacy is driven by the innate desire to be recognized as an equal and to belong. Both Craig and Griffin believe that their doubles are the root of all their problems and that, if they were not around, everything would be fine. Especially Craig believes that all of his issues are tied up in this rivalry. When Nia is supportive of Craig seeking professional help for his mental illness, Craig tellingly thinks: "This is a girl who can save me […] The therapists told you that you needed to find happiness within yourself before you got it from another person, but I had a feeling that if Aaron were off the face of the earth and I was the one holding Nia at night and breathing on her, I'd be pretty happy. We both would be" (Vizzini 121). In other words, Craig equates besting Aaron and being with Nia with getting better mentally. He follows the notion that as long as he could have what the double has – and desires – his mental health would improve drastically.

Considering the importance of the misconception that love can essentially heal your mental illness, it is no surprise that the protagonists' breaking point occurs in moments of intimacy in which this misbelief is exposed. Though Griffin and Jackson have somewhat declared a ceasefire and formed a friendship, this strenuous reprieve from their rivalry is broken when Griffin decides to go back to Los Angeles with Jackson so he can see the place where Theo spent the last months of his life after moving away for college. While they are reminiscing about their separate memories with Theo, Griffin learns that Theo shared an affectionate kissing routine with Jackson that Griffin has only taught Theo in confidence. Already staggering from the fear that Theo replaced him with Jackson, this is the last straw for him. In an apostrophe, Griffin directs his anger toward Theo and shares his feelings about the betrayal:

> He's [Jackson] pretty happy he shared something so intimate with me. He doesn't know that I know all of this. You taught him something personal to me. You taught him a routine I had with my parents as a kid. You taught him something I never thought I would share with anyone else until you came along. You taught him a kiss I personally created for us when I grew up needing a fourth […] You used our intimate history to create a future with someone else, and that's a thousand times worse. You used our love against me. Now I'm using your love against you. (Silvera 224-25)

During this lashing out Griffin comes to the realization that Theo's love did not lessen his self-stigma but only deflected from its severity considering that what constituted an actual problem for Griffin – not being able to repeat this kissing routine with others without a fourth being added since he can only handle even numbers – was simply a quirk to Theo. It further illustrates that part of the betrayal Griffin experiences is because Theo not only relegated this intimacy but that he even shared the fourth kiss Theo and Griffin came up with together. To have this "quirk" as Theo used to call Griffin's compulsions exposed and perpetuated with someone else indicates to Griffin that his rivalry with Jackson is only in his head: "Jackson isn't at fault because he didn't actually steal Theo from me. Theo was simply over me" (227). The inferiority Griffin felt toward Jackson is thus not solely in Jackson's hands but more so in Griffin's because he has to admit to himself that having the bigger claim on their love interest Theo does not in fact lessen his self-stigma or the severity of his undiagnosed OCD.

Similarly, in *It's Kind of a Funny Story*, Craig's theory that he would no longer be mentally ill if he bested Aaron and Nia would want to be with him is proven wrong when she visits him at the psychiatric ward. Lacan claims that "not to want to desire and to desire are the

same thing" (235) and that is evident in Craig who seems to not want to desire Nia but feels unable to stop. When she comes to see Craig after having broken up with Aaron, Craig catches his reflection in a mirror and comments that he looks "expectant, ready, eager, stupid, willing to do anything" and notes "I don't like how I look" (Vizzini 345). Though Craig is seemingly moments away from getting what he wants, he realizes that he is left powerless against his desires because Nia has chosen him, not in spite of his mental illness but because of it since she confesses she is attracted to Craig because he is "really screwed-up" (345).

Further demonstrating that Nia's affection is less about actual love but about besting his rival and thus proving he is validated as equal becomes evident when he thinks of Nia only in relation to Aaron. Craig firstly questions who broke up with whom in an attempt to learn that he was the reason Nia no longer wanted Aaron but considered Craig the better choice but when she fails to give him verbal confirmation, Craig still admits: "I don't have any strength or will when I'm with her. I don't have any choice. We're going to do whatever she wants" (345). And though he ostensibly has bested Aaron by "getting the girl," his thoughts are still occupied by Aaron, suggesting that getting Nia to be attracted to him was never about Nia herself but the inferiority he feels toward his double. Case in point, when Nia enters his bedroom at the psychiatric ward, Craig's first thought is that he "could pick her up and throw her on my unmade bed just like Aaron has done for the past two years" (348). Further, he contemplates how Aaron would approach this making-out session in a small hospital bed so they would both be comfortable (350). Likewise, Nia seems to be thinking of Aaron while they kiss as well, casually mentioning that she always wanted to make out in a hospital because she "and Aaron never did anything like this" (351). This constitutes Craig's breaking point because he stops kissing Nia and tries to articulate how devastating it is to hear Nia think about Aaron while they are together, yet all he can think to himself is "*please don't compare me to Aaron [...] please don't mention Aaron*" (351). Consequently, Craig comes to the realization that being with Nia is no cure for his mental illness stigma because even after ostensibly having been chosen by her, his inferiority and low self-esteem in comparison to Aaron persist.

These two breaking points offer deeper insight into the underlying desire that is masked by the rivalry and trying to best their double in "getting the girl," so to speak. Reiterating Lacan's claim that desire is never attainable because it exists in relation to a lack instead of to an object, both Griffin and Craig disclose that they do not actually desire Theo and Nia anymore respectively, but what they represent to them. Nia's constant comparisons of Craig with Aaron make him feel inferior because he believes himself to be a second choice or a placeholder.

Likewise, Griffin painfully realizes that being with Theo did not actually make him better but only caused him to consider his mental illness as more of a quirk than an actual health issue. Overall, the rivalry is less about winning the love interest and more so about what the love interest represents to the protagonists, namely the belief that being with the love interest, while perhaps not curing them of their mental illness, at the very least offers them validation and a sense of belonging on a larger scale in spite of their mental illness. Only once the protagonists realize that it is not in fact their love interests that lessen self-stigma but themselves can they begin to combat it.

The Double as a Guide

In contrast to considering the double a rival to compete against, there are also instances in fiction where the double acts as a guide to the protagonists to ameliorate their experience of self-stigma by offering them validation when they are taking steps to evade stigmatization. Analyzing protagonists' behavior toward their peers in young adult fiction Coats argues that "our identity is the outcome of a series of identifications; in large measure it is performative, meaning that we take on the gestures and languages of those whom we identify as desirable and ideal in order to craft our own self-representation" (5). Indeed, characters who are unsure about their standing in their friend group often seem to emulate the traits and behavior that they admire in someone else and thus try to gain approval from them. The same can be said for the relationship between the protagonists and their doubles that act as guides in *All the Bright Places* and *Every Last Word*.

Both Jennifer Niven's *All the Bright Places* and Tamara Ireland Stone's *Every Last Word* feature autodiegetic narrators. Finch in *All the Bright Places* suffers from an undiagnosed bipolar disorder which he refuses to accept. Sam in *Every Last Word* is aware of her OCD and has been living with and managing it with medication and therapy for years. Furthermore, both Finch and Sam are unreliable narrators. Whereas Finch is deliberately unreliable – often embellishing tales about his "grand" life or deflecting the severity of his mental illness – Sam is an unintentionally unreliable narrator because her mental illness causes her to hallucinate her double Caroline. Thus, both protagonists' unreliability is in part caused by their mental illness.

Contrary to the doubles as rivals, protagonists do not seem to be aware of their doubles' roles as their guides. As discussed, though both Griffin in *History Is All You Left Me* and Craig in *It's Kind of a Funny Story* consider their doubles rivals on a conscious level, only Griffin actively points out how Jackson is his double. Meanwhile, in *Every Last Word* and *All the Bright Places*, the doubles Caroline and Violet are solely considered admirable or individuals

the protagonists identify with and thus want to please or emulate. It appears that guides operate on a more subconscious level than the rivals since characters are generally not aware that they are being guided to a more supportive environment.

Additionally, opposite to doubles that manifest as rivals, protagonists and their doubles who act as guides seem to be doubled in their experiences rather than their looks, behaviors and traits. Caroline, Sam's double in *Every Last Word*, is perhaps the closest to traditional gothic doubles. Sam is the only one who can see Caroline. However, Caroline is not a random girl. Her hallucinated appearance, as Sam later learns, is based on an actual girl named Caroline who committed suicide in 2007 after having been bullied extensively by fellow students and believing that she had no place where she belonged (Stone 283). As such, Caroline can be interpreted as a cautionary tale for the reader. Sam fears being open about her mental health because of the consequential ousting from her friend group that is likely to happen whereas Caroline has apparently lived through something similar and is now alone – and, not to Sam's knowledge until late in the novel – dead. Sam's fear of being ostracized if her friends ever learned about her OCD thus mirrors what happened to Caroline and indicates why Sam subconsciously "chose" Caroline's appearance as a guide. Further, as Sam's guide, Caroline's purpose seems to be to make sure that Sam does *not* follow a similar path and instead implements changes that will benefit her by reducing the self-stigma she experiences with her friends.

In similar fashion, Finch and his double Violet in *All the Bright Places* are more so doubled in their experience than in their looks or behavior. Finch and Violet attend the same school but are part of very differing social circles. While Violet used to be – and still is to some extent – part of the popular group, Finch has been ousted from said group of friends because of an incident in the past where he had a violent outburst during a bipolar episode. While Finch seems to command attention, Violet tries to hide away. Though Finch and Violet do not seem to have much in common, their experience with mental health appears to be what draws Finch to her. Though Violet is not diagnosed within the novel, she is suffering from post-traumatic-stress-disorder (PTSD) seeing as she cannot drive in a car anymore after having lost her sister in a car accident where she was the only survivor. Violet has also drawn back from her group of friends and seems unable to cope with the pain of losing her sister. Like Finch, she finds herself contemplating suicide to escape the pain of living. These shared experiences are the common denominator that might be the case for why the protagonists do not consider their

doubles rivals and instead kindred spirits. Rather than perceiving the likenesses as a threat, they see them as a chance to connect.

Further, both Finch's and Sam's doubles are born out of their own fears and desires. Finch and Sam desire to have someone in their life they can confide in without fear of judgment or ostracism. The protagonists' initial meetings with their double strengthen that theory and indicate what the protagonists want for themselves but are afraid to pursue. Caroline's first appearance in *Every Last Word*, for example, occurs on the first school day after summer break when Sam is anxious to see her friends, the group called the Crazy Eights. After a summer apart in which she did not have to hide her mental illness from them, Sam needs to remind herself periodically to "Breathe. Breathe. Breathe" as her "friends close in" on her and feels nauseous (Stone 25). In a vulnerable situation in which Sam is feeling anxious, Caroline appears and offers Sam a moment of peace (27). Immediately, Sam feels compelled to tell Caroline about her mental illness and even about going to regular therapy appointments which "no one outside [her] family knows about" and which Sam has "never talked with anyone [her] age" about before (35). Since Sam has to essentially wear a mask with her friends and pretend, she creates Caroline where she can speak openly about her mental illness without fear of judgment. A small indicator of the trust she immediately places in Caroline is the way in which Caroline addresses Sam with her nickname without being prompted to do so. Her friend group, in comparison, always refused to call her by her nickname instead of addressing her as Samantha because "Kaitlyn laughed and said that's her dog's name, and Olivia said it's a guy's name, and Alexis declared she would never, ever go by Alex" (27-28), indicating that appearances were more important to them than Sam's simple request. Having Caroline immediately do so offers Sam the first sign that she is accepted without any conditions.

While Sam thus appears to "create" her double to offer her the type of support she lacks from her friends, Finch projects his own anxieties onto his double. In the beginning of *All the Bright Places*, Finch is in the school's bell tower, contemplating suicide by jumping. Unexpectedly, he meets Violet up there who is considering the same. Finch saves Violet from jumping only for her to return the favor by guiding him back to safety. Ironically, Finch ends up saving someone from the very fate he was contemplating to go through with. However, while for Violet going to the bell tower was an unconscious decision she regrets, Finch actively sought out the bell tower: "I want to stay alive […] I'm fighting to be here in this shitty, messed-up world. Standing on the ledge of the bell tower isn't about dying. It's about having control" (Niven 16). Finch is trying to take back control over his life since his bipolar episodes often

leave him incapacitated – he is clearly looking for something that will keep his mind occupied and Violet offers exactly that: a distraction and the chance to help someone else since Finch feels incapable of helping himself.

Over the course of *Every Last Word*, Caroline guides Sam away from the harmful influence and interactions with the Eights and toward the people in Poet's Corner, a secret poetry club Sam enters thanks to Caroline, who are far more accepting. Initially, Sam is reluctant to reconcile the fact that her friend group is detrimental to her mental health as she has to hide her OCD and behave the way the group's leader Alexis dictates. During conversations with her therapist, Sam notes that her double Caroline "doesn't like that my friends hurt my feelings, intentionally or not. Whether it's them or me, she doesn't understand why I'd choose to hang around with people I'm constantly questioning" (Stone 78), which essentially means that Sam herself does not understand why the Eights have such a hold over her. Though Caroline's guidance influences how Sam approaches situations with the Crazy Eights, Caroline never pushes her agenda forcefully or tells her to drop the Eights outright. Instead, she encourages Sam to connect with the people in Poet's Corner who are also described as outcasts who do not fit in with just one group at school and are rather seen alone in the school hallways. By offering "encouragement and moral support" like Bracher figures the Imaginary Other does, Caroline helps Sam to make the right decisions for her mental health rather than for appearance's sake.

Meanwhile, Finch encourages and even enforces the guidance of his double in *All the Bright Places*. Finch is socially alienated ever since his undiagnosed bipolar disorder caused violent outbursts that made his peers mark him as a "freak" and seek distance from him. Since Finch has talked Violet off the bell tower's ledge but still worries about her, wondering "who's going to check on Violet Markey to make sure she's not back on that ledge" (Niven 78) if he does not keep an eye on her, he pairs them up for a geography project that tasks students with exploring their home. However, Finch does not simply plan these outings to help Violet overcome her grief for her sister. Instead, it appears to be a deliberate choice to project his own fears – of considering suicide – onto Violet and to help her since he refuses to get help himself. Therefore, it helps him deflect attention away from his mental health struggles and offers him a way to keep the "*Asleep*" state – the metaphor he uses for the low bipolar episodes he experiences – at bay. At multiple instances in the novel, Finch makes it abundantly clear that he "want[s] to stay alive," and going to these places all over Indiana with Violet makes him feel connected to the earth and people around him, giving him a reason "to be present, not

watching it through a lens" (16, 39). Though Finch ostensibly is talking about seeing a place by googling it on his phone versus visiting it in real life, it also hints at him seeing the world through a different perspective whenever he is experiencing a bipolar episode.

Furthermore, the timing of their appearances also plays a key role in revealing the doubles' agenda and their progress. Other than during meetings of the Poet's Corner members, Caroline only ever appears on page for the reader to see when Sam is contemplating her toxic friendship with the Eights or when she is planning to stand up to their leader Alexis. Beyond these moments, every time Sam and Caroline are together is simply recounted as past events, for example when Caroline stops by Sam's house during the weekends or when they are sitting together in the auditorium at school, writing poems. Even when Sam interacts with others from Poet's Corner in ways she never has with the Crazy Eights, she always relates it back to how Caroline influenced this off-page: "Caroline told me to let my guard down tonight" (Stone 220).

The frequency of the doubles' appearances in the protagonists' lives further reveals their agenda to guide them to a more mentally sound place, that is to destigmatize the protagonists' experience of mental illness. Sam's double Caroline, for example, initially appears frequently whenever Sam is feeling distressed by her friends and especially before or after having spent a prolonged amount of time with them. However, as the story progresses and Sam begins to value Caroline's opinion over those of the Crazy Eights, Caroline rarely appears without being "called" by Sam's anxiety. Since Sam has adapted to behaving in ways that take her away from her friend group, Caroline is less needed because there are fewer moments of potential anxiety over having to keep Sam's mental illness a secret, causing her to not appear for several chapters beyond Poet's Corner meetings. And even here, Sam acknowledges later that Caroline only appeared in Poet's Corner because Sam is "always anxious going down there during lunch. I'm afraid the Crazy Eights are going to follow me and find out about that place" (299). This realization on Sam's part both implies that Caroline's presence is triggered by Sam's anxiety about her friends and that Sam has adequately distanced herself from her friend group since Caroline no longer appears apart from these moments.

In accordance with this assumption that the double appears less frequently once their agenda is advanced, the opposite case is also true in *All the Bright Places*. Whereas Caroline has guided Sam so far that she does not need her beyond when something with the Eights happens, Finch's worsening mental health causes his double to show up more frequently. The

more Finch draws back and gets into trouble, for example being expelled, the more Violet shows up at his house and tries to reach out to him and guide him back to talking to others. When she realizes that Finch has moved into his closet because the open space of his bedroom was too big for him, she encourages him to talk to someone besides her: "I don't know anyone who goes into the closet and stays there. You need to talk to your counsellor, or maybe Kate. You can talk to my parents if you want" (Niven 306). Thus, the more Finch's double senses that he is pulling away from the support lines she tries to create, the more she tries to get him to engage with them.

To a certain extent, the doubles also act on their own in guiding the protagonists toward reaching out about their deteriorating mental health. Though Sam feels her OCD is getting better, the opposite is evidently the case as she is hallucinating Caroline. After Sam has learned that Caroline is not real, she feels mortified because it is AJ, her boyfriend, who tells her that Caroline is a girl who committed suicide in 2007 and not real. Sam never wanted him to find out about her OCD, which is now out in the open (Stone 280). However, when she discusses this with her therapist later on, Sue indicates that evidently a part of Sam wanted AJ to finally know about her mental illness, otherwise Caroline would not have told Sam to trust AJ in confiding in him about their friendship. Her therapist tells her: "You say you didn't want AJ to know about you, but if you think about it, a big part of you did" (303). Again, the double's agenda is made clear: even if the protagonist does not consciously want to confide in others about being mentally ill and getting the support they need, subconsciously they seek community and acceptance which the guide is showing them how to obtain.

Analogously, Violet tries to get others to pay attention to Finch's bipolar episode in the chapters from her point of view. After having failed to convince him to reach out to someone in his life about his mental health and him disappearing (Niven 306), Violet confronts the people in Finch's life to get them to pay attention to this situation. However, whether it is Finch's siblings or his friends Brenda and Charlie, no one seems to understand the severity of Finch disappearing and placates her: "That's just his thing. That's what he always does" to which Violet wishes she could reply "Doesn't anyone care why he comes and goes? Have you ever stopped to think that something might be wrong with this?" (313). Evidently, though her attempts remain somewhat futile, Violet tries to guide others to help Finch once she fails to appeal to him directly about reaching out, further proving the double's agenda.

On a similar note to the rival double situation, the doubled protagonists Sam and Finch also tether their sense of normalcy to their love interest. Both state that one of the reasons they fear disclosing their mental illness is that they do not want their respective love interests to consider them anything but normal and, even more importantly, do not want them to see them as nothing but an illness. Although I go into more detail about the decision of disclosing one's mental illness in the following chapter, it is here interesting to note that both Sam and Finch feel a sense of normalcy when they are in the presence of their love interest. Sam discusses this with her therapist on multiple occasions, stating how she feels like "someone normal" when she spends time with AJ and Caroline, not feeling "sick or labelled or broken" and notes that "the second he [AJ] finds out, I cease to be normal. He makes me feel normal because he thinks *I'm* normal" (Stone 251). Interesting to note in Sam's case since her double is not also her love interest is how this tells the reader that even with Caroline ameliorating her experience of self-stigma concerning the friendship with the Crazy Eights, Sam's innate fear of being rejected for not living up to societal standards – that is, being what she considers normal – is still very much present in her mind, signaling that Caroline's efforts to combat Sam's stigma are helpful but not omnipotent.

Whereas Sam is solely hiding her mental illness from her love interest AJ, Finch is downright trying to evade the label of being bipolar. Once Violet hints at him needing to get help for his mental illness, he tells her off: "I'm not a compilation of symptoms. Not a casualty of shitty parents and an even shittier chemical makeup. Not a problem. Not a diagnosis. Not an illness. Not something to be rescued. I'm a person" (Niven 307). Finch does not want to be seen by Violet as an illness rather than the boy she loves, which is further indicated at the height of his bipolar disorder before he disappears. Distancing himself from Violet he is actively "avoiding" her because he "must not let her see" how badly he is doing (258). Finch realizes that "It's only a matter of time until Violet figures it out. *You warned her. What does she want form you? You told her how it was*" (278), yet tries to keep her from finding out the truth lest she abandon him because of his mental health problems. Since he believes that she would no longer want to be with him once she knew about his mental illness, he wants to keep it a secret for as long as possible, denoting his fear of stigmatization.

Their reluctance to have their love interests find out the truth about the severity of their mental illness further illustrates how, even in novels with the double acting as guides, the misconception that love can "heal" a mental illness is initially unchallenged. Both protagonists further suffer from feeling like they are not good enough for their love interests based on their

mental illness that, in their eyes, marks them as the opposite of normal. Similar to how the protagonists with rivals as doubles fear rejection if their romantic counterpart learns that they are mentally ill, Sam and Finch fear the same. Sam, additionally, almost feels like an impostor because she believes Caroline's presence has turned her into someone AJ wanted to pursue instead of her own personality. When their friendship morphs into a romance, Sam is hesitant: "This is a mistake. He doesn't like me; he likes the person Caroline turned me into. He thinks I'm a normal girl who swims and writes poetry, but I'm not. I'm obsessed with my thoughts and I can't sleep and I count in threes. He writes music and wears his heart on his sleeve, and I don't deserve him" (Stone 220). Sam further states that AJ's approval of her made her feel like she was healthy for the first time: "I thought I was getting better. But as it turns out, I was getting worse" (332). Buoyed by the double's and the love interest's validation of her changing her behavior and her values, Sam believed to be, if not cured then at least lessening her symptoms of OCD, by spending time with AJ, which is then challenged once AJ finds out the truth about Sam having hallucinated Caroline and running away from her.

Nevertheless, this guidance through the double is so successful that the protagonists Finch and Sam begin to act in ways that will earn them recognition and praise from their double. As discussed, when it comes to protagonists' interactions with their rival doubles, most if not all are *re*actions to what the rival does. When the double is considered a guide, actions seem to be carried out by the protagonists with the intention of eliciting a – hopefully positive – reaction from their double. Recalling Bracher's claim that "one may try to gain [recognition] by changing one's behavior (so as to more fully embody one's ego ideal) or by changing one's ideals (e.g. identifying with attempting to enact ideals that one presumes the Symbolic Other will be more likely to validate)" (202), both Finch and Sam gradually act in ways they believe their doubles will approve of. Whenever Sam refuses to divulge where she is spending her lunch breaks to the Eights or asks them to accept that she does not solely want to spend all her time with them, Caroline encourages her with praise such as "nicely done" or telling Sam that she was "brilliant" by standing up to the Eights (Stone 233, 277). She also suggests to Sam that she should tell AJ about Caroline and that they are friends, showing that Caroline – and thus subconsciously Sam – wants Sam to confide in AJ about her OCD.

Confirming that Sam acts to earn her double's praise is the moment when Sam eventually tells the Eights that she needs distance. Seeking out Caroline afterward to tell her about it, she cannot locate her and runs into AJ, who seems confused when she talks about her friend. Sam then admits that her actions have been guided by Caroline: "I came clean to the

Eights. I thought that's what she wanted. She's the one who said I needed 'new friends' and introduced me to all of you. She's the one who brought me down to Poet's Corner in the first place […] She's the reason you let me stay" (280). Even in this confession, it becomes clear that what Sam wanted most – and achieved because of Caroline – was finding a supportive environment. While Caroline offered her encouragement and support, it was Sam who ultimately realized that the Crazy Eights are harmful to her mental health rather than beneficial because she had to keep everything a secret. Caroline's "existence" thus led Sam to people who would be kind to her and not police her actions. Evidently, because Sam has done what her double wanted her to, she can no longer locate her as Caroline has served her purpose and disappeared.

This behavioral change can also be traced in Sam's regular sessions with her therapist. Initially after meeting Caroline, Sam discusses keeping Caroline a secret from her friends with her therapist Sue, stating that she fears being ostracized if the Crazy Eights knew about her having a confidant outside of the group (43). She is aware of the damaging influence her friendship with them has but believes to be dependent on them: "their friendship might require weekly therapy, but I have fun with them" (43). The more time Sam spends with Caroline and the more her praise and valid critique inform Sam's actions, the more Sam begins to feel ashamed for "keeping her a secret" because Caroline is so supportive of her (193). Eventually, Sam no longer fears the Crazy Eights' opinion on her friends outside of the group and instead is no longer "obsessing about my friends turning on me or kicking me out of their little club. I no longer care if they do […] I care more about what AJ and Caroline and the rest of the people in Poet's Corner think of me" (200). Sam here clearly has begun to let go of the ideals the Crazy Eights have imposed upon her and instead begun to value the opinions of her supportive network where she does not have to alter her behavior to fit in.

Gradually, this changing behavior engenders a change of their ideals as well. In a smaller instance, this is shown in how Sam considers her physical appearance as well as Caroline's. Initially, Sam spends over an hour each day to make sure she looks perfect for school because that is the standard the Crazy Eights set (20). When she and Caroline decide to meet at Sam's house after their first meeting, Sam thinks to herself: "Maybe I could talk her into letting me give her a mini-makeover, too. A few highlights to give her hair a little dimension. Some concealer to hide the pockmarks and blemishes. Nothing dramatic, just a touch of color on her cheeks, eyes, lips" (36-37). This conditioned response to Caroline's somewhat bland looks is more so about the standards of the Eights than about what Sam

considers beautiful seeing as she spends her summers apart from the Eights without wearing makeup at all. Even with a fellow Poet's Corner member, Chelsea, Sam finds herself falling into these old patterns: "Like Caroline, she's not wearing any makeup at all, and for a moment, I picture what I could do with a little bit of blush and some lip gloss. Maybe some product to shape her curls into well-defined ringlets, and a headband to pull them away from her face. Then I catch myself" (142). The last sentence shows that these makeover thoughts are a conditioned response she has learned from others instead of representing her own thoughts. However, as the bond between them strengthens, Sam considers Caroline beautiful and even goes without makeup herself in front of her love interest AJ, something she has never done before with anyone outside of her family (223). Moreover, once Sam has learned that Caroline is not real, she implements this new ideal that she does not have to look a certain way to fit in with the Eights if she does not want to. During a therapy session, her therapist comments on her looking different, which Sam proudly confirms in her thoughts: "I'm wearing jeans and a plain, long-sleeve shirt. My hair is long and straight, but I didn't flat iron it or anything. And I'm hardly wearing any makeup, just a light bit of foundation, some blush and mascara. I've been scaling back over the last few weeks. This feels more like me" (348).

A similar parallel exists in *All the Bright Places*. Though Finch does not confide in his school counsellor Mr. Embry, there are two occurrences that suggest his double Violet is changing his behavior. For one, Finch keeps a journal in which he writes down suicide methods used by famous people in the past as well as the likelihood of him choosing said method for himself. Whereas mentions of these notes occur frequently in the first chapters from Finch's point of view, they appear less often whenever Finch spends time with – and fixates on helping – Violet. Secondly, Finch is known for changing his looks and entire persona on a regular basis because he does not feel comfortable in his own skin (Niven 36). These personas range from Finch changing his entire wardrobe, speech patterns or even trying out smoking to fit with the theme he chooses – at the start of the novel, for example, he is "trying out Theodore Finch, 80's kid, and seeing how he fits" (36). That these trial versions are solely a way to deflect from the fact that Finch does not know who he is as he is trying to outrun the label of being mentally ill is evident as Finch thinks that "I'm most afraid of me" (221), alluding to the fact that he is afraid of the unknown consequences of having that label added to his identity.

However, the more time Finch spends with Violet and the more they discuss their own struggles, the less Finch changes his personas until they completely fall away because of his feelings for Violet: "I don't want to be anyone but Theodore Finch, the boy she sees […] a boy

who wants to be easy for the folks around him so that he doesn't worry them and, most of all, easy for himself. A boy who belongs – here in the world, here in his own skin. He is exactly who I want to be and I what I want my epitaph to say: *The Boy Violet Markey Loves*" (203; original emphasis). Though Finch still secretly aspires to be like everyone else and "to be easy" for the comfort of others and thus evading his label as mentally ill, it is clear that his ideals have somewhat changed as he no longer feels the need to alternate his persona to appeal to Violet, which can be interpreted as a first step toward combating his self-stigma.

Altogether, the doubles as guides attempt to disengage the protagonists from situations or environments in which they are likely to encounter an ample amount of self-stigma. Additionally, they offer support and encouragement when protagonists take active steps toward creating a safer environment for themselves in which they can feel secure in confiding their mental health issues with others.

The Double as Alter Ego

Arguably, Aza Holmes in *Turtles All the Way Down* is the character most aware of the impact of her mental illness on her sense of self. Much of this self-awareness stems from Aza's perceived lack of control and her desire to reclaim that control. Part of Aza's OCD are thought patterns called "intrusives" that result in thought spirals that Aza cannot manage on her own. Recurringly, she refers to the fact that her thoughts "spread out of control" and that she "can't choose" which ones she focuses on (Green 45, 59, 66). She frequently questions the idea of the self and tries to articulate her confusion with metaphors. Contemplating her existence, she thinks: "Of course, you pretend to be the author [of your life's story]. You think you're the painter, but you're the canvas" (2). This is reminiscent of the low self-efficacy stigmatized people often encounter where they do not believe themselves to have control over their actions. Additionally, Aza makes it clear that to her, the worst thing is losing control on a daily basis: "True terror isn't being scared, it's not having a choice in the matter" (22). This innate fear of not being in control shapes much of her life, and her approach to relationships, especially regarding her double.

A strong case could be made for Daisy, Aza Holmes's best friend, being her double. Aza defines and understands herself through her relationships with others and with Daisy in particular. Recurringly, Aza questions what her role in their friendship – and Daisy's life – is. Sitting in the cafeteria during lunch break at school, she ponders: "What was my part in this play? The Sidekick. I was Daisy's Friend, or Mrs. Holmes's Daughter. I was somebody's something" (2-3). Aza also wonders about Daisy's motives for being friends with Aza:

"Sometimes I wondered why she liked me, or at least tolerated me" and "wondered if Daisy was only my friend because she needed a witness" (7, 64). Due to Aza's low self-esteem and her frequent trouble with being "present" in conversations (3, 96), she does not understand why someone like Daisy, who is outgoing and talkative like Aza would like to be, would want to be friends with her.

Though Aza questions what Daisy gains from their friendship, Daisy acts as a focus point for Aza when one of her thought spirals occurs. Daisy is aware of Aza's OCD because they have been friends since they were six years old, and often when Aza's thoughts get stuck, "just listening to Daisy did the trick. She'd straightened something inside me, and I no longer felt like I was in a whirlpool or walking an ever-tightening spiral. I didn't need similes. I was located in my self again" (66). The normalcy that comes from listening to Daisy's daily routine calms her. So, while Daisy does not quite fit the double as a rival traits, she does occasionally act as a guide to Aza, grounding her. Though this may seem like an unintentional side effect of her personality, Daisy also actively tries to help Aza when these thought spirals occur. During a double date, Aza realizes how little she interacts with her friends and rather becomes the spectator: "even though I laughed with them, it felt like I was watching the whole thing from somewhere else, like I was watching a movie about my life instead of living it" (96). In instances like these, where Aza is unable to articulate her feelings, Daisy tries to engage her in the conversation, "trying to make room for [Aza] to talk" (96).

Beyond this dependency, however, Aza's OCD is often a point of contention between the two girls. Though Daisy helps Aza the best she can and wishes she understood the workings behind the illness (131), it also causes friction between them when Aza tries to admonish Daisy for being impulsive and not thinking things through. Daisy tells her that "it's just frustrating sometimes" how Aza gets stuck in her own thoughts and though she says that it does not "mean that you are a bad friend or anything," she admits that "you're slightly tortured, and the way you're tortured is sometimes also painful, for, like, everyone around you" (140). Though Daisy tries to be kind, she inadvertently reaffirms Aza's self-stigma that she is a burden to her friends and impacts the way people, especially her friends, see her. Additionally, the way Daisy approaches Aza's mental health informs how she considers others perceiving her when her symptoms are obvious. During one of her thought spirals that happens in front of Davis where she compulsively presses the skin of her thumb until it bleeds, Aza immediately jumps to conclusions on how Davis sees her based on how she feels her double Daisy would see her: "I felt nauseated and disgusting, but also pathetic; I knew how I looked to him. […] Now, it was

an irritation, like it was to Daisy, like it was to anyone who got close to me" (154). Judging from how Aza sees Daisy reacting to her, Aza believes others will feel the same way.

Considering the features of a double outlined earlier, Daisy thus exhibits both elements of a rival and a guiding double. On the one hand, Daisy acts as a protective spirit, taking care of Aza and helping her when thought spirals occur, but on the other hand, she invokes feelings of shame in Aza about her symptoms and increases her self-doubt by acknowledging and affirming Aza's assumption that she is valued less because of her mental illness. Therefore, Daisy is quite the contender for being Aza's double.

However, there exists an added layer to this representation of the double and I want to focus on this element here: Aza's fictional alter ego, created by Daisy. After Aza follows Davis's offhand comment to Daisy's *Star Wars* fanfiction, which she has never read, she realizes that Daisy has turned her into a fictional character. Ayala, her alter ego in Daisy's stories, personifies all the traits Aza considers to be her worst ones. Ayala is the character that is least liked by Daisy's readers, she "wasn't a bad person, just a useless one" as Aza comments upon reading the fanfiction (195). Beyond being "totally self-centered and perpetually annoying," Ayala frequently interrupts the romance between the two main characters of the fanfiction because of her compulsions and is thus the scapegoat for many things going awry in the story. Ayala rather hinders the progression of the plot and causes problems in the fanfiction. To paraphrase Corrigan's definition of self-stigma, Aza internalizes the stigmatizing ideas that are emphatically voiced by the commenters of Daisy's fanfiction – that Ayala is useless and gets in the way – and believes that Aza is thus less valued because of her mental illness. As such, Ayala further represents her worst insecurities brought to life. In the story Aza reads, Rey – the self-insert character Daisy created for herself in her fanfiction - describes Ayala as her "best friend and greatest burden" (194), reaffirming Aza's belief that she is simply tolerated rather than accepted as a friend, exactly what she has been contemplating ever since becoming friends with Daisy. Further, Aza immediately considers this alter ego as representative of how Daisy feels about Aza: "I now saw myself as Daisy saw me – clueless, helpless, useless. *Less*" (196), indicating her diminished self-esteem and self-efficacy.

Though her double is neither a rival nor a guide, the existence of Ayala influences how Aza interacts with Daisy. After Aza finds out about her alter ego in Daisy's fanfiction and wants to confront her about it, she initially hesitates when she sees Daisy, not being angry with her for creating Ayala but rather "like I deserved it, really. Like Ayala was the thing Daisy had

to do to live with me" (196). Aza's self-doubt is magnified by her belief that Daisy needs to release tensions by creating a fictional representation of their friendship. To add to that, when Daisy asks her to join a friendly get together with her, her boyfriend and Davis, Aza reevaluates her decision to decline: "I wanted to tell her no, but I was thinking about how Ayala always said no to everything, and I didn't want to be like my fictional self" (197). The little control Aza clings to is thus further diminished because she does not want to prove Daisy right about her "fictional self" and in accordance, herself. Though her alter ego is not real, Aza chooses to act in opposite to what Ayala would do to escape the likeness they share.

When Aza eventually confronts Daisy about the existence of Ayala, she points out the indisputable parallels between them: "Ayala, Aza. Beginning of the alphabet to the end and back. [You] gave her compulsions. Gave her my personality" (214). Interesting to note is that Aza prioritizes mentioning the compulsions prior to her "personality" being stolen, suggesting that she defines herself primarily through her mental illness symptoms rather than other aspects of her self. Beyond this telling moment, Aza tells Daisy that "[a]nyone reading it would know how you really feel about me" (214), further proving that Aza parallelizes Rey and Ayala's relationship in the fanfiction with Daisy and hers. Quite like with the doubles I have considered so far, everything relates back to how the double perceives the protagonist or how the protagonist believes to be perceived by the double. For Aza, the issue with her alter ego lies in how it not only makes her feel that her worst fears about being inadequate due to her mental health are true, but that others see her like she sees herself. Daisy, meanwhile, while initially refuting the claim that Ayala and Aza are the same, eventually admits that creating Ayala was "kind of a way to coping with" Aza's mental health issues and how these issues influence their friendship: "it's not your fault, but your anxiety does kind of invite disaster […] I mean, Holmesy, you're exhausting" (214). Eventually, their confrontation culminates in a minor car accident that leaves both of them taking separate paths when Aza has to go to the hospital and Daisy is released home, creating distance between them.

Dissolution of the Double

One of the advantages of using doubles as a narrative strategy to represent stigma becomes evident in their resolution. Having the doubles essentially disappear once they have served their purpose mirrors the process of facing the self-stigma one experiences and taking active measures in resisting it. In the case of the rival doubles, the protagonists need to acknowledge and confront the triggers that cause them to feel self-stigma. In part, this is achieved by realizing that their desire for the love interest they are competing for with the rival

is actually caused by their innate desire to belong and be accepted by others. Another way is to acknowledge the severity of their mental illness and to seek treatment.

In *History Is All You Left Me*, Griffin comes to terms with the severity of his undiagnosed mental illness after creating distance between him and his rival. After the fallout with Jackson and learning that Theo shared intimate secrets with him, Griffin reaches out to his (and Theo's) best friend, whom he fell in love with after Theo moved to Los Angeles and whom he has been avoiding because he felt guilty about still addressing Theo in his mind. Wade is one of the few people who know about Griffin's compulsions and helps him see the impact they have on Griffin's life which he does not want to acknowledge. Switching to Griffin's left while they are walking – which works against Griffin's compulsion of needing to walk on the left of people – he reprimands Griffin: "This is serious. But you never treat it that way" (Silvera 269), exposing that Griffin rarely addresses how much his compulsions are ruling his life. During a sequence of experiments, including Wade playing five, an odd number, songs instead of six, Wade points out to Griffin that he needs to acknowledge the impact his mental illness has on his quality of living: "Your thing…it's not healthy […] I don't understand what it's got to be like in your head, but you have to do what's necessary to not be your compulsions' bitch. It's limiting your life" (273). Griffin contemplates what Wade says: "Not controlling. Limiting. I try to believe it, but I can't. My compulsions threaten my health, physically and mentally" (273). Eventually, Griffin realizes that he has been denying the extent of how detrimental his symptoms are to his life and his relationships and resolves to work on getting better: "I know I've been lying to myself about how well I'm actually functioning, and I know I may not be able to scrub myself clean of all the impulses and anxiety completely, but I want to see if I can take some control of my life back" (287).

Revealing the potentially harmful ramifications it can have to believe love can heal you, Griffin acknowledges the opposite to be true and understands that he deflected about his mental health worsening so he could remain desirable to Theo. During this experimental phase with Wade, Griffin has a revelation about how self-stigma has influenced his attitude toward his mental health. He realizes, that in part, he did not seek treatment for his mental illness because he considered his symptoms an asset since Theo seemed to like him because of them:

> Theo made me feel special […] With my compulsions, I mean. Sorry. I know they
> sometimes frustrated him, but I also never could shake this feeling that they made me
> stand out in his eyes. And, I don't know, I always believed Theo loved me but there

was always this voice in me that convinced me to make sure I always fit with him. If I didn't change, I would never stop being special in his eyes. Almost like, if I started trying to do stuff like we're doing now, I might lose my spark and suddenly feel, I don't know, faded to him. (273)

Whether intentional or not, Griffin believed himself to be more attractive or extraordinary because of his mental illness symptoms and feared seeking treatment because he was hesitant to lose these compulsions and thus no longer "fit with" Theo and not be cast aside. During the novel, there are several occurrences pointing out how fascinated Theo was by the compulsions, even creating a short video animation called "Griffin on the Left" or indulging Griffin's need to always have even numbers included instead of odd ones (22, 11). Now, Griffin realizes that he has been turning a blind eye to the extent of his mental illness symptoms because of self-stigma and that he held on to not seeking treatment in order to remain special to Theo, perhaps even after his death in order to best his rival Jackson.

Moreover, by acknowledging that the rivalry between Griffin and his double Jackson was caused by Griffin's latent desire to fit in and need for acceptance, Griffin can resolve the double situation. Once the fears of being replaceable or somehow lacking because of his mental illness are addressed and Griffin seeks treatment, the double – or at least the misguided notion that Jackson has power over Griffin's memory of Theo or his own self-worth – is dispelled. Griffin learns to let go of the ideal ego once he acknowledges that Jackson was good for his grief recovery and that they "were a support system for each other" but that ultimately he has to stop comparing himself to Jackson and his history with Theo (261). Realizing that "people reveal different parts of themselves to different people" helps Griffin understand that Jackson's existence did not encroach on Griffin's individuality and that it does not mean Theo solely loved him for his compulsions (258). This resolution is exemplified by Griffin stating without any resentment or negative feelings that Jackson is "a better person" (261) and that he realizes that his recovery cannot be dependent on other people. Instead, he understands that "this begins with me trying to become my own rock" (279). Griffin has stopped comparing himself to Jackson's progress and no longer sees him as his rival, instead, he comments on "the high and possibilities of rebirth" and mending the broken relationships in his life. Jackson, he and Wade are now friends. Griffin's resolution that he is "going to move past what's done" indicates that he no longer clings to the idea of besting his double (282). Griffin thus has acknowledged the origins of his self-stigma and understood that his rivalry with Jackson acted as a smoke screen to deflect from his worsening mental illness, effectively ending said rivalry.

The final chapters of *History Is All You Left Me* confirm that Griffin no longer looks to others for validation and instead focuses on his mental health. At Theo's grave, Griffin addresses him for the last time, explaining that he now knows he is not really talking to him but that these one-sided conversations are a side effect of his newly diagnosed mental illness for which he is now in treatment and on medication (282). Griffin is accompanied to the cemetery by Wade and Jackson, no longer feeling any resentment toward the latter and instead considers Jackson "the brother [he] never had" (285). Further, Griffin walks on the left with Wade right beside him but switches to the other side of his own volition, hinting that he is trying to work on his compulsions and not fearing Wade's reaction because he knows that Wade will understand if Griffin needs to switch sides again.

Likewise, Craig in *It's Kind of a Funny Story* follows the same trajectory concerning his double Aaron. Craig acknowledges the damaging effect his comparisons to Aaron have had on him and begins to take steps to combat his low self-esteem and low self-efficacy. Craig realizes that it is not his mental illness per se that is the issue, but the pressure he puts on himself to be like his double and at large, be accepted by society. The resolution of his double Aaron is due to two steps Craig takes. For one, Craig resolves to leave the school he, Nia and Aaron attend in favor of going to an art school that lets him do something that soothes his depression symptoms because he knows that he would otherwise end up back at Six North within months (Vizzini 415). Incidentally, this decision of leaving the triggers that cause his self-stigma behind show him valuing his own opinions rather than acting to get approval from his double. Thus, this marks his first active refusal of being in competition with Aaron because Craig now understands that he does not need to compete with Aaron – or be like him – in order to feel validated. This is proven when Aaron visits him at the psychiatric ward and apologizes to Craig and Craig tells him he is going to leave the school and will no longer be hanging out with Aaron. Following Aaron's ignorant claim that Craig obviously was also doing well at the prestigious school they both attended, Craig merely shrugs: "I don't really need to explain this to Aaron. He's been demoted from most important friend to friend, and he's going to have to earn that, even. And you know what else? I don't owe people anything, and I don't have to talk to them any more than I feel the need to" (396). Craig no longer vies for validation from Aaron because he has realized he does not need it. Instead, he puts his mental health first and acknowledges that he does not need to elaborate on anything unless he chooses to.

Quite like with the Theo-Griffin-Jackson triangle, the resolution of the double can also in part be attributed to the dissolution of the fight over the love interest. During the disastrous

encounter with Nia at the psychiatric ward during which Craig compared every romantic interaction between them with what he thinks Aaron would do with Nia, Craig realizes that he does not desire Nia anymore. When Aaron tells him that he broke up with Nia for a few days because it "freaked [him] out" that she is depressed and also takes medication for her depression since it makes him question "how good you can be for them" if she still needs medication when he is with her, essentially making Nia's mental illness only matter in how it affects how he feels about himself and his appeal, Craig refuses to fall back into line and accept Aaron's ideals as his own (397). Instead of simply remaining silent like Craig usually does when Aaron says something he does not agree with, he tells him off, commenting that "that's pretty stupid" and offering up the new knowledge he has gained by staying at Six North, namely that finding out people live with a mental illness does not mean they should be avoided (397). This in particular is a crucial moment for Craig who, until this point in the narrative, kept his own depression a secret from everyone in his life because he feared the social repercussions if they were to learn he was not "normal". He tells Aaron about meeting Noelle: "she's really screwed up, as screwed up as me, but I don't look at that as an insult. I look at that as a chance to connect" (397). Incidentally, Craig no longer fears Aaron's judgement about Craig being mentally ill nor does he believe it should be a reason to not communicate with someone and instead is an opportunity to connect and diminish mental health stigma.

Lastly, the three strategies employed to combat mental illness stigma – education, honesty and contact – are beginning to work for Craig. He indicates that he no longer feels resentment for his double Aaron because of his ignorance toward mental health issues. Beyond being open about admitting himself to the psychiatric ward because of not being "capable of dealing with the real world" (398), he also realizes that their perceived rivalry and Craig's earlier inability to discuss his mental health are not because Aaron is superior or a rival but because of the self-stigma Craig experienced and instead states that: "He's not a bad guy. He's just someone who hasn't had his stay on Six North yet" (398). Craig evidently no longer feels resentful toward Aaron for his misconceptions about mental health. Instead, he realizes that Aaron does not understand the impact stigma can have on an individual since he has never had to deal with it himself, indirectly emphasizing the importance of contact to mentally ill individuals. Craig now believes that forming connections with others because of their mental illness instead of shying away from them is more important than letting Aaron's opinions guide his own actions and thus effectively resolves their rivalry.

Further proof of how the resolution of the rivalry with the double engenders lessened feelings of self-stigma is Craig's outlook on life once he leaves the psychiatric ward. For one, when he talks to his parents about attending a new school focused on art and his family jokes that "that's the school for kids who are all screwed up," he does not laugh but instead lifts his arm where the admittance bracelets from the psychiatric ward are still placed and realizes "I have pride in them now […] They're true, and people can't screw with them. And when you say the truth, you get stronger" (415-16). Though Craig admits upon leaving the ward that he is "not better […] The weight hasn't left my head" (442), he acknowledges all the new possibilities that have offered themselves up to him now that he is no longer trying to gain validation for his actions from his double and thus has realigned his ideals. He also once again indicates that being honest about his mental illness is more beneficial to him than keeping it a secret in order to fit in with others. In the final pages of the novel, Craig points out all the things he can now do in an ebullient stream of consciousness, mentioning that he has not "cured anything, but something seismic is happening" in his brain and thus, he wants to do everything he felt incapable of doing before seeking treatment. Incidentally, one of his last thoughts before the narrative ends is stating one of his goals: "Help people. Help people like Bobby […] Help people like Muqtada" (444), elucidating that the empowerment over shame and the education he received now encourage him to give back by combating self-stigma not only for him but for others who struggle with their mental health.

Overall, the peaceful resolution of the rival double in *It's Kind of a Funny Story* and *History Is All You Left Me* occurs in several steps. For one, the protagonists realize the reason why their rivalry with their double is tethered to the love interest and take active steps to disengage from this stalemate. By acknowledging that their futile rivalry is catalyzed by their own desire to belong and be validated by the Other as well as their environment at large rather than obtaining the rival's desire for themselves, they detect what heightens their experience of self-stigma and, provided the double is one of these triggers, they now gain distance from them and try to figure out how contact and education about mental health can benefit them. Instead of focusing on besting the rival, they begin to rely on themselves and focus on treating their mental illnesses, without fear of judgement.

In contrast to this active disengagement on the protagonists' part, the doubles that act as guides seem to disappear once they have served – or failed – their purpose of ameliorating the protagonists' experience of self-stigma. Sam's double Caroline in *Every Last Word*, for instance, disappears once Sam has chosen the Poet's Corner members over the Crazy Eights.

During a revelatory session with her psychiatrist after realizing Caroline is a hallucination, she confirms her suspicions that Caroline was born out of Sam's self-stigma and the resulting fear that she would be ostracized if anyone found out about her OCD. With her therapist's help, Sam understands that she "made up a unique and wonderful person who was all the things [Sam] needed her to be" (Stone 297). When Sam confesses that Caroline has been around less and less, her therapist indicates that this is because Sam learned – through Caroline – to rely on herself more and not fear others' opinions: "You gave her characteristics you have a hard time expressing. And she became that kind, caring voice you needed to hear" and assures her: "I don't think you need her anymore" (299, 302) because Caroline has guided her enough. Her therapist Sue even surmises that because Caroline did not appear in that last instance before AJ found out about Sam's mental illness means that subconsciously, Sam wanted him to find out, indicating that the double essentially helped Sam to be more confident in not constantly fearing the possible judgment and rejection if someone found out about her mental illness, a fear that has made her put distance between her and everyone she knows (303). Caroline was Sam's 'solution' to circumvent said fear.

Likewise, it is confirmed that Caroline's purpose was to guide Sam toward a less stigmatized environment. Throughout the novel, Caroline has guided Sam away from spending time with the Crazy Eights who have made her feel anxious and scared about them learning her secret and instead encouraged her to reach out to Poet's Corner and especially its leader AJ. Sam's therapist encourages her to hold on to the things Caroline has taught her and to "take these parts of Caroline and honor the fact that they're part of you. You start being kind to yourself, making decisions that are best for you, not best for everyone else. You look around at the people in your life, one by one, choosing to hold on to the ones who make you stronger and better, and letting go of the ones who don't" (302). Essentially, Caroline's guidance was meant to combat the self-stigma Sam experienced, namely gaining distance from the people who made her feel insecure and instead moving toward a group of people where she does not need to fear judgment and is accepted for who she is.

Sam's decision to tell AJ about her mental illness and to leave the Crazy Eights behind suggests that her double's guidance was successful. Sam reaches out to someone else and talks to AJ, prioritizing contact over isolation (332). Eventually, Sam also confronts the Crazy Eights and tells them that she needs space from them and does not want to play their games anymore (342-46). On top of that, Sam considers Caroline to be "the better part of me […] She speaks her mind and she doesn't care what people think about her. I've always been too scared to be

that person, but that's who I want to be, all the time" (333), which she now does by distancing herself from harmful influences and moving toward supportive people in her life. In other words, Caroline personified the way Sam wanted to be. Sam even acknowledges that "It was as if she knew it was time for me to tap into this better person" (333), proving that she believed Caroline to be her better self. However, if Caroline had not "led the way" to the downstairs basement and told Sam what to say to AJ in order to be granted entry, she would never have ventured away from the Eights who made her feel insecure and sought out a more accepting community. In Sam's eyes, Caroline gave her the courage she needed to reach out to others who also "needed a place to go" (330).

Proving that Sam has effectively altered the way she experiences self-stigma thanks to Caroline is captured in their final meeting in *Every Last Word*. Sam is back in the auditorium and struggling to finish a poem for Poet's Corner. As has always been the case in moments of anxiety and self-doubt, Caroline appears and Sam tells her: "I'm glad you're here. […] I could use your help with this" (355). Falling into old patterns of fearing people will not understand her – that is, her not being able to finish the poem on her own – Sam reaches out to the one person who has helped her to feel more confident in her capabilities. However, once Caroline offers her help, Sam realizes she does not need it and now feels competent enough to work on the poem alone, telling Caroline: "I think I've got this one" (355). Realizing that Sam does not need Caroline's presence because she is a part of her, she can let go of the visual appearance of her.

As Beauvais confirms, protagonists like Sam "learn to let go of that ideal, complementary double [and] accept the complexities and the idiosyncrasies of their own personalities, and the illusory nature of the twinship which artificially stabilized their sense of self" (143). Indeed, though Sam initially "calls" Caroline to her in her moment of need, she tells Caroline that she does not need her and can handle this on her own, without any malicious intent and simply relying on herself to finish the poem without Caroline because she knows that while "Caroline's been giving me words, and they've worked [,] they were never her words. They were always mine" (Stone 331). While Caroline and Sam's "twinship" is still intact, Sam is now able to acknowledge the support but knows she does not need to turn to her "better" self in order to speak her truth because she is – and has always been – capable on her own. This reaction once again shows that Sam has learned to rely on herself instead of needing validation from others.

All the Bright Places is the only novel that does not offer a tidy dissolution of the double. I discuss Finch committing suicide and the impact it has on Violet in detail in Chapter 2, but as an alternative reading focusing on the double, *All the Bright Places* can be considered a cautionary tale. Though Finch ultimately commits suicide, his double's attempts at getting him to connect with others did initially work as he and Violet bonded over their shared experiences of mental illness. It is thus not that Finch's double did not guide him sufficiently but that his preconceived notions about what it means to be labelled mentally ill interfered too much with Violet's message to confide in others for support. This indicates that Finch not getting the treatment he needs is less because of his own mental illness but because of the stigma attached to it that prevents him from reaching out to receive the help he needs. Therefore, the message of Finch's story might be to address the potentially fatal consequences mental illness stigmatization can have.

A sign that this might be the overall intention of the novel is that Violet continues to employ strategies to combat stigma even after Finch is dead. Violet reaches out to Amanda, a girl who was in the same support group as Finch, and asks her what makes a person consider suicide, trying to understand why she could not save Finch (Niven 350). Amanda offers her own feelings on the matter and tells Violet that Finch attended the meeting because "[h]e was trying to fix himself because of [Violet]" (351). Violet dismisses this notion because she knows that she cannot change what happened to Finch. This conversation further illustrates the disillusionment that romantic love can cure someone who is mentally ill and thus might encourage readers to pay more attention to struggling peers.

In the case of the double as an alter ego, there is a decisive moment in *Turtles All the Way Down* that demonstrates the peaceful resolution of Aza's double and reaffirms the reasons for its existence. Finding themselves in a dark cave as they further investigate Davis's father's disappearance, Aza tries to explain to Daisy what her mental illness feels like in terms of how it renders her without control by using the darkness of the cave as a metaphor for her inability to fully see all the mechanisms going on in her mind: "you feel like you can only describe what you are by identifying what you're not, you're floating around in a body with no control. You don't get to decide who you like or where you live or when you eat or what you fear. You're just stuck in there, totally alone, in this darkness" (Green 263). Following Aza's monologue, Daisy asks her whether "It's that bad" and thus suggests that she did not know just how severely Aza was impacted by her OCD. And only once Daisy recognizes the extent of Aza's OCD and

her resultant desire for control does she begin to realize the impact her fictionalization of Aza – and the demeaning of her symptoms via Ayala – has.

Education as a strategy to combat mental illness stigma plays a crucial role in the resolution of Aza's double. The timing of Daisy's suggestion to get rid of Aza's alter ego Ayala is not coincidental. Following the heart-to-heart in the cave, Daisy mentions that she has been "thinking of killing off Ayala" (264). However, Daisy does not decide to delete Ayala's existence on her own; instead, she asks Aza for her stance on the matter. Daisy inquires whether Aza is okay with Ayala being taken out of the fanfiction or whether she would "take that personally" (264). Since Ayala is the personification of the self-stigma Aza experiences, it makes sense that Ayala can only be eradicated once Aza has spoken up about her low self-esteem and educated Daisy on just how much the stigmatization hurts her. Daisy's offer, likewise shows that she understands the repercussions of her "acting out" her frustrations with Aza's mental illness online through Ayala. This conversation indicates that the power balance between Daisy and Aza has shifted because Daisy no longer makes decisions that affect Aza without her knowledge and instead approaches her as an equal. In a manner, by letting Aza decide the fate of Ayala, which is a character created in part by stigmatization, Aza is given back control over the effects of self-stigma. Her decision to let Daisy get rid of Ayala no longer means that she fears Daisy will get rid of *her* but that she no longer associates her actions with those of her fictional alter ego.

In summary, the peaceful resolution of the double via strategies to combat stigma – education, communication, honesty and contact – illustrates one of the advantages of using doubles to express the effects of mental illness stigma. By having the double – the manifestation of self-stigma in the rivals' and as a guide to lessen the effects of self-stigma in the guides' case – essentially vanish once the protagonists have taken active steps to combat their self-stigma, the narratives signal to readers that the acknowledgement of self-stigma can overall help them in getting better and actively seeking treatment.

There is also the subtle message that one cannot solely rely on others to combat their experience of self-stigma. As the resolution of the rival doubles suggests, both Griffin and Craig eventually have to prioritize their mental health and decide to depend on themselves instead of vying for others' validation. Similarly, Sam in *Every Last Word* is encouraged to believe in her own agency and not feel dependent on someone else to help her articulate her thoughts and feelings. Thus, the peaceful resolution of the double and the protagonists'

subsequential reliance on themselves may signal to readers that they have agency when it comes to treating their mental health issues and that there is support available even if it sometimes may not feel like it. Therefore, using the double as part of a narrative strategy may be a helpful form of educating younger readers about mental health treatment.

In the following chapter, I will turn to another narrative story arc that has become quite popular in young adult fiction: the coming out arc. Analyzing the parallels between coming out as part of the LGBTQIAP+ community and coming out as mentally ill, I examine the reasons why protagonists choose not to disclose their mental illnesses and what eventually emboldens them to do it anyway, which will shed a light on their experience of public stigma.

Chapter 4: To Disclose or Not to Disclose –The Coming out Narrative as Strategy

In the first flashback scene in Adam Silvera's *History Is All You Left Me*, Theo prompts his best friend Griffin, the protagonist of the novel, to tell him what has been troubling him lately. Theo assumes that Griffin has kept the same secret Theo has: that he has romantic feelings for the other boy. Griffin, however, shares a completely different, unexpected secret after wishfully thinking that "maybe what [Theo] has to say is worse" (Silvera 11). While Griffin confesses: "I think I might be crazy," Theo simultaneously says: "I like you" (11). Theo's consternated admission: "I thought you were going to say you like me" (11) suggests the context of a coming out scene. Incidentally though, as Griffin quickly reassures Theo that he is also gay, he is less afraid of coming out as queer than of disclosing his worsening compulsions, "scared something can grow from this and turn [him] into a Griffin who's too complicated for [Theo] to be friends with in a few years" (12). Because he cannot fathom how Theo will react to his mental illness symptoms and fears being abandoned and cut off from his best friend, he kept them to himself up until this point.

I have touched upon the importance of a supportive community to combat mental illness stigma in earlier chapters – Chapter 2 outlines the protagonists' journey as hero's quest whereas Chapter 3 discusses protagonists' doubles that shape their sense of self. In this chapter I want to focus more on the causality of events that lead protagonists to disclose their mental illness and come to terms with the role mental illness plays in their identity. Drawing parallels between the sexual coming out process and mental illness disclosure therefore may help to understand the impact of stigmatization in the latter process. Indeed, by analyzing one stigmatized condition with the help of a framework that has been used to delineate the impact of stigmatization in one's choice to be seen as part of a marginalized group, in terms of sexuality, we can elucidate the ways in which stigmatization can be challenged. Therefore, I argue that the coming out process's individual stages align themselves with well-known strategies to combat mental illness stigma in the novels I will analyze.

In a similar fashion to Chapter 3 where I worked with the concept of the double, which was originally used by Otto Rank and Sigmund Freud in the field of psychoanalysis as a doubling of consciousness and the formation of the super-ego and then found usage in literary studies in the form of the doppelgänger motif, I here use scholars' observational studies and

phenomenological research to approach fictional texts and explore where art imitates life and vice versa. To that effect, I take the findings of studies that have used the sexual coming out process to try and understand the role of stigmatization in the disclosure process of one's mental illness and apply the overlapping patterns they offer to young adult (YA) fiction. As briefly touched upon in Chapter 1, keeping a mental illness a secret is a popular trope in young adult literature and it is therefore valuable to analyze what motivates characters to choose not to do so anymore. While there will occur incompatibilities with the individual coming out process stages that do not fit with the trajectory of the protagonists' lives, I believe that by looking at how one disclosure process is impacted by stigma in real life, we can draw conclusions about what causes protagonists in novels to choose whether to disclose or not.

This chapter is structured as follows: firstly, I will explain the reasons why analyzing novels with the coming out framework in mind may offer key insights into mental illness stigmatization. Following that, I will offer an overview of a notable coming out model, Vivian Cass's identity model, and detail some of its major developments and criticisms in the past thirty years since its inception. Divided into three subchapters, I then provide an analysis of four YA novels, namely Adam Silvera's *History Is All You Left Me* (2017), Ned Vizzini's *It's Kind of a Funny Story* (2007), Tamara Ireland Stone's *Every Last Word* (2015) and Jennifer Niven's *All the Bright Places* (2015). In my analysis, I will draw parallels between the stages of the coming out framework and the combating stigma strategies they are associated with. While I loosely hold on to the stages Vivian Cass originally delineated, I combine every two stages – identity confusion and comparison, identity tolerance and acceptance, and identity synthesis and pride – and juxtapose them with strategies used to combat stigma: honesty, contact and empowerment over shame, respectively. Finally, I offer my conclusions and argue that this framework overall highlights the importance of community and how stigma is the main factor for individuals not disclosing their mental illness, with the help of two more novels, Adib Khorram's *Darius the Great Is Not Okay* (2018) and John Green's *Turtles All the Way Down* (2017).

Using the coming out framework as a narrative strategy offers multiple benefits. As the excerpt from *History Is All You Left Me* suggests, there are certain expectations characters (or readers) place on a story's trajectory when a coming out setting is implied. Most importantly, the coming out framework emphasizes the importance of community and personal contact for individuals living with a mental illness, which "has long been considered an effective means for reducing intergroup prejudice" (Corrigan et al., *Challenging* 40) and thus is a crucial

strategy to combat both self- and public stigma. By resolving the characters' issues through offering them a sense of community and a healthy support system, the coming out framework illustrates to readers that mentally ill people fear their mental illness itself only to an extent and instead are more prone to let stigma decide whether they pursue treatment or not. Moreover, the coming out framework as a narrative strategy in the representation of mental illness stigma reveals fundamental parallels between its structure and the process of disclosing one's mental illness. Many scholars have drawn connections between mental illness disclosure and coming out as part of the LGBTQIAP+ community. Some studies, in part, came about because homosexuality used to be considered a mental illness until it was struck from the *Diagnostic and Statistical Manual of Mental Disorders (DSMV)* in the early 1970s (Ridge and Ziebland 730). Obviously, neither the scholars – nor I – equate sexual orientation with a mental illness. Rather, scholars appreciate the potential advantages of comparing the similar experiences of stigmatization during the coming out process, no matter whether it concerns disclosing one's mental health or sexual orientation.

Indeed, Ege and Lannin state that "[r]esearch among the LGBTQIA+ populations engaged in the process of coming out may give insight into how disclosure can affect individuals' reactions to labels and stigma" because of the similar experiences individuals go through (2). An indication that individuals might have already noticed these similarities themselves can be seen in the change the term "coming out" has undergone in recent years. What has "originally referred to the acknowledgement of one's sexual orientation to oneself as well as to one's peers, friends, family, colleagues, and acquaintances" is now used in the vernacular to disclose membership of any minority group or stigmatized identity, such as living with a mental illness or being neurodivergent (1). In turn, scholars like Patrick W. Corrigan and Robert K. Lundin have seen the merit in using the coming out process in mental health research by creating a "Coming out Proud" program with an offered manual to help facilitate the process of disclosing your mental illness to peers and loved ones (see Corrigan and Lundin). Evidently, then, there are various parallels that suggest the benefits of comparing the two experiences.

For one, both categories are socially constructed concepts that work on a binary level, distinguishing what is deemed the "norm" and what does not fit into that category – that is, one is either part of the LGBTQIAP+ community or not, one is either mentally ill or not. Secondly, they are also, in many instances, invisible statuses. One cannot tell by a mere glance whether someone is part of the LGBTIQAP+ community or mentally ill, instead "people can potentially

hide both homosexuality and depression from public view, so creating the social space of the 'closet'" (Ridge and Ziebland 731). Thirdly, both being mentally ill and being part of the LGBTQIAP+ community used to be – and in many regions of the world remain – highly stigmatized experiences. While many efforts to destigmatize the communities have been made in both cases, such as the *Mental Health Matters* program in the U.S. that is designed to educate adolescents about mental well-being or the *It Gets Better* nonprofit organization founded in the U.S. that is dedicated to empowering and connecting queer youth all over the world, respectively, prejudices and discrimination still exist. Whether coming out about their sexual orientation or their mental illness, individuals fear the repercussions of being honest about something they do not actively choose but nevertheless constitutes an integral part of their identity. Further, individuals worry that being labeled might change the way others regard them and thus choose to remain silent: "We do not categorise our struggles as we rarely have a need to do that, for as people we feel that it will squash our identity into a small box with a very restrictive label on it" (Korsbek 288). Thus, motivated by their desire to avoid stigmatization, individuals' actions are often informed by fear and threat of exclusion or judgment. If we take a closer look at the coming out framework and its development, even more parallels emerge.

Over the years, various scholars have constructed, criticized and expanded on models that delineate the coming out process. Cass's identity model, developed in 1979, is considered one of the first homosexual identity models and serves as a base for quite a few subsequent works by other scholars. Encompassing six stages – identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride and identity synthesis – the model delineates both the internal process from considering the possibility to be part of the minority group to eventually accepting one's identity as well as gaining external acceptance. Cass created the identity model in response to the shifting focus homosexuality research started to undergo in the 1970s, where scholars were just beginning to analyze the process of how people come to adopt a homosexual identity with an emphasis on the individual's experience rather than on etiology or psychological treatment of homosexuality (Cass 143). With the help of a questionnaire that measured "a number of factors believed to be critical to homosexual identity development" (143), Cass revised her model to be as follows.

During the first stage, identity confusion, individuals first notice discrepancies between themselves and others. Confused by their perception of themselves as part of the heterosexual community, they struggle with reconciling that their actions, feelings and thoughts may be considered homosexual (147). After pondering that they might be homosexual, individuals

move into the second stage, identity comparison, where they are often "faced with feelings of alienation as the difference between self and nonhomosexual others becomes clearer" (151). However, they can also experience a modicum of relief because they are beginning to understand the reason behind this difference. Once individuals move on to identity tolerance, they begin to admit to themselves that they are homosexual. While they may not accept the label yet, they at the very least start to tolerate its implications for their relationships with others. Additionally, by admitting it to themselves, identity confusion lessens and individuals experience a desire to connect with other homosexual individuals who may act as role models and facilitate the following stage, identity acceptance. Here, an "increased contact with the homosexual subculture encourages a more positive view of homosexuality" and finds individuals switching roles, so to speak. While they now have a network of homosexual friends, they still maintain a passing strategy, "pretending heterosexuality" to remain accepted by everyone (152). Questioning to which group they belong, individuals choose to disclose their homosexuality to trusted friends or relatives. If the responses are positive, individuals move on to the penultimate stage, identity pride. This stage is characterized by "feelings of pride toward one's homosexual identity and fierce loyalty to homosexuals as a group" (152). Individuals no longer feel the need to hide their sexual orientation and in tandem reject strategies to hide their sexual orientation or even begin to reject heterosexual values (152). This can be accompanied by individuals wanting to join efforts to combat the oppression they experience by the heterosexual society at large and helping other homosexual individuals feel safer to come out as well (152). Finally, individuals move on to identity synthesis. Here, they reconcile their homosexual identity with all other aspects of their identity and "come to see themselves as people having many sides to their character, only one part of which is related to homosexuality" (152), effectively completing the identity formation.

Cass's model received some criticism for its lack of inclusion as awareness of the broadness of the LGBTQIAP+ spectrum grew as well as for its rigidity when it comes to individuals having to go through the stages one after the other lest they have to face potential consequences if one were to skip a stage. Further, as more research on stigmatization emerged, the model was criticized for failing to consider socio-cultural factors that influence one's identity development such as race, class or economical background (see Kaufman and Johnson, McCarn and Fassinger). Subsequent models tried to include how one's environment affects the internal process of minority identity development. Troiden (1989), for example, outlines a sociological model that involves four sequential phases, a period of sensitization followed by

identity confusion, identity assumption and finally identity commitment. This model places a strong emphasis on the importance of a supportive environment that engenders self-acceptance despite the pervading social stigma one faces during each stage. Later models, such as Fassinger and McCarn's model of gay and lesbian identity development (1996), attempt to take social and cultural context even more into account yet still follow the same notions as Cass's model, even if comprised into fewer steps – awareness, exploration, deepening/commitment and internalization/synthesis. However, Fassinger's and McCarn's model encompasses two separate processes and distinguishes the respective four phases into occurring on an individual identity development level and on a minority group identity level, with individuals being able to simultaneously reside in different phases for the two processes. Emphasizing the impact the social environment has on one's own conception of both one's identity as an individual and one's identity as part of a group, this model comes close to finding other's impact as the decisive reason why individuals decide to disclose or not.

More recent sexual identity development research has, beyond putting a more extensive emphasis on identity pride as a final victory, focused on disengaging from the concept of development *stages* and transformed toward a conceptualization of identity development *milestones*. In their review of thirty studies analyzing key milestones in sexual orientation identity development, Hall, Dawes and Plocek attempt to determine the components that are present in every model. Milestones are here understood as "events that mark significant points in human development in terms of life changes or achievements" and, in contrast to stages, do "not presume a singular or ideal pathway of LGB+ identity development, but rather has attempted to examine patterns and variation in sexuality trajectories among LGB+ people, as well as understand factors that shape the timing and sequence of milestones" (Hall et al. 2). Curiously enough, even when arguing that some milestones can be skipped or repeated many times over, Hall and colleagues name the same pivotal moments as earlier models do: "becoming aware of queer attractions, questioning one's sexual orientation, self-identifying as LGB+, coming out to others, engaging in sexual activity, and initiating a romantic relationship" (1). Therefore, even models established in the early 2000s up to the 2010s follow similar patterns of growth.

Indeed, all models – whether they use stages or milestones, whether they have three, four or six components – essentially follow the same pattern. While these various models attribute different monikers to the individual stages and argue that they do not happen one after the other but instead interchangeably with individuals going back and forth between stages,

there are three common elements that appear to occur in every model: first, a period of confusion where one realizes they are different by comparing themselves to others, sometimes accompanied or followed by denial or avoidance of the label; second, a phase of increasing acceptance often in connection to gaining social support and third, identity synthesis wherein individuals come to terms with the role their mental illness plays in their identity and even experience pride. As such, Cass's inaugural model still offers a good starting point for drawing comparisons with other disclosure processes.

As mentioned above, scholars have identified these parallels and concluded that using these identity models can help in understanding the disclosure process of mental illnesses. "Because they seek to predict, articulate, and normalize common experiences in developing and managing a stigmatized identity" (McCarn and Fassinger 508), Cass's and other scholars' queer identity models can give us insight in how stigma influences identity development and the decision to disclose one's mental illness. Corrigan and colleagues, in particular, have used the model to their advantage in approaching mental illness disclosure and argue that coming out can be considered "a strategy for managing stigma" (*Self-Stigma* 269). In their study of using the coming out process to lessen self-stigma, they highlight three strategies to combat mental illness stigma that sometimes occur during the process: honesty, contact and empowerment over shame. These have shown to be "the most effective ways to change public attitudes about mental illness [by] foster[ing] interactions between the public and the person with mental illness" (Corrigan et al., *Challenging* 65). In a sense, these strategies give control back to the individuals that are living with a mental illness because they "have a central and essential role in changing attitudes about mental illness" since exposure to mentally ill people can challenge stigmatizing attitudes (65). Corrigan and colleagues discuss the most common approaches individuals take to a mental illness diagnosis, which are to keep it a secret to avoid exclusion, withdrawing from their communities or even outrightly evading any place or situation that may mark them as part of the mentally ill (*Self-Stigma* 261).

While Corrigan and colleagues have thus drawn loose parallels between self-stigma and its combating techniques during the coming out process – for example contact in opposition to withdrawing from communities – I believe that it is possible to take them one step further and argue that not only do they detail the impact stigmatization has in in the coming out process, but in the novels I have chosen for this chapter, Cass's coming out stages directly align with and mirror these well-established strategies to combat mental illness stigmatization. That is to say, each individual stage can be used to gain a deeper understanding of how these strategies

function in destigmatizing mental illness stigma and how they can be incorporated into everyday life.

Indeed, I argue that these stages are explored via narrative themes that are connected to – and eventually resolved by – strategies that combat stigma. The three themes I explore and their juxtaposed combating stigma strategies are as follows: the first is secrecy – all the protagonists in the novels I analyze either keep their mental illness and/or another secret because they feel socially pressured to conform and are scared to transgress. Secrets are in direct opposition to the combating mental health stigma strategy of honesty. Second, there is the theme of being (or fear being) denied community if the mental illness is exposed which is connected to the strategy to educate others about mental health through communication. This is shown by characters being exposed to a new community that accepts them unconditionally. And lastly, the theme of coming out and reintegration into community, which is linked to the strategy of empowerment over shame, demonstrated by characters coming to terms with their diagnosis and disclosing their mental illness of their own volition. Significantly, these alignments all indicate the key to fight mental health stigma is communication.

The four protagonists I discuss find themselves at differing starting points concerning their disclosure process. Sam in *Every Last Word*, for instance, is in treatment for her OCD with both medication and regular therapy appointments. Though Sam's mother knows about her mental illness, Sam mentions that she has kept it from her friends, a group of girls called the Crazy Eights, "for the last five years" and has no plans of changing that (Stone 37). In a similar fashion, Craig in *It's Kind of a Funny Story* keeps his depression as well as its treatment a secret from his best friend Aaron, Aaron's girlfriend Nia, and their larger friend group. Only Craig's parents and his younger sister are aware of his mental illness. Griffin, the protagonist in Adam Silvera's *History Is All You Left Me*, has not been diagnosed by the beginning of the novel but is worried about his increasingly more forceful compulsions that he has a hard time controlling. From physical symptoms like scratching his palm when he gets anxious to a difficulty of accepting events that happen in odd numbers – for example someone listing favorite movies – Griffin is aware of them but scared to pursue treatment. In comparison, Finch in *All the Bright Places* also knows that his mood swings and dark moods that leave him incapacitated for days at a time, unable to leave his bed, are by no means natural, yet is by far the most averse to labeling his condition. He keeps his periods of "*Asleep*," in which he is unresponsive, a secret from everyone in his life and evades any kind of labelling beyond his own asleep and awake metaphor. While the protagonists start out at different levels of diagnosis

or acknowledgement of their illness, they still go through the same cycle when it comes to their experience of stigmatization as the following analysis will show.

Identity Confusion and Identity Comparison / Honesty

In the novels I discuss, two dimensions are used to dramatize identity confusion and comparison – firstly, because the protagonists compare themselves to their peers and become (or are already) aware that they are different, they decide to keep their mental illness secret and secondly, this preventive action is taken in order to avoid transgressing the social norms and accidentally outing themselves as part of a stigmatized group. Corrigan and Matthews state that people often "are aware of their psychiatric symptoms and feel alienated from the seemingly 'normal' population" because of them (239). Whether this awareness materializes through subtle differences matters less than the overall sensation of the protagonists feeling inadequate in comparison to their peers. Since individuals "fear that when others find out, they will disapprove or humiliate them," (Corrigan et al., *Challenging* 127), protagonists choose to hide their mental illness instead of being honest about its existence, only highlighting their differences from others in their eyes.

Identity comparison can be experienced in different ways. In Craig's case in *It's Kind of a Funny Story*, these feelings of inadequacy are associated with his innate fear of not being able to succeed in the real world with his major depressive disorder. Throughout the narrative, Craig has this idea of not being "able to live a sustainable life" because of the "evil tasks that invade [his] life" (Vizzini 14). Being reminded of these tasks always ends up in thought spirals that convince Craig that, because of his mental illness and inability to be like everyone else, he will fail at life. After he misses an email about extracurricular credit in class which he could have needed to lift his GPA but knows all his other classmates have likely already started since they saw the email first, one of these thought spirals begin:

> [this] meant I wasn't going to get a 98 in the class, which meant I wasn't anywhere close to a 98.6 average […], which meant I wasn't going to get into a Good College, which meant I wasn't going to have a Good Job, which meant I wasn't going to have health insurance, which meant I'd have to pay tremendous amounts of money for the shrinks and drugs my brain needed, which meant I wasn't going to have enough money to pay for a Good Lifestyle, which meant I'd feel ashamed, which meant I'd get depressed, and that was the big one because I knew what that did to me: it made me so I wouldn't get out of bed, which led to the ultimate thing – homelessness. (14)

Craig has a tendency of turning small inconveniences into markers that he will not be able to survive in life because of his mental illness. All of these elements are related to the pressures of not being able to keep up with his peers at his prestigious high school and the expectations he places on himself because of these pressures.

For Griffin in *History Is All You Left Me*, the comparison occurs in grand parts because of Jackson's appearance. Believing that his ex-boyfriend Theo "has found himself a Griffin clone" (Silvera 203) after Griffin broke up with him to hide how bad his OCD symptoms have gotten, Griffin cannot help but compare himself to Jackson, who shows up in New York for Theo's funeral. Since their relationship is analyzed in depth in Chapter 3, suffice it here to say that Griffin feels inadequate because he believes Theo traded him in for a better version since Jackson was Theo's boyfriend at the time of his death even though the two of them always talked about being each other's "endgame" (167). Therefore, Griffin cannot help but compare his time with Theo to Jackson's experience.

Sam in *Every Last Word* constantly compares herself to her friends, the Crazy Eights, and believes that her OCD marks her as not normal. During a meeting with her other friends who are having fun cutting out hearts for Valentine's Day while Sam is struggling to not cut her or anyone else's hair with the scissors she is holding because of her obsessive compulsion, she flees the room, thinking: "my friends can't know about my OCD or the debilitating, uncontrollable thoughts, because my friends are normal. And perfect […] and they can't ever find out how far I am from those two things" (Stone 8). To Sam, comparing herself and falling short of the level of normal her friends are, causes her to feel ashamed about her OCD and unable to be honest about its existence with her friends for fear of rejection or ridiculing.

In *All the Bright Places*, a defining moment in which he actively compared himself to someone else has branded Finch an outsider at his school. Through a flashback, the reader learns that Finch once spoke to his "then good friend Gabe Romero," now referred to as Roamer by his clique, detailing how he sometimes could not shake the thoughts running rampant in his head and asked Roamer "if he ever wondered what would happen if he jumped in front of a car or train or bus, if he thought that would be enough to make it stop" (Niven 141). Trying to articulate to his friend that he worried he "was make-believe, which meant invincible" ended in Roamer telling his parents which resulted in them telling Finch's parents and the school's dean until "it was all over school, and I was officially Theodore Freak. One year later, I grew out of my clothes because, it turns out, growing fourteen inches in a summer is easy. It's

growing out of a label that's hard" (141). Finch admits that this incident is the reason he does not let anyone close enough to him so that they can find out his secret and that he still blames himself for being honest: "it pays to pretend you're just like everyone else, even if you've always known you're different" (141). Because his only attempt at gaining social support ended badly, Finch believes him being different to be the cause of his problems.

Comparing themselves to their peers and believing they are falling short of what they should be like often results in lowered self-esteem and anger towards themselves. Indeed, in the novels the protagonists blame themselves for their differences, internalizing that anger. Craig's frustration at being unable to behave like his peers in *It's Kind of a Funny Story* is articulated through Craig lamenting that he "should be frickin' eating and sleeping and drinking and studying and watching TV and [be] *normal*" (Vizzini 44; original emphasis) and results in him blaming himself "What was wrong with me? Where did I lose it" (99) for much of the narrative. Because of this inability to do simple tasks like eating and sleeping, Craig thinks he is "not doing well in terms of being a functional human being" (44). Further, in *Every Last Word*, Sam initially does not blame the Crazy Eights for setting unattainable standards but instead reacts defensively when Caroline tells her it is her friends' fault that she feels bad and leaves Sam insisting that she is the one who "take[s] things too personally. I mean, it isn't always them. Sometimes, it's me" (Stone 77). Even Griffin in *History Is All You Left Me* blames himself for having been replaced by his ex-boyfriend Theo with a "Griffin clone" because he worried that he would hold Theo back because of his compulsions and thus broke up with him (Silvera 168). Finch in *All the Bright Places* is perhaps the one who blames himself the most for not measuring up to what others consider normal behavior. Finch still blames himself for reaching out to someone and not being able to seamlessly fit in with others: "*It's your own fault*, I told myself then – my fault I can't be normal, my fault I can't be like Roamer or Ryan or Charlie or the others. *It's your own fault*, I tell myself now" (35; original emphasis). This concept of considering himself a mistake is prevalent throughout the novel as Finch blames himself for not fitting in: "we all know, if anyone's the mistake here, it's me" (35) and thus uses different methods to divert attention away from himself to evade detection.

All of these emotions – feeling inadequate and blaming themselves for it – which are triggered by comparison contribute to the characters deciding to keep their mental illness a secret. However, the protagonists do not only keep their mental illness hidden – given that they are aware of it – but on top of that also harbor secrets that are tethered to their illness, that is,

they are under the impression that if someone were to find out their *other* secret, their mental illness diagnosis would be exposed as well.

Beyond trying to hide his worsening obsessive and compulsive symptoms from the people in his life, Griffin in *History Is All You Left Me* is also hiding two more secrets that are tied to his undiagnosed mental illness. Firstly, after the death of his ex-boyfriend Theo, Griffin still talks to him in his mind, believing that he is somewhere actively listening and watching Griffin. While Theo does not talk back to Griffin's thoughts, Griffin cuts his own thoughts off when he is too close to revealing truths to Theo he is not yet ready to share (112). This secret is tethered to the second secret, namely the guilt Griffin feels about Theo's death and the part he thinks he played in it. Incidentally, Theo drowned in the ocean after receiving a voicemail from Griffin in which he alludes to the fact that he has fallen in love with Wade, Theo's best friend, a secret that is kept from the reader for most of the novel as the story oscillates between present and past.

In *It's Kind of a Funny Story*, Craig keeps both his infatuation with Nia, his best friend Aaron's girlfriend and the fact that he is failing to excel at school like Aaron is a secret. While the former is analyzed in more depth in Chapter 3, the latter plays a bigger role in Craig's coming out process. Since Craig in part cannot keep up with the high standards his high school sets that make him feel inadequate, he tries to pretend that he is still doing just as fine as Aaron is by spending time with him instead of studying (Vizzini 56). Though they never directly discuss their grades with each other, Craig keeps tabs on Aaron doing better in tests than him without even needing to study (91).

In *Every Last Word*, Sam keeps her friendship and connection to Caroline through the secret club Poet's Corner a secret. Oblivious to the fact that Caroline is a manifestation of her mental illness and merely a hallucination that only she can see, Sam still takes measures not to spend time with Caroline where the Crazy Eights could encounter them together, fearing the reaction of her friends. Therefore, Caroline conveniently disappears when her and Sam are talking at her locker before the Crazy Eights round the corner and could see them, and only appears in places where Sam actively seeks her out, like the empty auditorium during lunch break. When prompted by her therapist why Sam is hiding Caroline's existence from her other friends, Sam replies that she knows her friends "would feel threatened. You know how they are about other girls. It's a loyalty thing" (Stone 194). To spend time with a girl who blatantly does not fit in with what the Crazy Eights represent and value – Caroline does not care about

potential status in school or spending too much time on her looks – would make them unlikely to engage with her and cause Sam to drop in the friendship hierarchy Alexis places on the members of the Crazy Eights. Fearful of the potential consequence of being kicked out, Sam thus keeps Caroline's existence a secret.

Lastly, Finch's secret in *All the Bright Places* is also strongly tied to label avoidance. In the novel, Finch pretends that his father is dead, even going so far as to tell Principal Wertz that his "dad was killed in a hunting accident" (Niven 29). However, Finch's father is very much alive but has left his mother for another woman. Though Finch hints that this is not the entire truth, he only later reveals the reason behind that lie, which is that Finch's father has a history of abusing his family. Before the divorce, he would regularly hit Finch's mother and Finch himself when he was younger: "he sent Mom to the hospital with a busted chin, and then a year later […] it was my turn" (160). Additionally, the rare interactions between Finch and his father in the present time always end in physical altercations. During one of the obligatory dinners at Finch's father's and his stepmother's house, Finch's father has retreated to the basement instead of sitting down with everyone. Finch concludes that "[h]e's in one of his moods, as Mom calls them. '*Don't mind your father, Theodore, he's just in one of his moods. Give him time to settle down, and he'll be fine*'" (159; original emphasis). When he riles his father up by telling him to show up for his new family, his father resorts to violence and slams Finch into the wall, a reaction that is so common that even his sister later tells Finch that he should not have provoked his father, knowing how it could have ended (160).

That Finch's decision to tell people his father is dead is in part motivated by label avoidance becomes clear when he is asked – due to some of his recent actions like going up to the bell tower of the school – by his high school counselor Mr. Embry whether he has ever heard of the label bipolar disorder. Finch tries to act nonchalantly as to not seem too hesitant but thinks to himself:

> The thing I know about bipolar disorder is that it's a label. One you give crazy people. I know this because I've taken junior-year psychology and I've seen movies and I've watched my father in action for almost eighteen years, even though you could never slap a label on him because he would kill you. Labels like "bipolar" say *This is why you are the way you are. This is who you are*. They explain people away as illnesses. (Niven 271; original emphasis)

Evidently, Finch does not want to consider the bipolar label because it would align him with his father's erratic and often violent actions. Moreover, Finch avoids the label because he is already indicating that he does not want to be seen as only an illness and be "explained away" as he believes others to be when they disclose such a label. Indeed, this mirrors what Finch recalls about his mother telling him his father is in one of his moods and simply needs to cool down – instead of acknowledging the abuse it is brushed aside and "explained away" as part of his father's undiagnosed bipolar disorder, reminiscent of how she approaches Finch's moods.

Each of the characters has different reasons for keeping their secrets but the way in which they manage to keep the truth from getting out is quite similar. To keep their secrets safe, the protagonists alter their behavior to prevent transgressing and being "found out" as different. To transgress is "[t]o cross a line, to step across some boundary or move beyond convention […] to stray from the straight and narrow, to trespass, to overstep a limit" (Wolfreys 3). Fundamentally, transgression relies on a binary system – one either adheres to the boundaries that are set or is marked as Other if they are unable to conform to them. Thus, whether an act is a transgression or not is premised on a code of conventions that is implicit in most social interactions.

There are two dimensions to the characters altering their behavior in order to evade self-stigma and thus to be exposed as different. On the one hand, the social environment of the protagonists – in most cases their friends and peers from school – sets the standard they feel compelled to follow by enforcing or decrying certain behavior. This standard is not always set by reprimands or overt rules. Instead, characters are guided through passive-aggressive comments, ridiculing or downright rejection of their behavior that is considered nonconforming by their peers. And on the other hand, the longer protagonists are exposed to these groups, the more they begin to preemptively adjust their own behavior to fit in. To put it plainly, without needing direct guidance, they anticipate how they need to behave based on previous experiences.

Examples of setting the standard can be found in all of the novels. For Finch in *All the Bright Places*, this standard is set by both authority figures and peers. For one, Finch's mother uses passive-aggressive comments to express her frustration with Finch's unexplained absences from family dinners. When Finch is finally able to sit down with his family for a meal again after a longer period of being unable to function – one of his "*Asleep*" phases – his mother

addresses his younger sister: "'Isn't it nice to have your brother back, Decca?' […] The slightly blaming note in her voice makes me cringe, and I get the urge to go back to my room again and stay there. Even though she tries to forgive my sadness, she wants to count on me as man of the house" (Niven 12). Without actively addressing Finch himself, his mother implies that Finch is not behaving as he should, subtly reprimanding him. Additionally, Finch has been cautioned to fall in line at school or face expulsion after the violent incident between him and Roamer: "I also have to behave myself, play well with others, refrain from throwing desks, as well as refrain from any 'violent' physical altercations. And I must always, always, whatever I do, hold my tongue" (12). Beyond going to the school counselor, Finch is also watched by teachers at school who contemplate Finch with an "apprehensive, distrustful look" (28) that reminds him to toe the line and not draw attention to himself.

Sam in *Every Last Word* is guided by her friends' approval or implied dismissal. Since Sam's group of friends has very strict standards for their physical appearances and how they conduct themselves in school, Sam knows to take special care of her outfits and puts on makeup which takes her over an hour each morning but which – she has learned from previous failures not to comply – is necessary to not become "stuck to the bottom rung of Alexis's social ladder" (Stone 32). Instances in which she has tried to change her looks – that is, trying out different hairstyles or wanting to be called by her nickname have always ended in ridicule and dismissal from the group's leader Alexis (27, 159). Since Sam is already regularly dismissed because she refuses to let any of her friends ride to school in her car with her – lest they see that she is unable to stop the car unless the odometer displays a number including a three (22) – she takes extra care to fit in with her appearance.

Craig in *It's Kind of a Funny Story* is similarly reined in by his friends for not fitting in with the group. His best friend Aaron seems to believe that most of Craig's issue stem from his inability to be like everyone else in their group of friends: "the problem is you don't *chill* enough. Like even when you're here, you're always worried about school or something; you never just kick back and let things *slide*, you know what I mean? We're having a party tonight – where are you gonna be?" (Vizzini 255; original emphasis). Indicating that it is Craig's own fault for not behaving like the others emphasizes the differences between Craig and his peers. Evidently, characters being regulated by their peers or authority figures in their life plays a crucial role in them choosing to not disclose their mental illness.

As I mentioned earlier, the second significant dimension to altering their behavior is that the more time the protagonists have spent with these groups, the more they come to preemptively regulate their own behavior. Indeed, as Wolfreys argues: "constraint is never imposed solely from outside ourselves. Rather we limit ourselves regarding our behavior. Or at least we believe we do. For it is the case that the ways in which we regulate our actions, believing that we act on the limits within which we live (or not), are not natural" (20). By trying to fit in, we then become "our own policeman" (21). Indeed, since the characters are convinced that they cannot conform to the standard that is set for them, they use certain tactics to avoid being exposed as different. One of these tactics is assimilation. Characters try to blend in with their friend group by imitating their actions or conforming to their rules to avoid detection. As can be seen by the examples above, the protagonists try to assimilate by echoing their friends' behavior to varying degrees of success. However, since they usually cannot entirely conform to the group's rules, they also find other methods to avoid detection.

Craig in *It's Kind of a Funny Story* assimilates in two ways. Firstly, he echoes his best friend Aaron's behavior to fit in. When Aaron's friends smoke pot and invite Craig to join, Craig only agrees once Aaron tells him that he should do it (Vizzini 64). After the first time, a routine is established where Craig goes over to Aaron's place to get high with him, not because he wants to but because he thinks Aaron is lonely and does not want to lose their friendship if he declines Aaron's offer to hang out (59). Additionally, Craig gradually talks less during their hangouts. Where at first he speaks up about his desire to walk along the Brooklyn Bridge and be alone for a moment because he wants to think – to which Aaron replies that Craig is "crazy" (88), Craig quickly learns that Aaron prefers being the center of attention and having others simply listen to him, so Craig conforms: "when we hung out now, I didn't say half as much as I did that first night; I just listened and stayed impressed" (93). Secondly, Craig does not speak about his declining mental health because he believes that everyone else is facing the same struggles as he is but simply chooses not to talk about it. In a flashback, Craig confesses to a therapist that he has had suicidal feelings for over a year now and that he thought "they were, you know, just part of growing up" (102). Since Craig believed that everyone "thought about killing themselves, [especially] as a kid" (102) he never spoke up about it, under the impression that "you haven't really *lived* until you've contemplated suicide" (103; original emphasis). By following his friend's example, Craig believes he can keep his worsening depression secret.

Beyond assimilating by wearing makeup when she prefers not to, Sam in *Every Last Word* assimilates by falling in line with the actions of her friend group the Crazy Eights and its

leader Alexis. Even though Sam has no desire to be involved in Alexis's schemes, she knows to "say[] nothing, as usual" when Alexis makes fun of others or tries to manipulate their fellow friends (90). An example of this is when Alexis is planning her birthday at a luxurious spa and pretends that she can only invite two of the four people in their group. When Alexis asks them whether they are upset about being left out, Sam graciously says that she understands, knowing that voicing her disapproval would lead to further degradation than merely being "force-ranked" (32). To her therapist, Sam admits that she continues to play along with Alexis's leadership games and pretends that she is fine with being "stuck to the bottom rung of Alexis's social ladder" because she fears the consequences if she steps out of line. Sam remembers too well how Alexis treated another girl when she left the group of her own volition and wants to prevent being "on the receiving end of what we all did to Sarah" (42). Reminiscing how they all fell in line with Alexis and treated Sarah badly by "shooting her dirty looks [and] talking about her from the other side of the cafeteria, leaving her out of our plans for the weekend," Sam admits that she is "not proud of myself, but when she dumped us for her drama club friends, we made it feel like an act of disloyalty on her part" (42). Even though Sam therefore did not want to treat Sarah badly, she felt compelled to do so as not to aggravate Alexis and draw attention to herself. By conforming to the unspoken rules Alexis sets, Sam therefore avoids possible exclusion.

In addition to assimilating, characters also use the strategy of social avoidance. When characters cannot meet the standards their peers set, they try to evade situations where this incapability could become apparent. Corrigan and Matthews confirm that "people may stay in the closet through social avoidance [by] keeping away from situations where people may find out about one's mental illness" (243). The protagonists thus either avoid situations in which they suspect their mental illness would be exposed or guard the spaces in which they feel safe from policing to avoid detection. Craig's safe spaces in *It's Kind of a Funny Story* are bathrooms. He has a tendency to retreat to dark, isolated spaces when his depression becomes too overwhelming. This is shown right in the first chapter of the story when Craig is spending time with his friends at his best friend Aaron's place and finds himself caught up in self-loathing thoughts about why his mind cannot shut off while his friends are having fun. Close to discovery when one of his friends ridicules him for "Craig-ing out," a word they have started to use whenever Craig is behaving what they consider to be weird (Vizzini 5), Craig flees to the bathroom without turning on the light because dark spaces serve as "sanctuaries" to him since he considers them "public places of peace spaced throughout the world for people like

me" (7) and allow his brain to quiet down. Retreating to bathrooms to escape scrutiny also occurs when he is with his family. Even though they know about his depression and are taking measures to help him, Craig experiences shame over the fact that he falls short of their expectations and cannot stomach the food his mother prepared for all of them, since meals are usually either a "battle" or a "slaughter" for Craig depending on whether he can keep food down (33). By going to the bathroom, Craig hopes to avoid further disappointment.

Similarly, Sam in *Every Last Word* safeguards the spaces in which she feels protected from her friends' derision. As a competitive swimmer, Sam spends a lot of time in the pool because she considers her talent to be her ticket to a scholarship to a university far away which will offer her "a chance to reinvent" herself (Stone 45). Sam thus considers the pool not only her safe space but also a place that can help her achieve who she wants to become because her OCD symptoms are almost forgotten whenever she is in the water (54). When her friends propose coming to one of her swim meets, Sam rejects their offer, reasoning that "I can't let them watch me swim. When I'm in the pool, I'm as close to Summer Sam as I can get" (136). Summer Sam constitutes a persona that Sam gets to be during the summer away from the Crazy Eights and their judgement of her looks and her behavior. As such, the persona – and by extension the pool where she feels like Summer Sam – represents freedom to Sam which she wants to protect by barring the space from her friends.

An extreme degree of social avoidance is detaching oneself *entirely* from others to keep one's mental illness a secret. For instance, Finch in *All the Bright Places* initially outrightly refuses to form any lasting connections to others because he knows it is easier to fly under the radar if no one cares enough to question his absences at school or his erratic behavior. As such, Finch considers his friends more like acquaintances and praises the fact that there are no strong bonds between them because it keeps him from having to justify his absences: "There's no way of explaining the *Asleep* to my friends, and even if there was, there's no need. One of the things I like best about Charlie and Bren is that I don't have to explain myself. I come, I go, and *Oh well, it's just Finch*" (Niven 34; original emphasis). How well this strategy works is shown later on in the novel when Finch disappears and Violet, the other narrator in the novel and Finch's love interest, is the only one who actively searches for him while his friends simply tell her that disappearing is "just his thing. That's what he always does" (313).

Even at home, Finch uses this strategy. Thinking about his homelife, he reminisces: "I've done what I could to be pleasant and quiet, making myself as small and unseen as possible

– which includes pretending to go to school when I'm *asleep*, as in *The Asleep* – so that I don't add to the burden. I'm not always successful" (39; original emphasis). Evidently, Finch tries to avoid any conflict by pretending to function normally even when he is experiencing bipolar symptoms. This is also shown in his attempts to detach himself from Violet when his symptoms worsen to a degree that he cannot hide anymore. When Finch is having trouble keeping up his cheerful, carefree attitude, he acknowledges that he is "avoiding seeing Violet. It's exhausting trying to even myself out and be careful around her, so careful, like I'm picking through a minefield, enemy soldiers on every side. *Must not let her see*" (281; original emphasis). This quote suggests that Finch is not only trying to counteract his bipolar symptoms and preventing the *Asleep* from happening again but that he detaches himself from others so they do not recognize the severity of his mental illness symptoms.

Whereas Finch avoids forming connections with almost everyone to escape detection, other characters rather opt to dodge specific people. Griffin in *History Is All You Left Me* specifically avoids Wade, his and his ex-boyfriend Theo's former best friend. This is in part due to the guilt he feels over the role his secret relationship seemingly played in Theo's death but more importantly, in part because Griffin knows that, unlike Theo, Wade will not praise Griffin for his compulsive "quirks" and instead will want him to get help. This becomes evident during an incident at school. Actively evading sitting next to Wade in the library, Griffin finds himself sitting on another student's right side which causes his OCD to act up until he is shouting at the student because he refuses to switch seats with Griffin. Griffin struggles with articulating what he wants, thinking to himself that "I shouldn't have to explain my compulsions to him. But he has what I want. But he's a stranger who knows nothing about me. But maybe he wouldn't be such an asshole if I gave him the chance to understand. But maybe people should be kind without a reason" (Silvera 170), mirroring his struggle with disclosing his compulsions. Wade interferes before a physical altercation can occur and when Griffin tells him to leave, he retorts that he is "not going to back off, knowing the state you're in" and advises Griffin that he needs to talk to someone about these compulsions even if it is not Wade himself (171). After this incident, Griffin is asked by his parents to attend therapy which makes him think: "I hate even recognizing myself as wrong" (174). As can be seen, Griffin actively avoids Wade because he knows Wade will point out that Griffin needs help and thus make Griffin realize how he does not fit the norm. Whereas other people might simply think he is annoying, he knows that Wade will realize that "it's one more thing [Griffin] can't control" (169). He steers clear of Wade to avoid detection.

In addition to Wade, Griffin also initially avoids meeting and interacting with Jackson, Theo's new boyfriend. While this is partly due to Griffin's suspicion that Theo traded him in for a "Griffin clone" (203), he also fears Jackson's reaction to his compulsions. When they take a cab together, Griffin has to switch seats and immediately starts wondering whether Jackson notices anything out of the norm about this moment and just how much Theo told Jackson about his condition, questioning: "does he know about my OCD?" (88). Since Griffin does not know whether or to what extent Jackson is aware of Griffin's compulsions, it is difficult for him to police his own involuntary actions. Still, Griffin continues to do so for almost half of the novel because he fears feeling even more inadequate compared to Jackson.

This method of avoiding others to protect oneself has been noted in various novels addressing mental illness. Katherine Bell, for example, examines how the individuation process of adolescents is shaped by their abject status in society. Analyzing John Green and David Leviathan's novel *Will Grayson, will Grayson*, a story that follows two boys with the same name who, although living very different lives, both struggle with their sense of self due to their status as outsiders at school, Bell claims that one of the protagonists "believes that his detachment is a mechanism for progressing through adolescence unscathed, while [the other] sees his loneliness as a default byproduct of his clinically diagnosed depression" (69). Both Finch and Griffin presume that avoiding the scrutiny of others is the best strategy to make it through life "unscathed," that is, without being found out as mentally ill and thus different. That being said, another tactic is to lean *into* being out of the norm.

In fact, while some protagonists try to assimilate by adapting to their peers, Finch in *All the Bright Places* does the complete opposite. Instead of trying to fit in, Finch often makes a spectacle of himself by crafting outlandish lies and drawing outright attention to himself with his ever-changing outfits and personas he emulates for short periods of time. Drawing attention to himself through these excessive actions is a way to deflect scrutiny from his unexpected absences at school and his manic behavior. The largest component of this deflection is Finch's tendency to cycle through self-crafted "personalities" that are accompanied by a different look, different attitude and adjusted way of speaking. Throughout the novel, Finch "tries on" different personalities, from "80s Finch" to "Badass Finch" and more.

These changing personalities show how uncomfortable Finch feels in his own skin. Though trying to figure out where one fits can be considered typical behavior during this age, Finch's experience is amplified by his attempts to outrun his mental illness symptoms. Finch

is trying to figure out what defines him as he often finds himself wondering "which of the *mes* is me?" whenever a manic-depressive episode occurs (Niven 314; original emphasis). Because he ostensibly cannot fit in with his classmates anymore because of the label as a freak and his inability to keep his mood swings in check, Finch is trying to find a way to at least be comfortable with himself. As such, the personalities he tries on are created by him because he feels inadequate due to comparing himself to others. As a result, he keeps on cycling through the personas, trying to find one that will both appeal to himself and to others. Indeed, this also shows how Finch is trying to remain in control of what others *see* – for example, when the 80s Finch version does not seem to be enough to keep people from looking too closely at Finch, he realizes that this version "just doesn't feel right" and wants to get rid of him, which he can because "I created him, and I can take him away" (73), leaving the power over his identity in his own hands. The longevity of Finch's roles and the reaction they elicit from others serve as another clue that they are ultimately motivated by Finch's feelings of inadequacy in comparison to others. After trying out "Badass Finch" for a while and feeling secure in his popularity, he approaches Violet only to see her spending time with her ex-boyfriend. Devastated, Finch thinks to himself that "just like that, I am Indiana-born Theodore Finch in a pair of second-hand boots. Guys like Ryan Cross have a way of reminding you who you are, even when you don't want to remember" (85-86), suggesting that Finch is trying to outrun himself and deflect from the real issue with the personas.

Additionally, Finch uses other modes of deflecting attention. For one, he stokes the flames when his peers fixate on rumors about him. When a group of girls at school is discussing his moment with Violet in the bell tower, he eavesdrops and learns that "apparently, [they think] I'm tragic and dangerous" and ends up whispering to them that he has heard Finch "did it over a girl", leading him to "feeling infamous" after he leaves the girls behind, knowing they will spread the gossip further (27). Evidently, Finch thinks that as long as people are diverted by his outlandish behavior or attention-seeking personas, they will not dig further into his absences or at least forget the incident with Roamer which branded him as the school freak.

Moreover, he prides himself on being "a brilliant deflector" when it comes to his mandatory sessions with his school counselor, Mr. Embry. Beyond telling elaborate lies about himself or what he was doing in the bell tower, Finch also complies with Mr. Embry's rules because – despite drawing attention to himself through his changing personas – he does not want others to look too closely at him. He tries to placate his counselor "because the last thing I want is a bigger, brighter spotlight directed at me, following me throughout the halls of school,

throughout the other parts of my life, such as they are" (15). Though initially sounding paradoxical since Finch actively draws attention with his elaborate personas, it is clear that Finch believes himself to be in control of what the "spotlight" highlights.

Altogether, the protagonists use various methods to keep their mental illness symptoms a secret from their peers and sometimes even from their family. Affected by the conclusions they draw after comparing themselves to others, they believe that keeping these secrets will help them to blend in and live what they consider a normal, non-stigmatized life. However, their intentions often have the opposite effect. Ege and Lannin observe that while "individuals may often try to hide their condition from others and 'pass' as 'normal' […] hiding one's mental illness may worsen symptoms, and social withdrawal may heighten experiences of ostracism" (1). Therefore, what they believe is helping them in actuality isolates them more by creating a bigger barrier between them and their peers.

Evidently, the secrets the protagonists keep are in direct opposition to the combating mental health strategy of honesty. Individuals can only resolve their internalized stigma through speaking up about their mental illness – and the secrets they associate with it. The same can be said for the protagonists in these two stages. Indeed, all the protagonists' actions are guided by their fear of being ostracized and denied community because of their mental illness, two themes which come into play in the depiction of the following key themes, tolerance and acceptance.

Identity Tolerance and Identity Acceptance / Contact

In Cass's model, identity tolerance and identity acceptance are the next two stages which are primarily dedicated to increasing contact with the minority group the individuals believes – and is slowly tolerating – to be a part of (Cass 244). Pursuing one's own needs for connections, individuals try to find like-minded people who will help them understand themselves better and feel more accepted. In terms of mental illness, these stages are characterized by individuals gradually beginning to accept their mental illness label by discovering and applying new techniques to cope with the experienced stigma and most importantly, gaining social support (Ridge and Ziebland 734). If they find social support from their new community, individuals also tend to choose selective disclosure, deciding who they can trust with their mental illness diagnosis.

Taken together, the themes of identity tolerance and identity acceptance can be aligned with the contact method that is used to combat mental illness stigma. "Research has shown

contact to yield the best changes in stereotypes, prejudice, and discrimination," surmise Corrigan and Matthews (236). "Contact efforts are understood in terms of familiarity. Research shows that members of the general public who are familiar with individuals labelled mentally ill are less likely to endorse prejudicial attitudes" (236). In other words, the more individuals are surrounded by mental illness, the more it becomes normalized for them instead of something to be feared, ridiculed or ignored. Vice versa, the more time individuals who struggle with a mental illness spend with others who are in a similar situation, the more they let go of prejudicial attitudes they hold toward themselves. Indeed, by building these new connections, characters realize that their needs have not been met in their previously established group of friends.

Identity tolerance and acceptance of one's mental illness are thus only achievable if the first two stages, identity comparison and confusion, helped individuals realize that they are in need of a more supportive environment. Corrigan and Matthews surmise that what distinguishes the themes of comparison and acceptance in large parts is the way individuals approach managing the self-stigma they experience; the actions "could be divided into approaches meant to hide the stigmatizing condition (e.g. secrecy, shame and withdrawal) versus those that affirm the person despite the stigma (educating the public or challenging stigmatizers)" (261). In the novels I have selected, the former strategy – hiding behind secrets – could be seen during identity comparison and confusion. Now, engendered by the characters comparing themselves to their peers or others they spend their time with, they are beginning to acknowledge and accept that their environment is detrimental to their mental health and seek out new contacts. As such, comparison leads to eventual acceptance. Prompted by the fact that they cannot fit in with their friends – even with the help of keeping secrets and altering their behavior so as to not transgress – they try to find other ways to cope with their mental illness.

The themes of identity tolerance and acceptance are dramatized in multiple ways. Notably, tolerance and acceptance do not only have to be shown in tolerance or acceptance of their mental illness diagnosis. Acceptance can also manifest in realizing that the ways in which one has coped so far are not working and gradually acquiescing to try something new. The differences that characters have taken notice of earlier on now spark the awareness that their group of friends may not be the right fit for them if they want to feel more comfortable with their mental illness diagnosis. Therefore, while trying to find acceptance despite the stigma, characters also gradually come to accept the fundamental role others play in their own experience of mental illness. Through prolonged contact with new groups of friends, they

experience true acceptance for the first time, whether these groups already know about the characters' mental illness diagnosis or not and start questioning the validity of their places in their former groups. Thus, a frequent way in which acceptance is staged is the realization that the fault does not ultimately lie within themselves – that is, their mental illness – but with who they spend time with by exposing them to new friend groups that emphasize the shortcomings of the established friend group.

Corrigan and Matthews propose that a key element of this stage is struggling with one's group identity: "Group identification is relevant to coping with perceived discrimination among members of stigmatized minority groups […] those who identify and otherwise associate with members of a stigmatized group seem to be empowered, which then diminishes self-stigma" (263). The same is true for the protagonists in the books I discuss. Thanks to their exposure to a new group that is not only tolerating but openly accepting them, they feel emboldened to disclose their mental illness to them or take first steps to acknowledge their own need for treatment. Although they might not actively seek out role models as such, they nevertheless bond with individuals who are either living with a mental illness openly or at the very least, with characters who offer them support and empathy.

The new contacts are set in opposition to the protagonists' already established group of friends. While they largely differ in mannerisms and values, there can also be differences in physical appearances. When prompted by her therapist to tell her more about Caroline, Sam in *Every Last Word* thinks of Caroline's "long, stringy hair and lack of makeup and those chunky hiking boots" (Stone 43) that are at odds with the put-together, make-up heavy appearance the Crazy Eights demand of Sam and themselves. Further, in terms of mannerism, Sam highlights that "she's not like any of the Crazy Eights […] She's kind of awkward, but she's nice. I barely know her, but I already think she sort of…gets me" (42), clearly separating Caroline from the girls Sam usually spends time with.

Even on a larger scale, the members of the secret Poet's Corner club Sam attends are polar opposites to the Crazy Eights in looks and mannerisms. They neither care too much for their physical appearances nor for pretending to be something they are not. AJ, Sam's love interest, for example, tells Sam that everyone at Poet's Corner "trust[s] each other and we don't judge" (124) which is almost a foreign concept to Sam after spending so much time with the Eights. She laments that everyone in Poet's Corner "seem[s] to know how to articulate [their] feelings and share them with other human beings" whereas Sam thinks "[her] gift is the exact

opposite; [she is] skilled at holding everything in" (124). AJ encourages her to speak her truth in the secret room and explains his own philosophy: "I like to know where I stand with people, and I figure I owe them the same courtesy. I mean, I'm never rude or hurtful about it, but I don't see any reason to be fake. That's a lot of work" (124). AJ and Caroline's values plainly contradict those the Crazy Eights have made Sam think are the norm. They do not use words or gestures to manipulate each other and instead express their emotions through their poetry and open discussion.

Notwithstanding, the new contacts do not need to look dissimilar to the protagonist or their established group of friends. Whereas Caroline's looks distinguish her from Sam's other friends, Jackson is described as Griffin's clone in *History Is All You Left Me*, since his looks are so reminiscent of Griffin's. What distinguishes Jackson from Theo is his mannerisms and attitude toward Griffin's compulsions. Instead of pacifying Griffin with platitudes like Theo did once he learned about Griffin's compulsions, suggesting that "these compulsions might just turn out to be little quirks" (Silvera 12) and brushing off Griffin's concerns that Theo might not want to be friends with him anymore if the compulsions worsen (12), Jackson does not let Griffin trivialize his compulsions and immediately offers his help when Griffin is having trouble escaping a thought spiral because he cannot think of a fourth example to complete the list he is compiling in his head while Jackson is on the phone (150-1). When he notices Griffin having trouble breathing, he immediately disconnects the call and reaches out to Griffin, even going so far as to ask how he can help next time (151). Instead of dismissing Griffin's struggles like Theo used to do, Jackson instead tries to help Griffin manage his compulsions.

Craig in *It's Kind of a Funny Story* is not only exposed to people who are supportive of mental health disclosure but are also all living with a mental illness themselves. In the psychiatric ward, no one hides their mental illness or is ashamed of it, which proves to be a new concept for Craig. When meeting one of the fellow patients at the psychiatric ward named Bobby, Craig thinks: "I also get the impression that you can *volunteer* the reasons you got here at any time and no one will judge; no one will think you're too crazy or not crazy enough, and that's how you make friends. […] So I tell Bobby: 'I'm here because I suffer from serious depression'" (Vizzini 198-199; original emphasis). Without having to fear being ridiculed, Craig feels secure in sharing his own diagnosis with others.

Consecutively, Craig's exposure to other mentally ill people makes him change his own perspective on his struggles. For one, he realizes that spending time with others who understand

him may be beneficial: "Maybe it'll be good to be with someone like him [Craig's roommate], someone who seems worse off than me. I never really considered it, but there are people worse off than me" (202). He also realizes that he is not the only one who struggles on a daily basis. Prior to his stay at Six North, Craig is unwilling to think of others who might share his depression diagnosis: "I didn't like to think about that. Maybe it was stupid and solipsistic, but I liked to think about me. I didn't want to be part of some trend […] Not that I'm the only one…just that it's a personal thing" (119). Yet the more time he spends in the presence of other mentally ill individuals and learns that a life with depression is sustainable, the more he believes this could be his future as well. The realization that "people from all over have problems" (362) indicates how important contact is for Craig. Overall, Cass's claim that "increased contact with the […] subculture encourages a more positive view" (151) of the marginalized community works for Craig and the other protagonists. The subculture can here be considered any group that is marginalized and thus experiences the world differently than what society has termed the norm.

Moreover, their new friend groups and social environment offer protagonists not only a new perspective on their mental health but more coping mechanisms. During his stay at the psychiatric ward, Craig in *It's Kind of a Funny Story* returns to one of his favorite calming activities: drawing maps. Craig has not drawn anything in years and associates the maps he drew as a child – tracing already existing maps – with happiness: "it's easy. It's easy and pretty and I can do it. I can make these things forever" (Vizzini 293), he thinks to himself as he is drawing them. Moreover, when one of the other patients confuses the drawing with a brain, Craig considers his maps from a different perspective: "A working brain is probably a lot like a map, where anybody can get from one place to another on the freeways. It's the nonworking brains that get blocked, that have dead ends, that are under construction like mine" (292). The more time Craig spends with these maps, the more he begins to understand that his own health is improving. The maps are also what help him later on to determine the harmful elements in his life and how to circumvent them, which will be addressed in the final subchapter.

Comparably, Sam in *Every Last Word* also uses an artistic outlet to process her feelings about her mental health and her situation with her old friend group. As part of the secret club Poet's Corner, every member is encouraged to read aloud poems in front of the others. Initially wary, Sam eventually shares her poems regularly. All of the things that Sam fails to articulate with others, for example "a fear of not belonging that runs so deep it changes you into someone you don't want to be" (Stone 91) are spoken aloud in the club, making her feel "a strange sort

of peace" (55). This peace extends to outside of the secret club meetings. In the chapter titled "out of thoughts," Sam reminisces over the last few days as she is swimming, noting the relieving quiet she is feeling: "I'm mentally spent. Out of words. Out of thoughts. It feels so good to be this empty. It's so peaceful" and wonders "*is this what it's like to be normal*?" (130; original emphasis). The opportunity to express her struggles through poetry becomes a valuable coping mechanism that makes her feel more normal.

During their trip to Jackson's hometown in *History Is All You Left Me*, Jackson realizes that Griffin cannot sit in the front of the car because of his compulsion to always be on the left of everyone else. Joking that he will sit in front once he has learned to drive or moves to London – with the move being the more likely option to Griffin – Griffin implies that he has no hope of learning how to drive since he believes it to be out of his control (Silvera 196). Instead of simply disregarding Griffin's qualms or writing them off as quirks as Griffin's ex-boyfriend Theo used to do, Jackson decides to teach Griffin how to drive. To Griffin, learning this vital ability helps him feel more capable: "It's freeing to be in the driver's seat, to decide if I'll go left or right, forward or reverse. It's freeing to be in control" (206). The support of others thus helps Griffin and the other protagonists to feel more comfortable in their own skin and to find ways in which to manage or at least articulate their struggles with mental health.

Prolonged contact with supportive individuals also often encourages the protagonists to speak up about their mental illness. Indeed, in an effort to secure the social support they are enjoying, characters decide to test the waters through selective disclosure. Cass notes that during the tolerance and acceptance stages, "the person seeks out contacts and friends […] and has a chance to see positive role models. If the contacts are positive, he or she will probably be more accepting of [their] identity" (151). The same can be said for the characters in the novels I discuss. As mentioned above, Craig in *It's Kind of a Funny Story* is the prime example of the benefits of contact with supportive individuals who also live with a mental illness. However, individuals who perhaps do not know a lot about mental health still can have a considerable impact on the protagonists' decision to disclose.

Sam in *Every Last Word*, for example, does not want her love interest AJ to learn about her OCD, yet she gradually allows him to see other parts of her that she hides to guard her mental illness. Prompted by Caroline to confide in AJ, Sam lets AJ see her music playlists. Like the chapter titles in the novel, each playlist Sam creates has a three-word heading. Although Sam is scared of his reaction, "wondering if he's considering asking me to pull over

and let him out of the crazy girl's car," AJ reacts positively and even seems "interested" in learning more about her process of picking titles (Stone 161). Therefore, Sam feels secure enough in AJ's support that she can reveal a secret she has kept to hide her mental illness.

Meanwhile, Griffin in *History Is All You Left Me* initially does not want Jackson to know about his compulsions since he considers this a failure on his part and believes his quirks are one of the reasons why his ex-boyfriend Theo ended up dating Jackson. Since I go more into detail about Griffin and Jackson's relationship in Chapter 3, suffice it here to say that Griffin is eventually placed in a situation where he feels the need to reveal his compulsions to Jackson. Unexpectedly, once Jackson learns the truth, he instantly tries to help with Griffin's compulsions, for example, by listing four examples instead of three since Griffin's OCD worsens whenever odd numbers are involved and actively asking what he can do to intercept Griffin's thought spirals (Silvera 149, 151). Since Jackson reacts with immediate support, in contrast to the past timeline in which Griffin always tried to rationalize his compulsions as "quirks" since that is what his boyfriend Theo told him they are (143), Griffin is eventually less hesitant to speak up about his worsening compulsions.

The impact Jackson's supportive response has is also shown later in the novel when Griffin discloses his compulsions to someone else. Once Griffin meets Jackson's mother, Mrs. Lane, he immediately confides in her as well. Since his biggest issue with his compulsions is how much control they have over him, it is all the more telling that he lets Mrs. Lane know "all about [his] compulsions, their rules and how they *rule [him]*" with no prompting (191; emphasis added). Suggesting that this openness about his symptoms is sparked by Jackson's support is how Griffin insists on telling his mother "how helpful her son has been" (191). As such, Jackson's positive reaction to learning about Griffin's symptoms allows Griffin to feel more comfortable sharing them with others as well.

What all these moments have in common is that the people the protagonists choose to disclose to – whether that may be with their mental illness or solely approaching the subject via opening up about particular symptoms – invariably "affirm the person despite the stigma" (Corrigan et al., *Self-Stigma* 261). That is, even when they might not fully understand, they still try to be supportive of the protagonist. Sam, Griffin and Craig are all met with empathy and even encouragement to continue talking about the struggles they are facing once they share them. Griffin considers Jackson as "a recess from everything" because he serves as a distraction and allows Griffin to discuss his feelings of helplessness when faced with thought spirals

(Silvera 155). Craig is encouraged by the other inhabitants of Six North to discuss his depression and is reaffirmed when Bobby shares that he is also depressed (Vizzini 189). And Sam finds that AJ is not only tolerating her obsession with the number three but even wants to learn more about her thought process behind naming particular playlists with three words (Stone 161). These positive experiences propel the protagonists to consider disclosing to others in the future.

However, whereas some characters like Craig in *It's Kind of a Funny Story* find comfort in spending time with individuals who also live with a mental illness, others' fears of belonging to a stigmatized group are only heightened through contact. At one point in *All the Bright Places*, Finch decides to attend a meeting of Life is Life, "a support group for teens who are thinking about, or have attempted, or have survived, suicide" (Niven 280). Looking up the group on the internet and going to the meeting is an attempt on Finch's part to regain control over how he is seen by others and to keep his mental illness hidden. He avoids Violet and tells her he has come down with a cold because he is unable to pretend to be fine in her presence and knows she would realize that something is wrong (281). That is also why he chooses a support group that is twenty-five miles away from anyone he knows so he does not run into familiar faces since he is "not here to make friends" (281).

During the meeting, Finch adopts a "them versus him" mindset. Throughout everyone introducing themselves – which Finch does with the fake name of his seven-year-old stepbrother Josh Raymond – and talking about what brings them to the group, that is, whether they have solely thought or attempted suicide before, Finch detaches himself, outright pitying the other participants in his thoughts. He pointedly adopts the pronoun "they" whenever he talks about people coming to the group for support – indicating that he is not one of them – stating that "these people are here and trying to get help" and is almost glad to be unlike them, since he realizes that "it's clear I'm the only one here who hasn't tried to really and truly kill himself. It makes me feel superior, even though it shouldn't" (284). While Finch is evidently in denial since he did come to the support group after nearly dying from overdosing on pills, he considers himself to be separate from the others who attend the meeting.

Finch's reflections as he listens to the Life Is Life group members sharing their stories indicate that exposure to others from a marginalized group is not always successful in reducing self-stigma. While listening to their tales of how they came to consider suicide, Finch grows

increasingly more frustrated with the others prefacing their history with their mental illness diagnosis:

> I want to get away from these kids who never did anything to anyone except be born with different brains and different wiring, and from the people who aren't here [to] share their tales, and the ones who didn't make it and never had a chance. I want to get away from the stigma they all clearly feel just because they have an illness of the mind as opposed to, say, an illness of the lungs or blood. I want to get away from all the labels. *"I'm OCD," "I'm depressed," "I'm a cutter,"* they say, like these are the things that define them. […] I'm the only one who is just Theodore Finch. (284-5; original emphasis)

Finch proves to be quite self-aware in this instance. He knows that if he allowed himself, he could find a community in these people but actively shies away from it because he pities them for defining themselves through their mental illnesses. Even while he feels for their struggles, he evidently does not want to be one of them or be labeled as such, still clearly detaching himself from them. Being exposed to others who are in similar positions to him mental-health wise thus does not work to help Finch cope with his undiagnosed mental illness. Finch still evades identification with the marginalized group, clinging to his belief that he does not have bipolar disorder.

Finch's reluctance to acknowledge his position as part of the stigmatized group is further shown by how he reacts to a particular survivor story. While others in the group lament how no one is supposed to know that they are different – something that Finch has also pointed out to readers before – it is only when a boy speaks up, bemoaning that "the only thing he hates is feeling like everyone else" because it feels as if "everything that, like, makes [him] up has gone away" that Finch decides to stop listening to the other tales (285). This shows Finch's fear of becoming part of the stigmatized group. He has no issues listening to the other survivors' stories who talk about their failed suicide attempts because he differentiates his own experience from theirs to remain "superior." However, this is no longer a viable option when he is confronted with a tale that hits too close to home. Finch struggles to remain in control with his ever-changing personas and feeding into the freak label he has been assigned at school, fighting against being like everyone else.

The unexpected presence of one of Finch's classmates – and tormentors – further detracts Finch from wanting support. Amanda Monk, like Finch under the guise of a fake name,

does not let on that she knows Finch while she introduces herself to the group, admitting that she has tried to kill herself twice before and is forced by her mother to attend these meetings, ending her introduction with the words "secrecy is life" (284). Buoyed by the fact that he is not the only one who can and does hide his mental illness successfully, Finch once more affirms that he is not like the others in the Life Is Life support group. When Amanda threatens him after the meeting to keep her presence there a secret when they are at school, Finch realizes that even miles away from home he cannot find a supportive community because he will always remain the "freak" that Amanda and her friends label him as (286). For Finch, therefore, contact with the stigmatized group does not result in feeling comforted that he is not alone with his suicidal thoughts. Instead of feeling accepted or benefitting from hearing that others are living with the same struggles, it rather isolates him more because exposure to the stigmatized group is still connected to the stigmatization he is already experiencing in his everyday life. In this case personified by Amanda showing up in the potential safe space he seeks out and telling him not to discuss what he has heard at the group with anyone, Finch is denied social support.

The impact of this interaction becomes apparent when Finch tries to reach out to someone one last time before committing suicide. Experiencing a bad manic episode during which he moves into his closet because he likes how the darkness of the confined space mirrors his bleak mind, he confides in Violet about his "black, sinking moods" that leave him immobilized (294). Violet, who up until this point in the narrative did not know about Finch's condition, makes light of his confession, stating that he is not the only one who experiences these moods: "I get moody, too. It's normal. It's what we're supposed to do. I mean, we're teenagers" (294). What should be a relief to Finch because Violet is offering him the knowledge that he is not alone is actually off-putting to him because he refuses to say more on the subject after her rationalization. Her words suggest to Finch that his concerns and cry for help will not be heard. Just as positive contact and gaining social support can encourage individuals to disclose their marginalized status to more people, the opposite can be true (Cass 152). Because Finch does not get the support he needs, neither from strangers nor from the one person he trusts, he never makes it past the selective disclosure.

Finch's experience serves as a contrasting example to Craig's in *It's Kind of a Funny Story* and once more stresses the role others play in individuals trying to accept their mental illness. Whereas for Craig meeting other mentally ill people helps him realize that he is not alone and that there is help out there, to Finch the contact only invigorates his desire to outrun the mental illness label lest he become like the other members of Life Is Life. This example

illustrates that there are always two components to tolerance and acceptance – gaining it from others as well as accepting it for oneself. Since Finch's attempt to gain support is in part thwarted by his rejection of the label and in part by Amanda's demand for secrecy, he decides to remain "undetected" and further feed into his freak status at school because it at least reminds him that he has control over his own actions if not those of others (286).

Therefore, the main component of the identity tolerance and identity acceptance stages is to understand the impact communities and peers' reactions have in accepting one's mental illness status. As can be seen from the examples, positive contact and experiences foster the decision to disclose to others and help characters feel more secure in their identity. However, as Finch's example has shown, negative experiences can lead to feelings of isolation and helplessness and cause characters to no longer want to seek out help from others because they believe that the outcome will be the same, that is, that their issues will be trivialized or ignored. Cass emphasizes the importance of the experiences within these two stages since only positive contact and gaining social support makes it possible for individuals to move on to the final two stages (152).

Identity Synthesis and Identity Pride / Empowerment over Shame

The final stages in Cass's inaugural identity model are identity synthesis and identity pride. Overall, these stages are dedicated to reconciling one's sense of self with the power the mental illness diagnosis has over oneself. There may also be a time of reevaluating what it means to be part of the new marginalized group of the mentally ill. As such, a major component of identity synthesis is that individuals understand that their identity is valid, that is, that their experiences as part of a minority group are legitimate and nothing to be ashamed of. If they decide to come out, it indicates that they no longer feel the need to hide their illness because they have regained control over their lives. While some peacefully reintegrate into society – that is, their old social circles – there is also the possibility of eschewing old relationships and fully immersing themselves in their new group identity. Therefore, identity pride is less about gaining others' approval and instead about acknowledging one's own limitations yet nevertheless embracing one's identity.

Considering the stages in terms of mental illness acceptance, the focus is on individuals reconciling their mental illness with other aspects of their identity. A "necessary part of recovery is identifying the role that one's experience with mental illness plays in defining the self" (Corrigan and Matthews 239) and as such, individuals must come to terms with how much of their identity is shaped by their mental illness. This, in turn, may find individuals rejecting

efforts to continue hiding their illness from others, let go of the rigid "us versus them" attitude they may have toward individuals who are not part of the stigmatized group and culminate in them finding pride in their diagnosis.

These final stages align with the combating stigma strategy of empowerment over shame. The pivotal component of empowerment is that, in order to be able to live with one's mental illness, individuals have to come to terms with their diagnosis and pursue a supportive environment to manage their mental illness. Indeed, individuals are often faced with a choice: "people with self-stigma need to decide whether they want to come out of the closet to attack its roots. This means the person must be able to recognize mental illness and admit they are challenged by it" (Corrigan et al., *Challenging* 40), echoing the wording of identity synthesis and pride in Cass's model. In the novels I have chosen, empowerment over shame is shown in three ways that tend to overlap: coming out "proud" about one's mental illness, reevaluating one's place in a community, and lastly, coming to terms with the part that mental illness plays in one's identity and life.

Overall, "the concept of 'coming out proud' reflects not only that a person reveals a stigmatized identity but also a sense of pride in that stigmatized identity. That is, 'coming out proud' reflects disclosing a stigmatized aspect of one's self when that aspect is both central to one's identity and viewed positively" (Ege and Lannin 2). Though this definition solely draws attention to the positive feelings one experiences when actively sharing one's mental illness diagnosis with everyone they know *and* feeling a sense of pride in having said diagnosis, I venture that the positive feelings are just as valid if they pertain to individuals feeling good about regaining a semblance of control in their lives when they tell others about their mental illness on purpose or feeling more comfortable in approaching the subject of their mental health. That is, coming out proud does not have to mean that they actually *do* disclose their mental illness to everyone but can also be shown by the fact that they are willing to do it eventually and experience less fear of being stigmatized.

Whereas Craig's friends learning about his depression is initially "a big source of shame" for him in *It's Kind of a Funny Story* (Vizzini 384), once he has spent time in the psychiatric ward and put his mental health recovery first, Craig considers his depression as intrinsic to his character and no longer something that should be hidden to appease others. When Craig tells his parents that he wants to change schools and go to the Manhattan Arts Academy, his father comments: "Oh, but Craig, that's the school for kids who are *all screwed*

up" (415; emphasis added). Instead of running with the joke, Craig decides to "raise [his] wrist, show him the bracelets. *[He has] pride in them now*. They're true, and people can't screw with them. And when you say the truth, you get stronger" (416; emphasis added). Craig now no longer fears others knowing he associates with other individuals who also struggle with mental health issues but instead takes pride in taking actions to manage his own symptoms.

Notably, the mere possibility of being able to disclose one's mental illness is sometimes enough to instill a sense of pride in characters. Sam in *Every Last Word*, for instance, invites Emily, one of her fellow Poets, over to her house. Emily is struggling with coming to terms with an ill family member dying and, in an attempt to offer Emily some stability, Sam thinks back on her own past, realizing that while her "life might not be perfect and [her] brain might play tricks" on her, she is "lucky to have as much normal" in her life as she does (Stone 338). Strengthened by this realization, Sam wonders whether she "could pay it forward" and become what Caroline was for her for others, a source of support in tough times (338). Finally, Sam realizes that it is up to her to tell others about her own mental illness struggles and that she controls what she tells whom: "if the moment feels right, […] I'll tell her my secrets. I'll let her in on my OCD and Shrink-Sue and Caroline and the number three, and I'll talk until she knows everything" (338). Therefore, even though Sam does not disclose her mental illness to anyone else after Caroline's disappearance, she nevertheless begins to see the worth in trusting others with her own struggles.

Comparably, coming out proud can also be connected to the secrets the characters have kept in order to conceal their mental illness. In *History Is All You Left Me*, it is only once Griffin has acknowledged his blossoming relationship with Wade prior to Theo's death as well as his self-destructive tendencies in growing closer to Jackson after Theo's death that he can pursue treatment. The only time he is forced by his parents to go to the therapist's office prior to that, he walks out of the room almost immediately because he believes telling someone about his worsening compulsions will in turn let Theo hear the reasons for the secrets he has been keeping: "therapy is supposed to be private, and it's hard to be fully open with a stranger as it is, let alone with my ex-boyfriend watching my every move […] this can't be how he finds everything out. I have to tell him myself" (Silvera 232). It takes until Griffin has confessed the truth to Wade – that he feels responsible for Theo's death because Theo dove into the ocean after hearing Griffin's voicenote that alluded to Griffin and Wade having feelings for each other – that he is able to pursue treatment for his compulsions and realize that he was not at fault for Theo's death.

Moreover, revealing these secrets can also feel like a do-over for their moment of first disclosure. Whereas Sam seemingly does not choose to let AJ know about her OCD in *Every Last Word*, she is led by her hallucinated friend Caroline to tell AJ about Caroline's existence. When this altercation ends in him running away from her, Sam crumbles: "Once he saw who I really am, he couldn't get away fast enough. I never wanted him to find out. And now he's gone" (Stone 291). Because she feared AJ's rejection if he learned that she has OCD, she kept it a secret and was somewhat forced to come out through Caroline. After speaking with her therapist and realizing that if Caroline wanted AJ to know about the mental illness, then consequently *Sam* wanted the same since Caroline is literally a manifestation of her mind, Sam decides to tell AJ everything about her diagnosis and Caroline's role in her life. After detailing her mental illness diagnosis and describing her treatment, she confesses to AJ: "All my life, I've just wanted to be normal. You made me feel like I was. I was afraid that if I told you, I wouldn't feel normal anymore" (334). Unlike the first time where Sam unwittingly shared parts of her OCD, this time she gets to tell AJ about her motivations for keeping her diagnosis to herself. Though Sam does not take pride in her illness per se, she does regain some control over whom and when she talks about it.

Though in Cass's original model reintegration into society indicates that, after having spent ample time with the marginalized group individuals are a part of, they reconcile their position in their old social environment with the new one by synthesizing their personal and public views of self (152), the same cannot quite be said for the protagonists in the novels I discuss. While they sometimes choose to return to their old friend group, they usually feel more connected and comfortable as part of their marginalized community. Indeed, they often prefer to focus on letting people who have affirmed them despite the stigma further into their lives and reveal more information about their mental health journey. This echoes Corrigan's observations about mental illness disclosure in real life: "people who purposefully affiliate with advocacy groups and publicly admit these relationships are less overwhelmed by stigma and more in control" (Corrigan et al., *Challenging* 40) and thus offers others more insight into their own experiences.

An example of this is Sam's decision to let her boyfriend AJ drive her to therapy. When she tells her therapist Sue that she needed AJ to know about her appointments, Sam "can tell [Sue's] proud of me. I'm feeling a little proud of myself, too. It feels good to talk. It feels good to be surrounded by people who make it so easy" (Stone 350). Sam evidently experiences pride in herself because of her voluntarily sharing a part of her mental illness treatment with AJ.

Additionally, though Sam has talked to AJ about her therapist and wants him to meet her someday, she acknowledges that she is "not sure [she is] ready for that yet" (350), implying that she is doing this at her own pace instead of letting others decide when she is ready to disclose more about her mental health.

Furthermore, thanks to her growing connections to the other Poets and their support, Sam decides to extricate herself from her harmful friend group, the Crazy Eights. Though briefly tempted to return to them once she reminisces about the good times she had with them, Sam remembers her therapist's advice to "hold on to the people who make [her] stronger and better, and let go of the ones who don't" (342). As Sam is reminded of her friends' manipulative tendencies when Alexis tries to make her feel bad about wanting to spend time away from the group, she realizes that the Crazy Eights are not people who will stand by her if her decisions are not in line with Alexis's demands. Sam wonders: "How could they not see that I'm a *better* person? I told Shrink-Sue I felt healthier, more in control of my emotions than I ever have. I'm no longer a slave to their words and actions, and that means there's something *wrong* with me" (274; original emphasis). Bolstered by the fact that Sam feels more in control of herself since spending time with AJ and the other Poet's Corner members, she accepts that she needs "distance" from the Crazy Eights and does not have to fear their rejection (274). Because Sam needs to be surrounded by a community that supports her and her pursuit of treatment, she decides to leave her friends behind.

Though Griffin in *History Is All You Left Me* does not have the option to "completely" reintegrate into his old friend group since Theo died, spending time with Wade makes him realize the harmful impact of Theo's judgment of Griffin's compulsions as "quirks". He acknowledges that "Theo made me feel special […] with my compulsions. […] I also never could shake this feeling that they made me stand out in his eyes" and admits to himself and Wade that he did not want to pursue treatment because he worried he "might lose my spark and suddenly feel, I don't know, faded to him" (Silvera 273). By acknowledging that Theo was part of the reason why Griffin refused to see a therapist despite his parents encouraging him, Griffin regains control over which contacts benefit him and ultimately offer support in his pursuit of treatment.

For Craig in *It's Kind of a Funny Story*, eschewing his old friend group is in part due to their stigmatization of his condition earlier on in the novel. After Aaron has humiliated him during a phone call to the psychiatric ward, he comes to visit Craig and apologizes. When Craig

forgives him and tells him he is going to leave school, Aaron does not understand Craig's motivations. Craig merely shrugs: "I don't really need to explain this to Aaron. He's been demoted from most important friend to friend, and he's going to have to earn that, even. And you know what else? I don't owe people anything, and I don't have to talk to them any more than I feel I need to" (Vizzini 396). Through his exposure to individuals who actually recognize the efforts Craig is taking to make his life more manageable, he no longer feels the need to educate or convince Aaron that his struggles are valid or seeks his approval for the choices he makes.

When pondering the possible reasons for choosing to disclose one's stigmatized position, Cass also identifies anger as a catalyst: "Anger about society's stigmatization […] leads to disclosure and purposeful confrontation […] in order to promote the validity and equality" of the marginalized group (152). This rings true when Aaron tells Craig that he broke up with Nia for a couple of days after she told him she takes medication and regularly goes to therapy for her mental illness. Within the novel, Craig has been known to follow Aaron's lead and to stay quiet even when his own opinion did not align with Aaron's (5, 19). This characterization of compliance makes it all the more stand out when Craig speaks up and tells Aaron to his face that his decision to break up with Nia based on her disclosing her mental health struggles is "pretty stupid" and confronts him about his stigmatizing attitude (397).

Whereas Aaron would consider someone struggling with their mental health a reason to avoid them, for Craig it constitutes "a chance to connect" (397). Indeed, Craig outright declares that he prefers spending time with people who are upfront about their mental health struggles. He tells Aaron: "People are screwed up in this world. I'd rather be with someone screwed up and open about it than somebody perfect and…you know…ready to explode" (397). Reminiscent of how he felt prior to staying at Six North – hiding his issues and considering suicide – Craig now recognizes the value in being honest about one's struggles and how it can help feel less stigmatized. Indeed, Corrigan and colleagues consider this to be one of the most crucial benefits of mental illness disclosure: "Coming out also facilitates identification of other people in a social setting with similar experiences […] and with whom mental illness and stigma experiences might be shared" (*Challenging* 40). Recognizing the advantage in spending time with individuals who can relate to Craig's struggles because they have faced similar obstacles indicates the importance of community in one's decision to disclose one's own mental illness.

Lastly, coping mechanisms characters have discovered in the previous stages allow them to come to terms with their mental illnesses. Griffin in *History Is All You Left Me* already had a positive experience with Jackson when he taught him how to drive, an action that made Griffin feel back in control. When Griffin reconciles with his and Theo's best friend Wade, Wade also uses what Griffin deems as "trials" – for example walking on the right side of Wade or listening to an uneven number of songs – to help Griffin understand the severity of his compulsions and why they need to be addressed and treated (Silvera 273). Through these trials Wade conducts, Griffin begins to acknowledge the impact his compulsions have had on his quality of living. Though he is proud of his achievement of getting through the trials without getting stuck in a thought spiral, Griffin has to accept that his compulsions are "not controlling [but] limiting" his life (273). Griffin's admission that his "compulsions threaten [his] health, physically and mentally" (273) help him to understand that treatment will not hinder him controlling his life but rather offer him coping mechanisms to manage his compulsions.

In turn, gaining control over aspects of one's mental health is a crucial part in coming to terms with one's mental illness. Corrigan and colleagues observe that "people who have a sense of power over their illness, and, more importantly, a feeling of control over their lives, are less likely to be victimized by stigma. Even though they may be aware that this kind of prejudice and discrimination continue, empowered individuals are more able to avoid the sting of others' ignorance" (*Challenging* 134-35). This regaining of control can also be articulated through characters identifying what in their lives makes them feel as if they are not in charge of their actions and feelings. For Sam in *Every Last Word*, this means admitting her obsession with the number three to her therapist: "I started to realize how much the number three has been impacting my thoughts and actions, and by the end of our session, I told her I wanted to work harder to control my impulses" (Stone 349). Additionally, Sam also confesses her troubles with parking her car when the odometer is not on a number that includes a three (349). By speaking up about the compulsions, Sam opens herself up to trying and working on the things that make her feel like she is not in control of her own choices.

The connection between coping mechanisms and discovering harmful destructive forces in one's life is also apparent for Craig in *It's Kind of a Funny Story*. Though Craig is well aware of the tentacles that cause him to struggle in life, it takes his reinvigorated passion for drawing maps that ultimately leads him to the recognition that his highly competitive school and the pressures Craig puts on himself due to attending it are the real issue. Feeling fulfilled by his art, Craig wonders how he is going to reconcile this talent with his prestigious school

since he knows he will not have time to pursue drawing maps with all his other responsibilities. When he mentions this concern to his therapist, she prompts him to think about leaving his school and all the pressures that come with it, making Craig question his motivations for going to the highly competitive school in the first place: "I went there because, coming out of it, I'd be able to be President. Or a lawyer. Rich, that's the point. Rich and successful. And look where it got me. […] If I keep doing this for three more years, where will I be?" (Vizzini 392). Renegotiating all the things he believed are needed to be successful in life, Craig now realizes that empowerment also comes from choosing things for himself that will make him feel good and limit the anxiety he is experiencing. This ultimately leads to him leaving the pressures of his school and decide to enroll at a school that is more focused on the arts. Craig acknowledges that "If I don't make some kind of big change, I'm going to come out of here wondering how anything is different from before, and I'm going to end up right back here" (415). Craig therefore uses the tools he has been given by his therapist and his stay at Six North to enact real change in his everyday life to regain control.

Another essential component of coming to terms with one's mental illness is the realization that there is no quick fix to the protagonists' mental health struggles. None of the characters are cured of their illnesses by the end of their stories but instead have taken important steps in treatment. In turn, coming to terms with one's mental illness is also focused on honesty – both with others and more importantly, with themselves. In the final pages of *It's Kind of a Funny Story*, Craig is released from the psychiatric ward and reminisces about his stay as well as what he is now facing in terms of continuing therapy and changing medication because he knows his mental illness has not been cured by his stay: "I'm not better, you know. The weight hasn't left my head. […] I haven't cured anything" (441-42). However, while he knows mental illness is part of his life for good, Craig also experiences a moment of euphoria where he considers all the activities he felt unable to do prior to his stay at Six North and now believes them to be possible. Addressing himself, he thinks: "They're yours, Craig. You deserve them because you chose them. You could have left them all behind but you chose to stay here" (444). As Cass asserts, being part of the stigmatized group – in this case mentally ill individuals – "is no longer seen as overwhelmingly *the* identity by which an individual can be characterized. Individuals come to see themselves as people having many sides to their character, only one part of which is related" to their mental illness (153; original emphasis). Therefore, while Craig has defined himself in terms of what he cannot do, he now focuses on the possibilities of what

he can as long as he continues treatment, making his mental illness seem less omnipotent in his eyes.

Similarly, Griffin in *History Is All You Left Me* comes to terms with how his compulsions have been more detrimental to his health and his relationships than he has wanted to acknowledge. In a conversation with Wade after having told him about the lies he has kept to protect the memory of Theo, he confesses: "I know I've been lying to myself about how well I'm actually functioning, and I know I may not be able to scrub myself clean of all the impulses and anxiety completely, but I want to see if I can take some control of my own life back" (Silvera 286). Acknowledging that Griffin has not only kept the truth from others but also from himself lets him understand just how much the secrets have impeded his relationships with others like Wade or his parents who encouraged him to go to therapy. Cass indicates that this acknowledgment changes one's perspective on the self: our "own view of self and views of self believed to be held by others are therefore synthesized into one integrated identity that unites both private and public aspects of self […] which gives rise to feelings of peace and stability" (152-3). Because Griffin is identifying and accepting the discrepancies between how Wade sees his mental illness – limiting, not controlling – and his own understanding that he needs to get help to work on regaining control, he can ultimately begin treatment.

As a result, Griffin spends the final chapters of the novel focusing on being honest and reaping its rewards. Now going regularly to therapy, Griffin gradually accepts that he was never actually talking to Theo after his death but that this was part of his newly diagnosed delusional disorder (Silvera 291). As hard as this truth is to accept because it means Theo did not hear all the things Griffin told him post-mortem, Griffin also feels better because he confessed everything to Wade and Jackson and sees the advantages of being honest about his mental health and controlling compulsions: "It's been rewarding to be this honest lately. I'm determined to stay this honest, as if lives depend on it, which I guess they sort of do. No one will die if I lie, but lives can grow and be fuller when I tell the truth. Being honest will end the fight I have with myself" (292). The last sentence of this passage, especially, mirrors the feelings of peace individuals feel according to Cass after acknowledging their mental illness.

Sam in *Every Last Word*, meanwhile, comes to terms with the fact that her mental illness symptoms have increased while she believed them to be fading. Throughout the narrative, Sam believes that her OCD is becoming less of an issue as she spends more time with the Poets, however, as she learns later on, her friend Caroline is a hallucination her mind

made up to show her that she needs more supportive friends. She tells AJ about how positive her relationship with Caroline and the other Poets has been and how she has been lulled into believing her OCD was better managed: "I felt healthy for the first time. I thought I was getting better. But as it turns out, I was getting worse" (Stone 332). Acknowledging that Caroline has helped her in finding a better support network without ignoring the fact that she is a manifestation caused by her mental illness is necessary for Sam to understand that treatment is ongoing and not something she can skip. Moreover, Sam learns to use everything Caroline has given her since creating Caroline was "a new way to cope" (298) for her with her mental illness and resolves herself to being more honest about her mental health struggles with others.

Overall, the final stages of the coming out process find protagonists regaining control over their lives and actively trying to find ways in which they can reconcile other parts of their identity with the role their mental illness will play in their relationships with others, in how much they can alleviate their symptoms based on coping mechanisms and in learning how to be honest with themselves and others about their mental health. Indeed, this is what empowerment over shame is at its core:

> Self-empowerment does not mean hiding from one's disabilities. […] Instead, these people replace being overwhelmed by symptoms with a peaceful acceptance of their disability. This kind of acceptance does not imply that empowered people do not wish they had never had their symptoms in the first place, or do not feel pain about subsequent losses, but rather that they have successfully found a way to make sense and live with this experience in a relatively peaceful and comfortable manner, without it robbing them of the universal human need for hope. (Corrigan et al. *Challenging* 138)

In other words, the protagonists in the novels are not miraculously cured or do not cease facing struggles regarding their mental health. Instead, they have come to a point in their lives where they feel more settled because they accept their illness and the need for treatment. Though they are aware of the impact it can have on their relationships and the way they see themselves, they no longer believe it to be all there is to them.

What is perhaps most important to note about the final stages of the coming out process is that each step is inescapably linked to other people. Though it is the protagonist that lives with the mental illness, all of their choices regarding the illness – keeping it a secret, trying to find new communities that support them, coming to terms with the role it plays in their identity – are all motivated by others' (potential) reaction to said illness. As such, finding parallels

between the coming out process and strategies to combat stigma illustrate the importance of other people's impact on one's experience of stigmatization.

This message echoes true if we consider the plots of two other novels I analyze in this project, namely John Green's *Turtles All the Way Down* and Adib Khorram's *Darius the Great Is Not Okay*. I have purposefully chosen not to include these novels until now in this chapter because both feature protagonists who are already "out" to their parental figures and have been pursuing treatment for their mental illness. Both Aza in *Turtles All the Way Down* and Darius in *Darius the Great Is Not Okay* do not actively hide their diagnosis from other individuals, they just do not disclose it to everyone in their lives. Yet when it comes to them meeting new people, they both experience a version of the coming out process that I discussed so far. Indeed, they both use selective disclosure to gain social support, to varying degrees of success, and eventually come to terms with the impact their mental illness does and will have on their lives and relationships, both romantic and platonic.

Though they do not harbor secrets, they do hide insecurities from the people in their lives that know about their respective mental illnesses. Aza struggles with fitting in with her group of friends because she often gets lost in thought spirals and misses important parts of conversations. She also does not understand why her friends want her around when she is rarely present in conversations: "Sometimes I wondered why she liked me, or at least tolerated me. Why anyone of them did. Even I found myself annoying" (Green 7). Thus, even though her friends are aware of her OCD and are understanding, Aza still feels insecure and believes her illness makes her partly unlikable.

Likewise, Darius compares himself to his little sister Laleh and finds himself falling short of their parents' expectations. Whereas his sister seemingly effortlessly acclimates to being Iranian-American – that is, learning Farsi so she can converse with their grandparents while also being popular at school – Darius struggles with fitting in and is insecure about not quite belonging to either culture. He is bullied at school for being Iranian and cannot talk with his grandparents because he does not speak Farsi – the former is also in part due to the fact that Darius is overweight because his antidepressants make losing weight impossible and the latter is because he fears that he will not have anything to say to his grandparents regardless of speaking their language (Khorram 127, 158). Furthermore, for much of the novel, Darius believes that his father is "ashamed" of him for having depression because he does not live up to the "Übermensch" that he considers his father to be (28). Ege and Lannin argue that "if a

stigmatized aspect of an individual's identity (such as their LGBTQIA+ status or a mental illness diagnosis) is salient and central to their identity, then, the feelings of inadequacy stemming from stigma can be even more demoralizing" (2). Because Darius's depression is so central to his identity, it is that much harder for him to not feel demoralized by the insecurities he faces when he compares himself to others.

Furthermore, both Aza and Darius meet new people who do not know about their mental illnesses but which they eventually confide in via selective disclosure. Thanks to his father's mysterious disappearance, Aza's old school friend Davis returns to her life. While Davis and Aza were friends when they were younger, Davis does not know about her OCD. Though Aza does not hide it and even tells Davis that there is no cure for her OCD (Green 155), there are various moments in the narrative where Aza struggles to connect with Davis because she believes her illness to stand between them even when it is not spoken about. When Davis tries to distract her with a movie after their first kiss lands Aza in a thought spiral since she cannot stop thinking about all the bacteria involved in the act, Aza continues to blame herself for being different: "He's trying to treat you like you're normal and you're trying to respond like you're normal but everyone involved knows you are definitely not normal. Normal people can kiss if they want to kiss. […] people choose their thoughts like they choose to watch TV. Everyone in this conversation knows you're a freak" (156). In other words, even when Aza is trying to connect to new people and is open about her mental illness, there is still self-stigma that makes her feel insecure despite being affirmed by others. Though she does not experience ridiculing or trivializing of her illness, she nevertheless lacks the support she needs to feel more at ease with her diagnosis.

Darius, meanwhile, meets a new boy during his trip to Iran. Sohrab is a friend of the family and revered by Darius's grandfather. He likes to spend time with Sohrab since he helps out around the house and speaks Farsi. Thrown together by circumstance, the boys have a rocky start as Sohrab initially ridicules Darius during a soccer match with his friends, but quickly become friends (Khorram 115). Darius eventually confides in Sohrab about his depression diagnosis (192). Though Sohrab does not necessarily react negatively, he also does not seem able to grasp that depression is a medical diagnosis and not based on "something bad" that happened to Darius in the past that is responsible for making him "so sad" (192). Darius tries not to feel ashamed but initially struggles with it as he tries to explain to Sohrab that there is not always a reason for feeling depressed (192). However, the longer the two boys spend together, the more Darius feels accepted by Sohrab.

While neither Aza nor Darius experience a sense of pride in their respective mental illness by the end of their stories, they do go through the same cycle as the other protagonists. They both come to terms with the realities of their mental illness and reevaluate which relationships help them and which hinder their recovery. Aza, for example, confronts Davis and ends their relationship because, while she knows she has his support, she also understands that he is causing her unintentional stress because she assumes that he will always wait for her to overcome her mental illness. When Davis asks her whether they can meet up after her stay in the hospital, she declines: "I don't know if I'll ever be able to. Like, I know you're waiting for me to get better, and I really appreciate all your texts and everything. It's…it's incredibly sweet, but, like, this is probably what better looks like for me" (Green 252). Davis reacts by asking her whether she feels like she is getting better to which Aza only thinks: "Everyone wanted me to feed them that story – darkness to light, weakness to strength, broken to whole. I wanted it, too" (253). Though Aza can admit that she would like her story to be one of curing as well, she accepts that it does not help her to have people in her life she feels she owes this positive outlook to when it is not the reality she is facing due to the severity of her OCD.

Eventually, Aza resigns herself to the reality that while she will not be able to rid herself of her OCD, it will not be her fate to only be defined by her illness. Considering herself in the mirror, she thinks: "that girl would go on, that she would grow up, have children and love them, that despite loving them she would get too sick to care for them, be hospitalized, get better, and then get sick again" (285). Though her outlook may be bleak, Aza understands that she will make it through these obstacles: "I, a singular proper noun, would go on, if always in a conditional sense" (285), the condition being that Aza continues treatment and telling her therapist when her medication is not working correctly anymore. Therefore, she realizes that she is both "the storyteller and the story told" (257) and has a modicum of control in her life.

Darius in *Darius the Great Is Not Okay* experiences a similar development. After returning from his trip to Iran, he resolves to reevaluate how the people in his life who know about his mental health – and the ones who do not – make him feel. Repairing his fragile relationship with his father, he vows to be more transparent about his mental health with other people in his life as well: "I'd finally managed to open up the well inside me. I didn't think I could block it again" (Khorram 299). Darius renegotiates his relationship with his other family members as well and begins to ask for what he needs, that is, equal attention from his father as well as more compassion when it comes to him struggling to make friends at school. However, Darius also vows to try and gain more social support at his school. In the final chapter aptly

titled "The Best of Both Worlds," Darius resolves to try out for the soccer team at his school to feel more like a part of a community (307).

As a result, even when we consider novels that do not feature protagonists who keep their mental illness a secret from everyone, the most important part of their disclosure process remains the actions and reactions of other people in their community. These novels also indicate disclosure is never a finished process but always a cycle that starts up again with each new connection characters make. Furthermore, by offering a similar structure to the coming out process, these novels elucidate the impact mental illness stigma can have on one's decision to disclose a mental illness and in how far it affects their decisions and actions while trying to keep the illness a secret. The findings suggest that their decision to disclose is informed by how their environment reacts and whether they have enough support, overall highlighting the importance of other individuals normalizing their status as part of a marginalized group.

Conclusion

You're both the fire and the water that extinguishes it. You're the narrator, the protagonist, and the sidekick. You're the storyteller and the story told. You are somebody's something, but you are also your you. (Green 257)

I opened my introduction with a quote from Jennifer Niven's *All the Bright Places*. In it, its protagonist Finch adamantly refuses to acknowledge his bipolar disorder when prompted by the school counselor, not because he fears the illness itself, but because "it's a label[,] one you give crazy people," which he does not want to be associated with (Niven 271). Finch bases his opinion of mentally ill individuals on three distinct experiences: on the movies he has seen where characters with mental illnesses are portrayed as "crazy;" on what he has learned in his psychology class during junior year, in particular how people get dehumanized once it is revealed that they are mentally ill; and lastly, on his personal experiences since he has "watched [his] father in action" who has been unpredictable and violent throughout Finch's entire life. Finch's final comment that labels "explain people away as illnesses" reveals how much these experiences have left their mark on him (271).

Aza Holmes's story in *Turtles All the Way Down*, meanwhile, culminates in her realizing that though she may not be able to get rid of her mental illness, she does have power over how she lets it shape her opinion of herself and others. Throughout the novel, Aza struggles with the idea that she cannot be what others need her to be because of her OCD – she wishes she could be a better daughter and a better friend and ultimately even foregoes a relationship with Davis, the boy she likes, because she does not want to be constantly reminded that her illness will never fade, believing that Davis is placing the expectation on her to eventually get better. Though perhaps a sobering choice, it does elucidate that there are always two elements that factor into mental illness stigma: the concept of what is considered "normal" and how both society and oneself approach it. Just like in Finch's case, the fear of not living up to others' expectations as well as the fear of being ostracized plays a central role in how characters like Aza and Finch approach their mental illness.

Indeed, the fictional tales I have analyzed mirror what scholarly research on real individuals has established over the past fifty years: that the stigma attached to a mental illness proves to be more of an obstacle than the illness itself because of the shame associated with not being "normal," that fear of discrimination and exclusion prevent people from seeking treatment and that lacking a supportive environment causes them to retreat even further (see

Corrigan, Corrigan and Matthews, Michaels et al., Minnebo and Van Acker). However, the novels I analyzed also mirror uplifting results of studies, namely that stigma can be challenged with the help of methods that encompass for example feeling empowerment over shame, promoting education of what constitutes a mental illness and creating open channels of communication. Overall, the narratives all highlight the crucial part that stigma plays in one's decision to seek treatment – and suggest that to create change, one has to first realize and acknowledge stigma's existence in one's lives to be able to do something about it. Indeed, each narrative element I have analyzed ultimately reveals to the protagonists (and the readers) what they desperately desire but – often wrongfully – believe they cannot have because of their mental illnesses and the attached stigma. The novels also feature resolutions that find protagonists seeking treatment or, at the very least, taking the first steps in trusting someone to support them, attempting to normalize the existence of their mental illness. These denouements suggest a change in patterns when it comes to mental illness representation in young adult fiction. Instead of perpetuating the stigma surrounding mental health, these novels offer representations that reveal and challenge misconceptions of what it means to live with a mental illness. Harmful stereotypes are highlighted and debunked, with an emphasis on the importance of having a strong support system.

To summarize, in Chapter 1, I have provided an overview of common narrative arcs and tropes that are used in young adult novels featuring protagonists with mental illnesses. Emphasizing themes such as the romanticization of mental illnesses or depicting the way it encroaches on one's sense of self, I have followed up the overview with an exploration of events during the 2010s in parts of American society that may have contributed to the emergence of representations in novels that serve to destigmatize mental illness. In Chapter 2, I have analyzed the quest arc and showed how it dramatizes the impact of stigma on a character's sense of self. Examining the overarching themes of each of Joseph Campbell's seminal stages – The Initiation, The Departure and The Return – I have traced how each stage gradually exposes the protagonists' stigmatization through others to them and eventually reminds them that while they may not have a say in having a mental illness, they do have the power to combat its stigmatization and work on regaining control of their sense of self.

Chapter 3 was dedicated to the trope of the double. With a long history of revealing hidden fears and an innate desire to belong and gain acceptance from others, I have analyzed how the double can also be used to reveal to the protagonists what they deeply desire but consider unattainable because of their mental illnesses. Whether the double appears as a helpful

entity or in the form of a rival, its mere existence urges the protagonist to confront their own ambivalence towards their mental illness and ultimately promotes seeking treatment or finding support in a different form. Finally, in Chapter 4, I have aligned the sexual coming out process with disclosing one's mental illness. Arguing that using one coming out process may offer key insights on the disclosure process of another, I showed how this narrative structure helps to elucidate the importance of community in one's decision to disclose a mental illness.

Overall, my project challenges previous studies dedicated to other media such as film and television where scholars found that negative stereotypes of the mentally ill are perpetuated (cf. Minnebo and Van Acker, Wahl, Metzl and MacLeish, Shapiro and Rotter) and shows that there is a real advancement toward destigmatized representations of mental illness in select young adult novels. The novels I discussed suggest that even if the cycle of stigmatization may not always be broken, it at the very least can be interrupted, questioned and subsequently challenged. Methods that can help combat stigmatization are for instance creating an open channel of communication, encouraging individuals to speak up about issues instead of hiding them as well as educating the masses about the misconceptions they have pertaining to mental illness and their effect on one's understanding of personal worth and abilities. Whether on their own or combined, all of these methods appeared in the novels I analyzed.

The question that remains is why these long-standing themes and narrative strategies are used in contemporary novels. While I can only speculate whether authors purposely choose to use these narrative patterns, there are arguments to be made for why they are such a popular and, more importantly, effective choice. One logical reason may be the level of accessibility these patterns provide to readers. These narrative strategies may be used since the familiar structures somewhat offset the unfamiliarity – or strangeness – of the topic itself. By approaching an obscure, often hushed-up topic like mental health with a familiar narrative element to structure the exploration of stigma, the reader is offered familiarity despite perhaps never having been exposed to the topic at length before. Therefore, while readers may not be consciously aware of the narrative strategies used to facilitate exposure to and identification with mental illness topics, they may very well be drawn to stories that offer them familiar tropes or plots. Additionally, there is also something to be said for comfort that comes with reading a story that features a structure you are familiar with. One may be more likely to root for a protagonist if one can guess where their story is heading. For instance, if a coming out structure is implied, readers may be hopeful that the protagonist will be eventually welcomed into a new community, even if they initially face seemingly insurmountable obstacles.

Indeed, there are of course expectations that come with certain patterns. If readers pick up a book that suggests there will be a quest, they are likely to assume that it will be a successful one. This may help readers to feel more attached to the characters and actively engage with the obstacles they face and ponder what is needed to make them overcome them. This might even make them consider how they themselves deal with or are exposed to obstacles – in this case, stigma – in their daily lives. That does not mean, however, that all expectations are always met. Rather, as novels with a familiar story structure suggest, mental health narratives do not have to be tragic or exploitative to be compelling. As I have shown with regard to *All the Bright Places,* the expectations that come with certain narrative structures are not always met, but the novel still manages to provide comfort with the resolution of the other point of view's – Violet Markey's – story.

As such, expectations that are met – or not, may still offer readers an easier way of understanding the underlying message of the stories. They may make them realize that whether they are mentally ill or not, they have the power to be a supportive element in other people's lives and in their own. Therefore, whether it is in the form of the structure of a quest, an unexpected double or a coming out narrative, these elements thus help to reveal the truth to the readers by uncovering their misconceptions surrounding mental illness and, ideally, help them to regain control over their lives and encourage them to seek treatment or to help others do the same.

In so far, this study filled a gap in the existing research surrounding mental illness representation. To swiftly recall Otto Wahl's lament about the dearth of research pertaining representation of mental illness in children's media (*Children's*, 136), I found myself faced with the same struggle, over two decades after his claim. While research has of course expanded since then and children's media has become a highly studied field, research addressing mental health representation in adolescent and young adult novels remains a vastly unchartered territory. Therefore, my research fills a gap that has not been explored in detail so far. It differs both in the media I chose to analyze – young adult fiction novels – as well as in the methods – looking at narrative structures instead of reviewing people's reactions to mentally ill characters.

With people's reaction in mind, there appear to be indubitable parallels between my analysis chapters, some of them more easily identified than others, that call forth intriguing questions. Both Chapter Two and Chapter Four, for example, feature narrative strategies that

follow a structural journey from Point A to Point B which examines identity construction in the face of societal obstacles. Examined more closely, there could be parallels between individual stages of the hero's journey such as The Return where the hero returns to the Ordinary World and has gained invaluable knowledge of their self and the world at large and Vivian Cass's stage of identity synthesis, that is, being comfortable with the disclosure of your identity and incorporating it in your daily life. While the journey's focus may differ depending on which narrative structure you analyze, the outcome – acceptance of the self – remains the same. Indeed, there are also more indirect parallels to draw. Campbell's quest, for example, features the figure of a mentor that guides the hero on their journey to victory. In a similar vein, I attribute one of the doubles in Chapter 3 as a guide – or mentor – to the protagonist in their journey to accept their mental illness and how it contributes to their self-stigmatization. Though the guides in the individual chapters and narrative strategies pursue different goals, they both gradually lead the characters toward self-acceptance and a healthier support system.

These situational archetypes structure storytelling and therefore provide readers with a framework to understand and identify with narratives, as mentioned above. Yet it does beg the question to what extent readers are aware of these crossovers between narrative strategies and whether they realize how these strategies work. While this study focused on textual analysis, reception studies could here offer a valuable next step to expand on the learnings from this body of work. Examining how or whether narrative strategies and their interplay are perceived and acknowledged by readers – and whether components such as prior experiences with mentally ill individuals or exposure to stigmatizing representations shape this understanding – could offer more insights into how readers engage with mental illness narratives and how it affects their stance on the topic in real life.

Therefore, my own limitations offer up ample suggestions for further research. For one, while I have used a small sample to analyze narrative strategies, there has since the inauguration of this project been a pleasant growth when it comes to American publishing houses releasing novels with mental illness representation. With this new corpus in mind, it is interesting to note that, as I mentioned in Chapter 1, themes of mental illness representation still remain the same in many a book. Take for example Christine Webb's *The Art of Insanity* (2022) that finds the protagonist having to hide her mental illness because her mother forbids her from telling anyone lest they stigmatize her daughter's experience – but in turn causes her daughter to feel inferior anyway. This could be compared to Nic Stone's *Chaos Theory* (2022) which follows a protagonist who, prior to engaging in a relationship – whether platonic or romantic – informs

the other party of her bipolar disorder and asks them to sign a "contract" with rules that prevent them discriminating against her by calling her a variety of terms close to "crazy," and offering them an "out clause" that lets them end the friendship with no hard feelings as long as they do not end up "ghosting" her, that is, randomly ignoring and distancing themselves from her. While this short glimpse at the books being published in 2022 indirectly affirms my claim that representations and outcomes may shift but that themes remain constant throughout time, it is here interesting that some authors remain compelled to gravitate toward crafting these familiar stories rather than being influenced by the changing patterns of media representation around them.

Representation of mental illness in young adult fiction continues to be a topic of interest. What is more, since the beginning of my project in 2018, many more novels have been released that offer increasing diversity in mental health representation and thus advance my claim that stigma is continuously questioned and challenged by fiction. If we reconsider Elman's claim that teen sick-lit characteristically featured heterosexual, White, cisgender protagonists (107), recent publications in the young adult genre show that change, while slow, is happening. Indeed, while my study is centered around a small sample of young adult titles, the past decade has seen an influx of both young adult and middle grade and picture books, thanks in part to the changing landscape of American publishing mentioned in Chapter 1. After all, representation matters because adolescents are prone to create emotional bonds with fictional characters. Realistic representation is thus essential to show children they are not alone in their struggles. Notable entries in the middle grade genre are, for example, Kacen Callender's *King and the Dragonflies* (2020) and Nicole Melleby's *The Science of Being Angry* (2022), two novels that detail children's understanding of their own depression diagnosis, among many other stories.

With increased diversity come more opportunities to stress how and which external factors shape fictional characters' experience of stigma. Evidently, stigmatization does not exist in a vacuum. It can be inflicted because of heightened emotions and can be reduced by open communication. But the most important factors that shape one's experience of stigma are political, economic and social. For instance, research shows that people of color, people who belong to the LGBTQIAP+ community, and people who stem from lower-income or single-parent households are less likely to receive treatment for their mental illness and experience stigmatization to a higher degree (cf. Holley et al., Holley and Thomas). Looking back at my own selection of primary sources, it includes protagonists that are Puerto Rican, Iranian-

American and a protagonist who identifies as gay.[10] While my selection includes diverse characters, I primarily focus on the narrative strategies in the representation of mental illness and less on how their social, economic and political background influence that experience. This new surge of releases offers yet more insight on how mental illness stigma is connected to intersectionality and the consequences for treatment accessibility.

As an example, there are now also novels that reflect on the struggles teenagers are facing in real life – such as police brutality and discrimination against Black people or the isolating effects of a pandemic – and how they affect their mental illnesses. Mark Oshiro's *Anger Is a Gift* (2018), for instance, delivers a nuanced narrative about a Black boy whose father was murdered by a police officer and then vilified by the media to justify the officer's actions. The protagonist suffers from panic attacks and he and his friends are increasingly treated like criminals at their own schools. The novel chronicles how his mental illness is impacted and worsened by the way he is treated by authority figures – and classmates – because of his skin color. It remains important to study this more intricate exploration of how political and social standing impact one's experience of stigma.

There is also a more recent development that reiterates my claim that stigmatization of mental illness is being increasingly challenged and that is the adaptation of young adult novels that feature mental health representation. While young-adult-novel-to-screen adaptations are evidently not a new trend – just consider early examples like *Divergent, Eragon, Lemonade Mouth* or the plethora of comic book adaptations from DC and Marvel studios such as *Spiderman, Batman* or *The Flash,* not to mention *Harry Potter* or *The Hunger Games* – the amount of young adult novels that have been turned into movies or series on streaming platforms has increased rapidly in the past decade (see Hajducky). One of the reasons for this might be that filmmakers see the potential in turning beloved stories into movies, anticipating a guaranteed built-in audience as readers are sure to want to see their favorite stories translated onto the big screen.

This promised audience might also be one of the reasons why more and more novels that address mental health issues have been adapted for the screen. With the audience often expressing their strong opinions online about the depiction of mental illness stigma (see Wagmeister), word of mouth is sure to draw in a broader audience simply because people want

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[10] Darius in *Darius the Great Is Not Okay* is also queer, however this is only explicitly stated and part of Darius's journey in the sequel *Darius the Great Deserves Better*

to satisfy their own curiosity and make up their own minds. Indeed, even four out of the six novels I have analyzed in this study either have been adapted into movies or are slated to be. Vizzini's *It's Kind of a Funny Story* was turned into a movie back in 2010, Niven's *All the Bright Places* became a recent *Netflix* adaptation and Khorram's *Darius the Great Is Not Okay* is in development with Universal Studios (D'Alessandro). Similarly, Green's *Turtles All the Way Down*, which wrapped filming in 2022, is slated for a 2024 movie release ("Turtles"). In this new media format, these stories featuring mental health representation can reach a whole new audience of individuals who might not have read the books. Moreover, adapting introspective novels that delineate one's experience of stigma for a screen offers ample potential for destigmatization or overdramatization of mental illness. Overdramatization constitutes any depiction, audible or visual cues that distort certain aspects of a mental illness by presenting it in an overly dramatic manner, for example blowing symptoms such as hallucinations out of proportion (cf. Koch et al). Romanticizing self-harm and suicide is another example of overdramatization. Destigmatization, on the other hand, can be represented by challenging harmful and antiquated notions on mental health or promoting speaking up about one's mental health struggles. Adaptations therefore have a vast potential to spark conversation around mental health.

I want to demonstrate this potential with the help of the *Netflix* series adaptation of Jay Asher's novel *13 Reasons Why*, especially with regards to social commentary, overdramatization, the reception of the show and its influence on future adaptions after its release. Ten years after its publication, the story following Hannah Baker, a teen girl who kills herself and leaves thirteen tapes for her classmates who played a role in her suicide, found its way onto *Netflix*. Graphically depicting suicide, rape, bullying and self-harm, the series diverts drastically from the source material and adds individual storylines for Hannah Baker's classmates. This analysis is limited to the first season of the *Netflix* show since these thirteen episodes follow the book's original story whereas the other seasons expand on everything beyond the source material. To note here is that the timeframe of the story is altered. Within the book, Clay listens to all thirteen tapes within 24 hours whereas to fit the format of the first season, the listening process is drawn out to span entire weeks judging from what else is happening in the lives of him and all his classmates.

Firstly, the different formats of media allow for a variation in narrative focus. The novel concentrates on Clay learning the truth of what transpired in Hannah's life and adds a journey of personal growth. Throughout the story, Clay is prone to victim blaming as he goes through

the stages of grief in rapid succession while listening to Hannah's tapes. He initially swings from outright anger at Hannah, for example admonishing her: "I hate what you did, Hannah. You didn't have to, but you did" (Asher 145), to blaming her for refusing to get help: "Maybe a therapist would have helped" (176). At times, he personifies the public stigma people with mental health struggles experience by trying to shift the blame from everyone else on the tapes to Hannah: "You could have reached out but you didn't, you chose this […] You had a choice and you pushed me away, I wanted to help you" (217). This is a point Clay reiterates multiple times throughout the novel.

Nevertheless, there is still some space for social commentary within the novel, since Clay also demonstrates moments of growth. For example, Clay eventually realizes that he is no better than his classmates since he avoided Hannah after the rumors of her and Justin's escalated first kiss because he did not want her reputation to affect his own (180). Though Clay retains the victim blaming to a degree, the ending of the novel shows that he has partly grown. When he sees Skye, a girl he used to be friends with before she isolated herself, he calls out to her because he does not want to see her "slipping away" like Hannah did (287). This denouement indicates that Clay has learned to pay attention to how others are feeling and how he can support them. Overall, the novel therefore focuses solely on Clay's relationship with Hannah and his own personal growth. Additionally, because it is an introspective story that follows Clay and no one else, his many thoughts highlighting his misconceptions of depression remain unchallenged since he never shares them with others and only learns in small parts that what he assumes to know about Hannah's mental health is not the truth. Therefore, the possibilities for social commentary and challenging mental health stigma are fairly limited within the novel.

By contrast, the show offers many opportunities to expose and challenge mental illness stigma through its focus on the external perspective beyond Hannah's point of view. This is in part because the viewer is not only exposed to Clay's beliefs and misconceptions but those of other characters as well. Whereas the novel centers on Clay and his memories of Hannah, the show focuses on each individual character who played a role, that is got their own tape, in Hannah's suicide. Indeed, while the novel relies on Clay's sparse background information on the people Hannah speaks about, the show allows for in-depth explorations of each character's individual story. The focal point of the story remains Hannah's narration, yet the series gives the opportunity to both see how Hannah's mental health was affected by these characters as well as how her classmates are affected by the tapes. The show thereby offers a more intricate

perspective on the consequences of one's actions, especially on others. By letting everyone else on the tapes have their own episode, both Clay and the viewers can comprehend just how much of a chain reaction the events that transpired were. Various characters get their own storyline that impact mental health as viewers get to see Justin's difficult home situation with his mother's substance abuse and abusive boyfriends, Courtney struggling to come to terms with her sexuality, or Jessica confronting her rape that was swept under the rug by her boyfriend Justin. This approach paired with the reluctance of some characters to accept blame allows for an abundance of social commentary.

One of the most prevalent social issues the show reflects on is the attitude of society towards mental health and suicide. Throughout the first season of the show, Hannah's feelings are trivialized, ridiculed and often even shoved aside in favor of other characters' self-preservation. A scene that makes this fairly evident is a flashback to the past before Hannah committed suicide in episode "Tape 4, Side A." In the scene, Hannah attempts to reach out to get help via the anonymous bag in her communication class where students are encouraged to drop notes if there is something they want to discuss. Her anonymous note which says: "What if the only way not to feel bad is to stop feeling anything at all, forever?" ("Tape 4, Side A" 00:37:14-00:37:20) is then discussed in class. The reaction of Hannah's classmates is telling. While Mrs. Bradley immediately remarks on the seriousness of the situation, the first response, given by Courtney who is also one of Hannah's reasons, is that "whoever wrote this is just looking for attention," following it up with the somewhat more sympathetic thought that the note could be "a cry for help" (00:37:41-00:37:46). Meanwhile, the class tries to figure out who wrote the note, firstly trying to get Skye to confess since it was written on a napkin from the coffee shop she works at to calling it a joke and then questioning why someone who needed help would make such a statement anonymously. When it is pointed out that whoever has written the note must be in a lot of pain, a classmate laments: "So what? They're in pain, I'm in pain, high school's painful. Get over it" (00:38:17-00:38:21). While Mrs. Bradley cuts off the discussion and praises the anonymous student for reaching out, letting them know they are not alone and following it up with helpful resources the student could look at if they are struggling (00:38:23-00:38:40), there is little substantial content or change on the characters' sides that indicates understanding or compassion. The show here points out exactly what makes individuals with mental health struggles hesitate to verbalize them. Though no one besides Zach knows that this is Hannah's note, the class's reaction is to either trivialize the anonymous person's emotional well-being, ridiculing them for believing it necessary to leave the note or

consider it a cry for attention instead of questioning how they could help whoever is feeling emotionally drained and might need support.

Another scene which echoes this lack of compassion occurs right in the beginning of the first episode as Hannah's voiceover begins. The camera shows Hannah's old locker, which has become somewhat of a memorial, decorated with a photo of Hannah, flowers and notes from other students reading "I miss you" or "You were so beautiful". The scene then shows two girls looking at the locker, exchanging a heartfelt "She was so pretty/Totally" moment which is immediately followed up with them posing in front of the locker to take a selfie for social media. One friend asks the other "What it is it again", to which she gives what proves to be an ironic response: "#NeverForget" before moving on while staring at their phones (00:02:22-00:02:28). This scene can be read as a criticism of how tragedies are sometimes used on social media to gain a larger following, merely grieving for the attention. The two girls clearly did not know Hannah, yet they post about her death on their social media profiles to show their sympathy.

Following this scene only three minutes later is another one that shows the lack of compassion is still an issue after Hannah has committed suicide. When Mrs. Bradley is discussing the possible warning signs of someone who is considering hurting themselves in the wake of Hannah's suicide, one of the students speaks up: "Is it possible we could be down with all this? I mean, it's been over a week. Isn't it healthy, to, like, move on" (00:03:33-00:03:37). Though some of the other students react to this with disgusted expressions, others are shown to slightly nod their head and concur with what the boy said. He defends himself, stating that "Seriously, I know, it's tragic, but I don't want to keep being reminded all the time. It's depressing" (00:03:41-00:03:45). This can be read as a commentary on the longevity of taboo topics such as suicide. Though the students may feel empathetic toward Hannah and her parents, many also do not want to be reminded of Hannah ending her life. While some of them might not want to talk about it because they are aware of how badly they treated Hannah, the classmate's justification that it is depressing to talk about someone killing themselves and not wanting to be reminded of it indicates the reluctance to talk about this uncomfortable topic in general. Mrs. Bradley reminds him that "we're never done with it […] which is why it's important to know the signs that someone you care for might need help" and proceeds to list the warning signs (00:03:48-00:03:51). Though this stigmatization spans across the length of the entire four-season series, the show manages here to remark on the attitude of teens toward mental illness three times within the first five minutes of the show and both reveals how mental

health struggles can become exploited by performing your compassion for an audience and how the underlying issues are socially conditioned to be swept under the rug and forgotten instead of openly discussed so they react differently next time.

Closely related to the public's perception of mental illness is how the show addresses social issues that can gravely affect someone's mental health in general. Whereas the novel only briefly touches on topics such as sexual assault, bullying, substance abuse and trauma, the show expands on them and interweaves them with what happened to Hannah. Storylines such as the sexual assault of both Jessica and Hannah by Bryce or Justin's life at home with his mother's violent boyfriend offer a plethora of social commentary. Jessica, for example, questions whether anyone would believe her if she told them about what happened to her ("Tape 7, Side A") since Bryce is a privileged boy who has gotten away with much more over the years. Hannah, similarly, is warned off Bryce in one of the first flashbacks of the series, yet no one actively stops Bryce or stands up to him when he demeans girls or touches them without their consent. Instead, the ones on the tape decide to keep quiet about what they have heard and those who want to speak up, such as Alex, are intimated by the others. Likewise, Justin refuses to tell the truth about his involvement in Jessica's rape because he fears losing his friend who is offering him shelter whenever his mother's boyfriends turn too abusive. With these storylines, the show highlights the pressures teens are dealing with and which gravely affect their mental health.

Furthermore, bullying and the importance of one's reputation and how both affect one's mental health is an omnipresent theme. This is of course in relation to Hannah since her tarnished reputation partly catalyzes her downward spiral and isolates her from her peers, but other characters on the tapes also cling to their reputations as they act as a shield from others learning the truth about their roles in Hannah's suicide. Hannah's reputation is systematically destroyed, first by Justin who is complicit in a photo of her taken out of context being spread throughout the entire school and later by Tyler, who shares a photo of Courtney kissing Hannah, which gives Hannah the reputation of being promiscuous and leads to others calling her derogatory terms and Bryce even touching her without her consent. Hannah addresses how she feels unsafe due to this sexual bullying in Tyler's tape: "First the school, then my house…even my own bedroom. Nowhere was safe. You took all that away" ("Tape 2, Side B" 00:50:46-00:50:56). Though Hannah makes it clear that it is not just one of these incidents that caused her reputation to impact her mental health, every moment catalyzed the next and thus caused her to no longer feel safe anywhere. The laughter and the commentary at school starts

to impact not only how Hannah sees herself but also her friendships, as even Clay draws back from her in the past timeline because he does not want her reputation to impact his own ("Tape 1, Side A"). Because of her worsening reputation, Hannah is isolated from anyone she could confide in about her struggles. She gradually feels more unsafe and at a loss, indicating how much what everyone else thinks about you can affect your mental health.

Moreover, Clay's actions compared to the other characters who are on Hannah's tapes act as a commentary on taking responsibility for one's own actions and the consequences. In the novel, Clay is but a mere bystander of Hannah's tapes. He listens to them within one night and afterwards, sends them on to the next person on the list, just as Hannah requested. This is, in part, due to the different characterization of Clay in the novel versus in the show that I briefly addressed earlier. In contrast, because of the way the structure of the show has expanded on the novel's premise, Clay is way more involved in what happened to Hannah. Clay feels remorse, but it is to a degree where he takes it upon himself to make sure that the others on the tapes are truly remorseful about their own actions. Indeed, at times Clay takes on the role of a vigilante to get justice for both Hannah and Jessica. In smaller parts, this means that Clay tries to figure out who can be an ally and who does not feel guilty for what they did. He is also the only one who checks in with Jessica after listening to the tape where it is revealed that Hannah was witness to Jessica's rape. In bigger parts, it means that Clay is actively persecuting Bryce to get justice and break the cycle of silent compliance. In the final episode, Clay gets into a physical altercation with Bryce just so he can get a confession out of Bryce on tape that he raped Hannah and Jessica ("Tape 7, Side A"). Notably, Clay does not immediately hand the confession over to the police but asks Jessica what she wants to do, promising that he will do "Whatever's going to make this better for [her], if anything can" ("Tape 7, Side A" 00:11:58-00:12:01). The moral of the story of Clay's vigilante actions is to stress the fact that every single individual can do their part to help people feel safer and remind them that they are not alone. Anyone on the tapes could have helped Jessica get justice, yet no one did. Clay going after Bryce indicates that you do not need to be a silent bystander but can try to learn from your mistakes and actively create a safer environment for yourself and others.

The role that adults play in one's mental health is also discussed in the show. While it would be too detailed here to mention every occurrence, suffice it to say that parents and other authority figures appear to be omnipresent in the show's timeline after Hannah's suicide. However, it is made clear that their presence and the frequent questions about their children's well-being are in response to Hannah's suicide. In flashbacks, they are rarely shown and never

in the context of asking their children anything besides their grades or responsibilities. An example of this are Clay's parents. In the first episode, Clay is caught by his mother while listening to the first tape and immediately reprimands her: "What have we said about helicopter parenting," indicating that this is not the first time his mother has snuck up on him ("Tape 1, Side A" 00:14:24). Additionally, when his mother tells him that the email sent another email regarding Hannah's suicide, Clay reasons that this "explains why Dad showed interest in [his] life" when he sought him out (00:14:53). Clay's mother reasons that she "hate[s] being the kind of parent who asks if you want to talk about anything," suggesting that she is not used to frequently asking Clay about how he is doing (00:14:56-00:15:06). Other characters on the tapes, such as Bryce and Alex, are also shown to be under the watchful eye of their parents with regular check-ins and questions on how Hannah's suicide has affected them, whether they knew her well or, in Alex's case, worrying that Hannah's death may reflect badly on their kids (cf. "Tape 1, Side A" and "Tape 6, Side A" 00:56:50-00:57:03). This behavior could be considered a commentary on how difficult it is to know what is going on in your children's lives or, perhaps more importantly, that it is necessary to check in with how they are feeling.

The show also uses one of the authority figures, the school guidance counselor and Hannah's thirteenth reason, to comment on the difficulties of getting help when you are struggling with your mental health. Hannah reaches out to Mr. Porter after recording the first twelve tapes: "I felt like maybe I could beat this. I decided to give life one more chance. But this time, I was asking for help, because I know I can't do it alone" ("Tape 7, Side A" 00:04:05-00:04:20). Mr. Porter's failure in their ensuing conversation is clear. He neither gets Hannah the help she needs himself nor offers her the resources that could support her when she goes to his office after having been raped and detailing how her depression is catalyzing her suicidal thoughts. He does not even inform her parents about her mental health struggle nor does he pursue her when she leaves his office visibly distraught following his advice to just move on after what has happened and not pursue legal action. Hannah makes it clear that this was the last attempt to get help and the final tape ends shortly thereafter ("Tape 7, Side A"). Though the social commentary of this scene could be considered here to be about the neglectfulness of individuals who are supposed to be there for students to turn to or even a criticism of the school system that burdens counselors with too many children to keep an eye on simultaneously, Clay's confrontation with Mr. Porter later in the episode offers another reading. During the conversation, Clay details Hannah's tapes and afterward offers Mr. Porter the thirteen tapes, pointing out that he added one side himself, Bryce's confession. Clay does not solely blame

Mr. Porter but reiterates the fact that they all failed Hannah: "Everyone who comes before you on these tapes knows what you did and didn't do. And they always will. And they'll know what they did" ("Tape 7, Side A" 00:40:52-00:40:57). Clay's words appear to be a reminder that every single one of them could have helped Hannah and is to blame for the consequences of their actions and refusal to act at all by turning a blind eye to their impact.

The perhaps most haunting social commentary is how the suicide attempt of Alex is framed in the show to reveal how easy it is to overlook the signs that someone is struggling with their mental health. Throughout the first season, hints are shown that Alex is suicidal. Alex appears to be – besides Clay – the most affected by Hannah's suicide and his own appearance on the tapes. While many others on the tapes – for example Marcus or Courtney – pass on the blame and refuse to feel guilty for how their own actions affected Hannah, Alex shows genuine remorse. He not only feels guilty for taking away Jessica as Hannah's friend but blames himself for not helping Hannah when he had the chance: "Hannah was my friend and we should tell the truth about her because I know that if I had still been friends with her, if any one of us had still been friends with her, she'd be alive" ("Tape 6, Side B" 00:27:25-00:27:39). Therefore, Alex is very aware of the role he played in isolating Hannah so she believed she had no one to turn to and wishes he could have done things differently. Additionally, while everyone else clearly tries to intimidate Clay so the tapes will not be released to the public, Alex is "glad" that the truth might come out ("Tape 6, Side B"). Alex might not be ready himself to tell everyone the truth about Hannah's death, but he does seem to believe that they all deserve what is coming for them if the tapes were to be heard by everyone and is disgusted by the attempts of the others to hide the truth behind lies that tarnish Hannah's memory and credibility.

With each episode that passes, the viewer is given more warning signs of Alex being suicidal. For example, Alex experiences violent mood swings that get worse the more episodes pass. In the third episode, Alex takes down the posters at school proclaiming that *Suicide's not an Option*, visibly upset and telling Clay that it does seem like an option considering Hannah did it and that a poster is not going to stop anybody. Toward the end of the episode, Alex is at Bryce's house and, overwhelmed by the general merriment of the group who seems unaffected by what is happening, he throws himself into the pool, fully clothed. Instead of returning to the surface, he floats in the water, appearing apathetic. Additionally, when Zach and Justin kidnap Clay to keep him quiet, Alex's reckless driving displays a disregard for his own life as he races down the street even when the others in the car tell him to slow down ("Tape 3, Side A"). In

"Tape 3, Side B," he suddenly fights his schoolmate Montgomery in the parking lot, going against the pacifistic and collected characterization of previous episodes and flashbacks. When the boys are taken to the Honor Board of the school to address this violation of school rules, Alex is appalled about not receiving a bigger punishment. After "taking some fucking responsibility, since you guys can't," he taunts the Honor Board members, which includes three people who are also on Hannah's tapes, Clay, Markus and Courtney, with their leniency: "What, so anyone can get away with anything at this school and no one gives a fuck?" ("Tape 3, Side B" 00:14:26-00:15:10). Alex is clearly trying to show he is culpable for what happened to Hannah and wants others to realize their own faults as well.

Lastly, the penultimate episode finds Alex straightening his closet, "getting the affairs in order," so to speak, which constitutes another warning sign the viewer should be familiar with thanks to how Hannah made sure everything was finished before she committed suicide ("Tape 6, Side B" 00:56:42-00:57:16). Alex's suicide attempt thus serves as another social commentary and reminds viewers of what they have learned watching the show. While the signs were reiterated by authority figures throughout the episodes and Alex's worsening mental health was demonstrated in multiple scenes, no one took the necessary steps to check up on him and see his deterioration. While this could of course be read as just another reiteration of people failing to help each other, I would make the argument that this dramatization is used to show how easy it is to overlook the warning signs or to be preoccupied with everything else going on to focus on what is happening in someone else's life. After all, this seems to be the message of the book and the show: that we can all do our part if only we want to, reflected in Clay's enheartened appeal to Mr. Porter: "It has to get better. The way we treat each other and look out for each other. It has to get better somehow" ("Tape 7, Side A" 00:41:52-00:42:03).

Tied together with this message are Clay's final scenes in season one. Almost identical to the ending of the novel, Clay sees Skye disappearing down a hallway and catches up to her, asking her whether she would like to spend time with him. Prompted by Skye asking whether he is okay, Clay replies that he is not and whether that is alright with her ("Tape 7, Side A" 00:43:14-00:44:02). This open vulnerability and confessing how he is feeling punctuates how much Clay has changed. Whereas in the first episode we see students actively shying away from discussing how they are feeling, Clay refuses to let Skye be another girl who has no one to turn to if she is not feeling good, stressing the show's message that even if you have not been aware of your own impact on other people's lives and mental health, there is always another chance to make it right and offer someone else the help they need.

On top of offering social commentary, a show in comparison to a novel has many opportunities to dramatize and even sensationalize certain aspects or topics. For instance, cliffhangers at the end of episodes such as the announcement of a "17-year-old with a gunshot wound to the head" being driven to the hospital ("Tape 6, Side B" 00:58:38) leaves the viewer on the edge of their seat, desperate to figure out who the teen is. However, the cliffhanger acts as a misdirection and leaves it up to the viewer to debate who the 17-year-old is as the scene showing the ambulance racing along is juxtaposed with Clay's mother waking Clay's father, telling him that Clay never came home. The addition of suspenseful music or particular camerawork, during such scenes as Hannah's rape or suicide, further sensationalize the actions on the screen, which may make it incredibly hard for viewers to stomach what is happening. This is not to say that overdramatization is inherently bad since it has the added effect of drawing in viewers and keeps them invested in the characters' journey. Nevertheless, sensationalism is something that has made the show stand out, whether in good or bad terms, and thus merits a closer look.

Principally, most of the social issues addressed in the series' first season contain sensationalized representations. One example is the focus on teenagers driving under the influence, which is turned into a bit of a "whodunit" mystery as the show teases that there are two student deaths in the past year with the viewer being left to wonder of who the second dead student is. It is only revealed in Sherry's tape that Jeff, a student Clay tutored, is the other student that died, not because of drunk driving on his part but on Sherry's ("Tape 5, Side B"). This clearly reiterates the story's main message that actions can affect others' lives even when you are unaware of it in the moment you are doing them. The show also depicts two rape scenes in graphic detail. Both Jessica and Hannah are raped by Bryce and the scenes show what happens in excruciating detail, with both girls suffering from PTSD and Jessica completely blocking out the memories of what happened. The ways in which everyone covers up Bryce's heinous actions with silent complicity because they fear him is dramatized throughout the entire series.

While addressing all the moments of potentially sensationalized depictions in detail would be too big of an endeavor, I want to highlight a few main themes that tie in with how the show was received by audiences. One thing to keep in mind here is that sensationalism is subjective. What one person may consider to be an exaggerated and overdramatized depiction might be considered accurate and realistic by another. While cultural norms and personal preferences certainly shape one's understanding of what is sensationalized to provoke interest,

exposure and experience also do. For instance, someone who has seen multiple dramatized representations of mental illness or suicide and has become desensitized to the topics may react differently than someone who has faced the same issues in real life before watching a fictional depiction of it. All that being said, there are a few depictions that, as I will address later in this chapter, were labeled sensationalized by some viewers.

One of the ways in which the show is exaggerated as opposed to the novel is in how the people on the tape try to ensure each other's silence beyond mutually assured destruction. From the first episode on when Justin tells Clay: "You're not that innocent, Jensen. I don't give a shit what she says" ("Tape 1, Side A" 00:03:01-00:03:04), it is clear that Clay has become a target solely based on others having heard his tape before him. While some like Sherry and Courtney try to befriend Clay to keep him quiet, others like Justin, Zach and Tyler try to bully Clay into silence about the tapes and the roles everyone played in Hannah's story. An instance of this occurs in the first episode when he is driving on his bike at night, listening to Hannah's first tape. Accompanied by frantic music, he is followed by a strange car and nearly ran over which results in him crashing his bike, leaving him with a bloody forehead ("Tape 1, Side A"). Though this may in part have been added to the script so Clay has a visible feature that distinguishes him in the present timeline from the flashbacks with Hannah, this is not the only time he is bullied into keeping silent as he is also kidnapped by Zach and Justin in a later episode and reminded to keep everything he has heard on the tapes to himself. Making sure Clay stays quiet becomes a blood sport the other characters on the tape take part in to make sure their own actions are not exposed.

Another overdramatization in the show is other characters' mental health struggles. Though it is only revealed in later seasons, it is implied that Clay has been in treatment for his mental health since he used to take medication and saw a therapist on a regular basis, which was never mentioned in the book. In the show, Clay begins having vivid nightmares and hallucinations of Hannah, which are drawn out for dramatic effect. One scene finds Clay hallucinating Hannah bleeding out on the basketball court and no one helping her, causing him to disrupt an on-going basketball game ("Tape 4, Side A"). His mind plays further tricks on him as he sometimes loses the thread of conversations, believing his conversation partner has said something else that blames him for his role in Hannah's death. Clay is clearly hallucinating Hannah in an attempt to cope with what he is hearing on the tapes.

A final moment that needs to be discussed is how Hannah died. In the novel, Hannah commits suicide by taking an inordinate amount of prescription pills. In the show however, she kills herself by slitting her wrists and bleeding out in the bathtub. The four-minute scene shows in graphic detail how Hannah fills the bathtub with water and gets into it with old clothes. The only audible sounds throughout the scene, besides the sloshing of water, are her quickened breaths and her crying out in pain as she slits her wrists multiple times and bleeds out slowly. The camera stays on Hannah's facial expression, documenting every feeling for the viewer. Though it can of course be argued that this scene is included and drawn out for shock factor, it can also be seen as an attempt to deglamorize suicide. There is no romanticization of Hannah's suicide in this scene as the viewer sees how much pain Hannah is in and how scared she is. It also is not accompanied by suspenseful music or aesthetic shots, instead the stark reality of what Hannah is doing is seen on the screen, declaring that this is something that cannot be taken back and has fatal consequences. Additionally, Hannah's mother finding her daughter follows the same pattern. Nothing is held back as the viewer sees Hannah's mother rushing to the tub to drag out her child. These scenes reify the message that there is nothing glamorous or romantic about taking one's life.

After the release of season one, a surge of studies was conducted by scholars. Incidentally, research almost exclusively pertained less to viewer reception and more to their actions following watching the controversial show. In other words, research tends to focus on the effects rather than the depiction itself. Thompson and colleagues, for example, conducted a study on the help-seeking behavior of viewers prior to and after watching the show by examining the usage of the Crisis Text Line and other hotlines available for people to get help from (Thompson et al.). Similarly, Arendt and colleagues explored the effects on viewers watching the second season of the show and in how far the follow-up to Hannah's suicide influenced viewers in their likelihood to help a suicidal person if they were confronted with a similar situation in their own lives (see Arendt et al.). Looking back at my claim in the introduction that research pertaining to fictional representations of mental illness stigma has so far almost exclusively focused on the effects of the portrayal rather than *how* stigma is portrayed, it is interesting to note that the approach in academic studies has not changed since I began this project. Even with newer depictions such as *13 Reasons Why*, studies still center on the fact that stigmatization exists and how it affects viewers' or readers' behavior, not how mental illness is stigmatized. This further advances my claim that studies such as mine which

focus on the strategies that are used to represent mental illness are vastly unchartered and warrant more attention.

All that being said, the audience of the show took to the internet to make their voices heard about stigmatizing representation in *13 Reasons Why*, especially concerning romanticizing suicide and mental illness. Whether in a praising or reproachful manner, *13 Reasons Why* was the most tweeted about show in 2017 and continues to spark conversation (Wagmeister). While some denounce the series for its graphic depiction of Hannah Baker's suicide (cf. Jacobson, Bates, "Harmful Romanticization"), others see the vast potential of the show – and similar shows – to destigmatize mental illness for a new audience they might not reach through the novel (cf. Mueller, Ryan, Del Rosario).

A recurring issue viewers take with the show is that it "only highlights the external factors on the reasons behind [Hannah's] suicide, never acknowledging that the most pressing factor was her own depression" (Fazio). Though the show chronicles the external factors that lead to Hannah's suicide, viewers would have wished for more focus on Hannah's internal thought process. Another prevalent criticism of the show is Hannah's "omnipotence" since even after her death, Hannah is capable of impacting her classmates' lives and, thanks to her anonymous helper who distributes the cassette tapes, has the power to make them change their behavior, which might suggest to impressionable viewers that suicide is not the "end" ("Harmful Romanticization"). As discussed above, the difference in media allows both for opportunities to demonstrate how mental illness stigma is perpetuated and often remains unchallenged in society, but also may present viewers with a skewered version of what happens after someone takes their life. Clay's vigilante actions carry the implication that even after someone is dead, they still have power over people.

Nevertheless, the show also received praise in terms of how it impacted viewers' understanding of and attitudes towards mental health. A study conducted at UCLA, for instance, concluded that "when teens watch TV shows that portray mental health issues, they actually talk about it with their peers, parents and partners" (Del Rosario), suggesting that these portrayals, whether positive or negative, spark conversation about a topic that might be considered taboo. In similar fashion, viewers who also live with mental illnesses that align with Hannah Baker's, namely PTSD and comorbid depression, have remarked upon how well the show chronicles a person's thought process surrounding suicide and how outsiders could interfere. One such reviewer writes that "[t]he show really grasps the stigma around mental

health that leads these people to take their lives and shows that all [they] need is support and help to get better" ("Grasping"). They further argue that the show dispels misconceptions and stereotypes held about mentally ill people, reminding viewers that "[m]ental illness isn't contagious, you can't catch it by being nice to people; just simply talking or listening to someone can start their journey to recovery." Suggesting that these fictional depictions can change the way people understand stigmatization and make them question their own role in helping or hurting someone with a mental illness shows the impact representation can have. While the long-term impact of these shows has yet to be determined, *13 Reasons Why* has undoubtedly sparked a conversation.

In fact, since its release, *13 Reasons Why* has become somewhat of a divisive benchmark with newer adaptations addressing mental illness being weighed against its controversial depiction. One example is *Looking for Alaska,* another young adult novel published in 2007 by John Green, that has been adapted by the streaming service *Hulu*. Following its release, the show was lauded as "a portrayal of mental health that resists the simplicity of many television and film depictions," citing *13 Reasons Why* as one of the "failed" shows (Christ). Comparing the two shows, some entertainment websites even went so far as proclaiming the series to be "the anti-*13 Reasons Why*" based on its refusal to "end in that dark place" that *13 Reasons Why* appears to consistently feed on with every season finale (Romero). Other opinion pieces similarly point out that "*Looking for Alaska* does right what *13 Reasons Why* did wrong", remarking that the series "shows promise that the future of mental health in the media, especially in shows geared towards teenagers, are on the road to improvement. Hopefully, by learning from the mistakes of past attempts, the realm of mental health awareness will only continue to flourish" (Christ).

It is interesting to note that *Looking for Alaska* is compared so frequently to the *13 Reasons Why* adaptation. This could, in part, be due to the fact that *13 Reasons Why* "paved the way" for future adaptations, so to speak, since it showed that it can draw in a broader audience, adults and teens alike and act as a conversation starter (see Wagmeister, Christ). For one, since the show offered such controversial and widely discussed graphic scenes, future shows may face less backlash because viewers are already familiar with overdramatized scenarios, for example a suicide scene shown without the camera cutting away. Gamson and colleagues reason that as much as anything can be contested because of its ambiguous portrayal, "public controversies also die. That which was once contested becomes naturalized […] What is uncontested now may be difficult or impossible to detect without contrast with a

discourse in which such matters were once denaturalized and matters of contested meaning" (383-84). In other words, because *13 Reasons Why* received extraneous attention and exists for other subsequently released shows to be measured against, newer adaptations with similarly explicit scenes may be easier to stomach for viewers since they have already been confronted with them prior to watching the show.

Of course, another reason could be that the producers "learned" from *13 Reasons Why*'s rather controversial, overdramatized depiction and thus evaded stigmatizing traps that its predecessors fell into. The show makers have taken to heart the problematic elements *13 Reasons Why* were accused of, for example by adding a preface recorded by the leading cast members that "warn the viewers not to drink and drive as well as encourage them to seek help if they are struggling with mental health issues" as well as adding resources for people to find help (Christ). Comparatively, *13 Reasons Why* only added these prefaces after outrage online, including trigger warnings at the beginnings of the two episodes that depict Hannah Baker's graphic rape and suicide (Reilly). After the release of a study that linked the suicide scene to an increase in suicide rates, *Netflix* opted to remove the scene entirely (Marshall). While it is up to viewers and readers to decide whether Alaska commits suicide in *Looking for Alaska* or whether her car crash is an accident, the show runners opted to leave out the depiction of the fatal accident and instead pick up the narrative on the next day when the school is informed of Alaska's passing in an assembly (Marshall). The producers of *Looking for Alaska* evidently avoided the pitfalls *13 Reasons Why* struggled with, even going so far as to partner with organizations like The National Alliance on Mental Illness to include resources that are shown at the end of every episode (Christ). Clearly, the producers were influenced by how predecessors received and dealt with criticism, suggesting that the way stories are adapted is subject to external factors such as expected audience reception. As Cahir reminds us: "All literature-based films are invariably *interpretations* of their source material," not exact *replicas* and as such, they are prone to engage viewers differently than the novel does because different aspects might be dramatized *and* may be subject to change based on the social climate they are released in (8; emphasis added). This evidences that audience reception and online communities can effect real change so mental health is represented in a normalized manner instead of overdramatized.

It goes without saying that mental illness representations influence each other. If not necessarily in their production, then at the very least in reception, as the contrasting viewer opinions show. Herein lies the importance of studying novel adaptations in more detail, because

they have the power to perpetuate or contest misconceptions held about mentally ill individuals. After all, just like there is no one "right" representation of mental illness or the stigma attached to it, there is no one show or movie that will irrevocably change everyone's stance on mental illness. Rather, continued exposure to similar depictions can have a lasting impact. As Gerbner suggests: "[w]hat is most likely to cultivate stable and common conceptions of reality is […] the overall pattern of programming to which total communities are regularly exposed over long periods of time. That is the pattern of settings, casting, social typing, actions, and related outcomes that cuts across program types and viewing modes" (179). Indeed, Gerbner concludes that the "repetitive 'lessons' we learn from television, beginning with infancy, are likely to become the basis for a broader world view, making television a significant source of general values, ideologies, and perspectives as well as specific assumptions, beliefs, and images" (185). As such, adaptations offer a bountiful source for exploring how they shape viewers' opinions differently than the novels themselves do. Are there elements of a mental illness that are more stigmatized in adaptations than they are in the source material or vice versa? Do differences exist between movie adaptations and those made for a series on a streaming platform where viewers can spend more time with the fictional characters? Do destigmatized depictions of mental illness gradually change the overall pattern of representation? These and many more questions merit a closer look at the visual media adolescents consume to discern what story elements work more efficiently on the screen to destigmatize mental illness that the source material might not have been able to, and what potentially gets "lost in translation," so to speak.

Adaptations of novels therefore offer multiple benefits. Beyond reaching a wider audience, they offer the possibility of expanding on and reiterating important notions about destigmatizing mental illnesses. They can depict the status quo of how mental illness is perceived in society and reveal what obstacles still exist in getting support and having access to treatment. Sensationalized representations of mental illness symptoms and the factors that lead to someone feeling suicidal can also elicit to viewers just how much their own actions can affect someone else's state of mind and that they have the chance to support people who struggle with their mental health with how they behave and challenge harmful stigmatizations. These representations can therefore act as a reminder to be more aware of your own and everyone else's actions and how they impact others. Evidently, as can be seen with *Thirteen Reasons Why*, these representations can not only shape viewers' understanding of mental illness but also have the power to influence future adaptations and how mental illness is

approached as a topic in general or in how far it is overdramatized in their depiction, thereby making adaptations a crucial narrative format to study.

As such, I hope that my study will act as a starting point for further research in the field of mental illness representation in young adult fiction, be it by paying closer attention to the way stigma is represented in newer releases, in connection with other social, economic, and political influences or in novel-to-screen adaptations. All that being said, one crucial point my study has shown is that while a topic as complex as stigma is hard to represent "right," the fact that changes in patterns are emerging proves the relevance of offering more narratives that focus on normalizing having a mental illness. It confirms that there are ways to use well-established narrative patterns to create stories with a focus on destigmatization and normalizing mental illness. It remains to be seen whether this change in representation is here to stay.

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