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# Representations of Mental Illness in Young Adult Literature

A Comparative Analysis of *Turtles All the Way Down*, *All the Bright Places*,  
and *Highly Illogical Behaviour*

Master's thesis in Language Studies with Teacher Education

Supervisor: Rhonna Robbins-Sponaas

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Department of Language and Literature





## Abstract

This master's thesis conducts a comparative analysis of the novels *All the Bright Places*, *Turtles All the Way Down*, and *Highly Illogical Behaviour*, focusing on their representation of mental illness in young adult literature. Various aspects of adolescent mental illness have been analyzed, including the portrayals of symptoms and diagnoses, conversations about mental illness, and different treatment forms. The choice of language used to describe the symptoms and diagnoses experienced by the protagonists illustrates how words fosters societal stigmatization towards mental illness. Analyses of conversations between the mentally-ill protagonists and their acquaintances showcase the complexity of discussing mental illness, concluding that open conversations are necessary to reduce stigmatization. The diverse portrayals of psychiatric treatments within the novels illustrate how treatment, or the lack of treatment, affects the protagonists and their conditions, emphasizing the importance of stigma reduction to ensure proper treatment. The novels serve as fictional mirrors, offering a sense of belonging and normalcy for adolescent readers suffering from mental illness. Additionally, the novels serve as windows into foreign realities for adolescent readers who are unfamiliar with mental illness, providing an opportunity to broaden their understanding and empathy. In conclusion, mental illness is a prominent issue in our contemporary society, and fictional portrayals of mental illness could serve as a valuable educational tool, fostering understanding and empathy among adolescent readers.

## Sammendrag

Denne masteroppgaven inneholder en analyse av ungdomsromanene *All the Bright Places*, *Turtles All the Way Down* og *Highly Illogical Behaviour*, med fokus på deres fremstilling av psykisk sykdom. Ulike aspekter ved psykisk sykdom har blitt analysert, inkludert fremstillingen av ulike symptomer og diagnoser, samtaler om psykisk sykdom samt ulike behandlingsformer. Språkvalg i beskrivelser av hovedpersonenes symptomer og diagnoser illustrerer hvordan ord kan bidra til samfunnsmessig stigmatisering av psykisk sykdom. Analyser av samtaler mellom de psykisk syke hovedpersonene og deres relasjoner illustrerer kompleksiteten som ligger bak samtaler om psykisk sykdom og konkluderer med at det å snakke åpent om psykisk sykdom er nødvendig for å redusere stigmatisering. Fremstillingen av ulike behandlingsformer i romanene illustrerer hvordan behandling eller mangel på behandling påvirker hovedpersonene og deres psykiske sykdom, noe som videre understreker viktigheten av å redusere stigmatisering i mål om å tilby effektiv behandling for psykisk syke ungdommer. Romanene kan fungere som fiktive speil for ungdommer som lider av psykisk sykdom, noe som kan gjøre at disse ungdommene kan oppleve tilhørighet. I tillegg kan romanene fungere som fiktive vinduer inn i ukjente livssituasjoner for unge lesere som ikke er kjent med psykisk sykdom. Dette kan videre gi unge lesere en mulighet til å utvikle egen forståelse og empati. Psykisk sykdom er et fremtredende problem i vårt moderne samfunn, og fiktive skildringer av psykisk sykdom kan være et verdifullt pedagogisk og didaktisk verktøy som kan fremme forståelse og empati hos unge lesere.

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Dear Karsten, my favorite little person. Thank you for choosing the perfect time to enter my life. You have just turned one, and you have already taught me more about life than anyone else before you. Thank you for showing me that there are things much more important than degrees and career opportunities. I love you.

Heidi Maiken Bøgseth Krog,  
November 2023





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## Chapter 1: Introduction

Mental illness among children and young adults constitutes a rapidly growing area of awareness and concern in our contemporary society. An international study executed by Barican et al. examined the prevalence of childhood mental disorders in high-income countries, concluding that the “overall prevalence of any mental disorder was 12.7%” (38). This means that on average, more than one out of ten children suffer from some sort of mental disorder, which is a sizable number. In addition, Potrebny et al. conclude that there has been an increase in psychological health complaints among adolescents in Norway between 1994 and 2014 (8). Studies like these confirm the importance of acknowledging the severity of mental health issues among young adults.

The American Psychiatric Association (APA) defines mental illness as “health conditions involving changes in thinking, emotion, or behavior (or a combination of these)” which can cause “distress and/or problems functioning in social, work or family activities” (“What is Mental Illness?”). The term “mental illness” refers collectively to all diagnosable mental disorders, including conditions like anxiety disorders, bipolar disorder, depression, and obsessive-compulsive disorder. The severity of mental illness varies, ranging from mild interference with daily life in some cases to the need for hospitalization and intensive treatment in others. Notably, the APA highlights that while mental illness can occur at any age, three-fourths of all instances begin by age 24 (“What is Mental Illness?”). In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, the term “mental disorder” is employed and defined as “a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (APA 20). In this thesis, the terms “mental illness” and “mental disorder” will be used interchangeably.

According to Richmond, “there seems to have been an explosion of research on the topic of mental illness in young adult literature” (*Mental Illness in Young Adult Literature* 5), mirroring society’s focus on adolescent mental disorders. Young adult literature which portrays characters that suffer from mental illness serves as a valuable source for helping young adults identify and gain insight into these conditions. Such literary works shed light on authentic experiences, even though the characters are fictional. For example, in John Green’s *Turtles All*

*the Way Down*, protagonist Aza Holmes deals with obsessive-compulsive disorder (OCD). Solomon Reed in John Corey Whaley's *Highly Illogical Behaviour* suffers from anxiety and panic disorder, in addition to severe agoraphobia. In *All the Bright Places* by Jennifer Niven, we gain insight into the life of Theodore Finch, who suffers from suicidal thoughts and undiagnosed bipolar disorder.

“Young adult literature” (YAL) is a term defined by Michael Cart as “inherently amorphous, for its constituent terms ‘young adult’ and ‘literature’ are dynamic, changing as culture and society — which provide their context — change” (“The Value of Young Adult Literature”). Many scholars identify 1967 as the beginning of young adult literature as a field, due to the publication of S. E. Hinton's *The Outsiders*, published and marketed specifically to young adult readers (Richmond, *Mental Illness in Young Adult Literature* 1). In the late 1960's, the term “young adult fiction” referred to realistic and contemporary fiction, which addressed problems and issues of interest to young adult readers between the ages of twelve and eighteen (Cart, “The Value of Young Adult Literature”). According to Kia Jane Richmond, the category of young adult literature has now grown to include fantasy, science fiction, romance, adventure, poetry, graphic novels, and nonfiction (*Mental Illness in Young Adult Literature* 1), and Cart argues that the definition of “young adult” has expanded to include children and young adults between the ages of ten and twenty-five (“The Value of Young Adult Literature”). Despite Chris Crowe's statement that young adult fiction “restricts itself to literature *intended* for teenagers” (121), it is a broad genre which is relevant for and often enjoyed by others than teenagers and adolescents.

According to Crowe, young adult books have been criticized because they “corrupt the young” (146) with bleak stories about murder, rape, drug addiction, suicide, and mental illness (148). In a study executed by Melanie D. Koss and William H. Teale, 59 young adult books were read, coded, and analyzed in search of patterns and trends. The study found that, 85% of the YA books focused on teens finding themselves, while other issues such as finding identity, dealing with loss, and searching for answers were each represented in 34% of the books (567). Twenty-five percent of the YA books dealt with the issue of mental illness, and an examination of the characters in the books revealed that 25% of the books portrayed disabled characters, with over half of these disabilities being mental illness (Koss and Teale 567). Sex, alcohol, and drugs were not highly represented, and even though the books portrayed tough situations such as mental

illness and abuse, the most frequent subjects were related to the idea of finding oneself and fitting in (Koss and Teale 567-568). The fact that this study was conducted in 2009 means that there is no guarantee that a study conducted with more recent YA books would give the same results. As of now, it has not been possible to detect a more recent study. Despite its age, Koss and Teale's study provides evidence that even though young adult literature often deals with harsh social issues, the main goal of most young adult books is not to corrupt the young but rather to help them deal with issues which they are likely to face in their transition from childhood to adulthood.

Despite being criticized by some, it is widely recognized that young adult fiction can be valuable for young readers. Cart argues that much of the value of young adult literature "is to be found in how it addresses the needs of its readers" ("Young Adult Literature"), referring to the state of development and transition that young adults experience. Cart also argues that "by addressing not only their needs but also their interests, the literature becomes an inducement for them to read, another compelling reason to value it" ("Young Adult Literature"). Young adult literature also offers an opportunity for the reader to see herself reflected in narrative, something which can be valuable for a young adult struggling to find herself and feel as if she belongs. In addition, young adult literature has the "capacity for fostering, in its readers, understanding, empathy, and compassion by offering vividly realized portraits of the lives – exterior and interior – of individuals who are unlike the reader" (Cart, "Young Adult Literature"). Through recognizing the needs and interests of young adults, young adult literature offers an opportunity for young readers to broaden their understanding of their own lives as well as the lives of others.

In her article "Mirrors, Windows and Sliding Glass Doors", Rudine Sims Bishop reflects on the way literature can help readers gain new perspectives. Bishop states that "Books are sometimes windows, offering views of worlds that may be real or imagined, familiar or strange. ... When lightning conditions are just right, however, a window can also be a mirror" (1). This reflects on readers' opportunities to experience something different from their own lives through literature, as if watching through a window, but also the importance of recognizing their own lives and experiences as if reflected in a mirror. Bishop argues for the importance of diverse mirrors in literature when stating that "When children cannot find themselves reflected in the books they read, or when the images they see are distorted, negative or laughable, they learn a powerful lesson about how they are devalued in the society of which they are a part" (1). When

arguing for the importance of diverse windows, Bishop explains that children who see only reflections of themselves will “grow up with an exaggerated sense of their own importance and value in the world” (1), and that reading literature with perspectives different from our own can “help us to understand each other better by helping to change our attitudes towards difference” (2). Children can benefit from reading literature where they see themselves reflected, because it can help them feel normal and like a part of a group. In addition, reading literature that provides windows into unfamiliar realities can help children understand others and broaden their perspectives on what is considered different or normal.

An important advantage of engaging with literature which portrays unfamiliar life situations lies in its potential to foster empathy development. Empathy is a complex and vital life skill which significantly affects human interactions and relationships, and it is defined by Professor Frans B.M. de Waal as “the capacity to (a) be affected by and share the emotional state of another, (b) assess the reasons for the other’s state, and (c) identify with the other, adopting his or her perspective” (281). According to author Peg Kehret, empathy represents “the one crucial element that is necessary in order for us to treat one another with respect and kindness” (44), further arguing that reading literature can help empathy development for children and adolescents, because literature provides them with an opportunity to step into someone else’s shoes. In addition, psychologist Michele Borba supports the importance of empathy education, arguing that students with high levels of empathy have higher academic achievements, better communication skills, and display more classroom engagement (23). Through literature, readers gain insight into the emotional states of characters and get background information which explains the characters’ emotional state. Moreover, readers may identify with certain elements of the characters’ situations, enabling them to adopt the character’s perspective. Therefore, literature can be a useful tool when aiming to gain the three capacities that de Waal refers to as essential for empathy.

Janet Alsup argues that there are some potential issues with the theory that literature fosters empathy. If reading automatically fosters empathy, Alsup questions how it is possible that the world holds empathic people who do not enjoy reading, and how people who have done terrible things can enjoy literature (35-36). She claims that “we are all different, we all have had different experiences, hence we react differently to narrative worlds” (37), and therefore questions whether it is possible to make any generalizations about reading and the development

of empathy. Because readers have different perspectives and experiences that they bring into their reading, they can read the same book at the same time but have completely different reading experiences. This would presumably also be case with adolescents reading young adult literature. Even though a group of adolescents are told to read the same book at the same time, there is no guarantee that they will have a similar reading experience or gain similar skills from their reading. It is therefore important to remember that even though literature *can* help readers with their empathy development, this might not always be the case for all students with all literature.

One popular theory attempting to explain how and why reading fiction can affect empathy is the “simulation” theory of empathy. According to Raymond A. Mar and Keith Oatley, literary narratives “offer models or simulations of the social world via abstraction, simplification, and compression” (173). They further argue that a simulative experience of social interactions can be created for readers of narrative fiction, and that “this simulation facilitates the communication and understanding of social information and makes it more compelling, achieving a form of learning through experience” (173). Even though reading fiction is different from real life experiences, readers can develop empathy and a better understanding of others from simulated fictional experiences (181).

In 2013, Djikic et al. conducted a study where they found a significant increase in self-reported cognitive empathy among some of their participants after they had read a short story (28). Cognitive empathy, defined as our capacity to “assume the psychological viewpoint of others” (37), was found to be strengthened after reading fiction. The researchers conclude that “the world of literature encourages us to become others in imagination, and this may be one of most benign means of improving one’s abilities in the social domain” (44). They also suggest that social interactions in the real world can cause misunderstandings and severe upsets, whereas fictional literature allows us to misunderstand without suffering negative consequences (Djikic et al. 44). Thus, fiction may serve as gentle teacher for adolescents working to acquire social skills such as empathy.

Peg Kehret argues that helping young readers identify with the characters they meet in literature is important for empathy development (44). Alsup states that in her experience, adolescents often evaluate a novel's effectiveness based on the extent to which they could identify with it, and “if the characters (or even the setting) were too different from themselves,

too alien to their own lives and experiences, they would often reject the text as not interesting, not understandable, not fun to read, and simply not for them” (22). Alsup’s argument complicates Bishop’s theory about windows and mirrors in literature. According to Bishop, literature that introduces readers to unfamiliar realities can help broaden their perspectives (2), but according to Alsup such unfamiliarity might cause young readers to lose interest (22). It is therefore important to ensure that young adults can identify with some parts of the story or characters in the novels they are assigned to facilitate empathy development. Striking a balance between mirroring readers’ lives and challenging them with new perspectives is crucial.

The overall prevalence of childhood mental disorders in high-income countries was approximately 13 percent in 2022 (Barican et al. 38), and Anastasia Wickham argues that because young adult literature often deals with social issues of adolescents, the increase in YA books portraying adolescent mental health is not surprising (11). According to Linda Sirois, people who suffer from mental illness often have no obvious markers displaying their illness, therefore they might often be misinterpreted and wrongfully labeled (9). Mental illness remains stigmatized in modern society (9), meaning that some people still have unfriendly attitudes towards those suffering from mental illness. Collins et al. report that “reducing this stigma may be a critical step in prevention and early intervention for mental disorders; stigma reduction should also improve the quality of life for people experiencing mental health problems” (1). They further argue that individuals who suffer from a mental illness frequently “report negative interactions with employers, landlords, and the police or social exclusion by potential friends” (1). According to Richmond, a combination of disparaging references to mentally-ill individuals in media, as well as a lack of knowledge about mental illnesses, might encourage young adults to distance themselves from those with psychological difficulties (“Using Literature” 19). These statements highlight the importance of providing young adults with realistic and relevant information about mental illnesses to prevent misinterpretations and stigma.

Education is one of the most effective measures we can use to prevent and eliminate stigmatization of mental illness (Corbett 92). According to Sirois, teachers and educators can use narratives about mentally-ill characters as a teaching tool to educate young adults about mental health issues (9). Wickham argues that “the emergence of YA literature that realistically portrays mental health struggles allows for a critical, interdisciplinary look at the philosophical, neuroscientific, literary, and sociological aspects of mental illness” (10). Working with young

adult literature which portrays several aspects of life with mental illness can help adolescents form a realistic picture of what mental illness is and how it affects those who suffer from it. Adolescents who are unfamiliar with mental illness are provided with a window and an opportunity for understanding and empathy. In addition, adolescents who are already familiar with mental illness in some way might see themselves and their situation reflected in the fictional world. In other words, young adult literature which portrays mental illness can function as both windows and mirrors for adolescent readers.

In this thesis, a comparative analysis of three young adult novels will be presented, focusing on their representations of mental illness through adolescent characters. The protagonists in the three novels differ from each other because they suffer from diverse symptoms and diagnoses, have varying social relations and receive dissimilar forms of treatment for their conditions. Therefore, these novels highlight the diversity within the portrayals of mental-illness in young adult literature.

In Jennifer Niven's novel *All the Bright Places* the reader follows two teens, Theodore Finch and Violet Markey. Finch and Violet first meet atop the school's bell tower, both contemplating suicide. The story is told from the first-person perspective, alternating between the voices of the two protagonists. Finch is a teenage boy battling with undiagnosed and untreated bipolar disorder, causing him to experience alternating periods of depression and mania. According to the *DSM-5*, a manic episode is defined as "a distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week" (APA 124). Symptoms such as racing thoughts, decreased need for sleep, distractibility, excessive talking and grandiosity could be present during manic episodes (124). With bipolar disorder, major depression episodes often follow manic episodes. Major depression lasts at least two weeks and is recognized by symptoms such as depressed mood, marked lack of interest or pleasure from most activities, recurrent thoughts of death or suicide, feelings of worthlessness or guilt, and insomnia or hypersomnia (125). Finch's condition is undiagnosed and untreated, but the symptoms portrayed in the novel clearly resemble those of bipolar disorder. Violet has no diagnosed mental illness but suffers from grief after having lost her sister Eleanor in a car accident. Her mental health issues, which resemble depression and lead to suicidal thoughts, appear to be a short-term response to the traumatic event of abruptly losing her sister in an accident. On their first meeting, Finch



convinces Violet to walk down safely from the top of the bell tower. Later, the two teen protagonists end up working together on a big school project which allows them to travel and explore their home state Indiana together. Eventually they fall in love, but their young love is complicated by Finch's depressive episodes and suicide attempts.

Aza Holmes is the protagonist of John Green's *Turtles all The Way Down*. The story is told from a first-person point of view from Aza's perspective. Aza suffers from obsessive-compulsive disorders, which according to *DSM-5* is characterized by obsessions and/or compulsions which commonly cause stress or anxiety (APA 235). Obsessions are defined as "recurrent and persistent thoughts, urges or images that are experienced as intrusive and unwanted" (235), while compulsions are defined as "repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly" (235). Aza has obsessive thoughts particularly relating to a bacteria called *C. diff*, which can cause deadly infections. She also suffers from compulsions, such as constantly focusing on her middle finger where she has a callus which she often opens to make bleed because she fears infections. This compulsion is contradictory and appears illogical to the reader, illustrating the way Aza's OCD affects her logical thinking. Aza learns from her friend Daisy that the father of Aza's childhood acquaintance David Pickett has disappeared, and that a reward has been promised to those who can provide information about his disappearance. Together, Aza and Daisy begin to investigate the disappearance of Russell Pickett, and during this process Aza resumes contact with David. A romantic interest occurs between Aza and David. After the two share their first kiss, Aza is driven down into intrusive "thought spirals" about bacteria and she feels compelled to drink hand sanitizer. Aza's mental condition and relationship with David is further complicated when she suffers an injury in a car accident and is admitted to a hospital where she continues to obsess about the bacteria around her.

*Highly Illogical Behaviour* by John Corey Whaley is a story about Solomon Reed, a young man suffering from anxiety and panic attacks causing him to stop leaving his house at the age of thirteen. The story is told in the third-person voice alternating between the perspective of Solomon and that of Lisa Praytor. Lisa is a high-school junior hoping to write an outstanding scholarship essay focusing on her personal experience with mental illness. She therefore takes up the role of amateur therapist in an attempt to help Solomon cope with his panic disorder and agoraphobia. According to the *DSM-5*, panic disorder is an anxiety disorder where "the

individual experiences recurrent unexpected panic attacks and is persistently concerned or worried about having more panic attacks or changes his or her behavior in maladaptive ways because of the panic attacks” (APA 190). A panic attack is described as “abrupt surges of intense fear or intense discomfort that reach a peak within minutes, accompanied by physical and/or cognitive symptoms” (190). Examples of such symptoms are sweating, chest pain or discomfort, nausea and abdominal distress, palpitations, pounding heart or accelerated heart rate, and fear of dying (208). Solomon also suffers from a diagnosis of agoraphobia, which is defined as “marked, or intense, fear or anxiety triggered by the real or anticipated exposure to a wide range of situations” (218) such as being outside the home, using public transport, being in open spaces or being in closed spaces (217). In Solomon’s case, he has a fear of going outside his home and of enclosed places such as school or hospitals. Due to his mental disorders, Solomon has not left the house in a long time and has little contact with others, but his life changes when Lisa and her boyfriend Clark begin visiting him in his home.

This thesis consists of a comparative analysis of excerpts from all three novels, aiming to answer how young adult literature portrays the life of adolescents living with mental illness. Further, the thesis will discuss how reading fiction about mental illness can affect adolescent readers. The second chapter, “Symptoms and Diagnoses”, examines the way symptoms and diagnoses are described in all three novels and discusses how stigmatization of mental disorders is illustrated. Chapter three, “Telling and Being Told”, studies how the different protagonists talk about their mental disabilities to friends and family, and the response they are given back, further discussing how adolescent readers can learn from fictional conversations about mental illness. Chapter four, “Help, Hope, and Hopelessness”, studies the portrayal of psychiatric treatment and help that the protagonists receive from professionals and non-professionals, and how treatment or lack of treatment affect their lives. After the concluding chapter, an additional chapter called “Relevance for the Teacher Profession” elaborates on how the findings in this thesis are relevant for teaching and education.

## Chapter 2: Symptoms and Diagnoses

The adolescent protagonists in *Highly Illogical Behaviour*, *Turtles All the Way Down*, and *All the Bright Places* all suffer from mental disorders, but the symptoms they experience vary in pattern, severity, and frequency. One similarity in all three cases is the realistic and direct portrayal of the symptoms that the protagonists experience. As previously stated by Wickham, young adult literature which realistically portrays mental health allows for a critical and interdisciplinary look at the neuroscientific aspect of mental illness (10), meaning that fictional portrayals can provide readers with insight into the emotions and experiences of those suffering from mental disorders. In addition, descriptions of symptoms and diagnoses from different viewpoints can reveal different attitudes towards mental illness and allow the reader to reflect upon the matters of shame and stigmatization.

Solomon Reed, protagonist of *Highly Illogical Behaviour*, is a young man suffering from panic disorder and agoraphobia. Agoraphobia can appear as a fear or anxiety about being outside of the home (APA, *DSM-5* 217), and readers learn that at the age of sixteen, Solomon “hadn't left the house in three years, two months and one day” (Whaley 3). In the novel's first chapter, it is made clear that Solomon has suffered from panic attacks since age 11, and that “over the course of just two years, he'd gone from having one every few months, to once a month, to twice, and so on” (4). At thirteen, he suffered a major panic attack at school, causing him to strip down to his boxers and lay down in the school fountain to calm himself down. Within days after this incident, Solomon stopped leaving the house altogether, because when he stopped leaving home, he reduced the number of attacks. He argues that this is the best solution for him, because when you “take away the things that make you panic and you won't panic” (4). Not leaving the house is described as a coping mechanism which helps Solomon ease his symptoms.

Solomon still experiences regular panic attacks despite not leaving the house, and the language used to describe his panic attacks is realistic and direct. In chapter five, the reader is taken through one of Solomon's panic attacks:

This is how it always started. Everything would be fine and then a sudden sinking feeling would come over him, like his chest was going to cave in. He could feel his heart bumping against his rib cage, wanting out, quickening with every beat and the radiating down his arms and up to his temples. It vibrated him, making everything he saw bounce

around like the world was just photographs being flipped in front of him. And with everything around him muffled, but still noisy, all he could do was focus on breathing and close his eyes tight and count. (27)

These descriptions correspond with the APA's definition of panic attacks as "abrupt surges of intense fear or intense discomfort that reach a peak within minutes, accompanied by physical and/or cognitive symptoms" (*DSM-5* 190). The descriptions of Solomon's panic attacks show the reader that he experiences symptoms such as pounding heart, trembling, and derealization. Later, it is also mentioned that Solomon "gasp[ed] for air" (Whaley 62), "wondered if maybe his chest would explode" (61) and experiences a "sudden flush in his cheeks" (77), indicating feelings of choking, chest pain, and heat sensations. These physical and cognitive symptoms all appear in the list of symptoms which can occur during a panic attack (APA, *DSM-5* 208). The realistic descriptions of Solomon's panic attacks might help readers understand what having a panic attack feels like, and how panic attacks affect those who suffer from them. This can further help adolescent readers gain empathy and understanding which can leave them better equipped if they, or someone close to them, ever experience a panic attack in real life. At the same time, it is important to recognize that because all readers react different to narrative worlds depending on their previous experiences in life (Alsup 37), there is no guarantee that all adolescent readers will be able to empathize more with Solomon after reading about his panic attacks. As acknowledged by Corbett, adolescents need to be encouraged by someone to broaden their understanding about mental illness through literature (92). If adult facilitators such as teachers or parents wish to educate adolescents about mental illness through use of fiction, facilitators need to accept that different readers can react differently to the same narrative and actively encourage the readers to reflect upon what they are reading.

The fact that Solomon suffers from panic attacks and anxiety is something that he and his family have accepted, and they speak freely about his diagnosis. In a conversation with Solomon's mother, Lisa refers to Solomon's panic attack in the school fountain as his "*incident*" (Whaley 10), but Solomon's mother states in an outright way that "it was a panic attack" (10). This answer made by Solomon's mother indicates that there is little shame within the family linked to his diagnosis. Solomon's agoraphobia is referred to as "the agoraphobic thing" (24), and Solomon speaks freely about this condition as well. Some symptoms which are not related to Solomon's anxiety disorders are also mentioned, such as his "impossibly weird eating habits,

refusing to eat anything green” (24), and his occasional habit of hitting himself to relieve his anxiety. These symptoms could indicate that Solomon suffers from obsessions, compulsions, and self-harming. Neither of these symptoms are specifically associated with panic disorder (APA, *DSM-5* 208), but they complicate Solomon’s illness and might indicate that he suffers from another disorder such as OCD. In addition, it appears as if Solomon feels ashamed of these unexplained symptoms. Solomon has acknowledged and accepted the symptoms which are linked to his established diagnoses of panic disorder and agoraphobia, but his habit of hitting himself is something which he tries to hide from everyone, even his family. Solomon feels ashamed of the symptoms which are not linked to his already established diagnoses, but he speaks freely of the symptoms related to his panic disorder and agoraphobia. This indicates that when symptoms and diagnoses are clearly established, spoken freely about, and recognized as real, it can help reduce stigmatization. If symptoms are not recognized or treated, such as Solomon’s case of self-harming and obsessive thoughts, it might lead to shame and further stigmatization. This can be supported by Stephen P. Hinshaw, who states that “appropriate diagnosis may also relieve guilt and provide important empowerment for some parents” (722), which could be the case in Solomon’s family because there appears to be little shame linked to his established diagnoses, but a lot of shame linked to his undiagnosed symptoms.

Theodore Finch, one of the protagonists of *All the Bright Places*, has no established or named mental diagnosis, but he suffers from a variety of symptoms. He refers to his symptoms privately as the “awake” and the “asleep”, which represents alternating periods of depression and mania. The periods of “asleep” are described as “kind of black, sinking moods” (Niven 293), where he locks himself up and avoids seeing the world. During his awake periods, he has a lot of energy, does a lot of physical activity, falls in love, indulges in risky activities such as speeding, and switches between several different personalities. Such alternating periods of depression and manic episodes align with the APA’s definition of bipolar disorder (*DSM-5* 123). Readers learn that Finch suffered from his first depressive episode at an early age, and that he could not “remember much that happened after that, not for a little while at least” (Niven 293). Between his depressive episodes, Finch counts the days of awake. In the beginning of the novel, when Finch and Violet meet atop the bell tower, Finch has just woken up from a lengthy period of asleep.

Finch continuously contemplates death, and he is fascinated by suicide. Chapter one of *All the Bright Places* begins with Finch questioning “*is today a good day to die?*” (Niven 3), which is something he asks himself in the morning when he wakes up. He also writes a sort of diary on his computer, reporting his thoughts and feelings about suicide on specific days. After meeting Violet in the bell tower, he writes: “January 5. Method: Bell tower of school. On a scale of one to ten on the how-close-did-I-come scale: five” (36). His obsession with death and suicide also appears as random facts about suicide throughout the novel, such as “guys with tattoos are more likely to kill themselves with guns” (279) and “nearly 20 percent of suicides are committed by poison, but among doctors who kill themselves, that number is 57 percent” (73).

Despite his fascination with death, Theodore Finch does not want to die. Throughout the novel there seems to be an ongoing conflict within Finch. On one side, he contemplates suicide and plans his own death, but on the other side it appears as if he really does want to continue living. After being confronted by school counselor Mr. Embry about what happened in the bell tower, Finch thinks to himself that “The thing I don’t say is: I want to stay alive. The reason I don’t say it is because, given that fat folder in front of him, he’d never believe it. And here’s something else he’d never believe – I’m fighting to be here in this shitty, messed-up world” (16). Finch's undiagnosed bipolar disorder leaves him with conflicting thoughts about life and death, and because he is afraid of being labelled, he does not ask for help to cope with these thoughts. The contradiction between wanting to stay alive while at the same time obsessing about suicide indicates that Finch values life, but that he needs to keep the option of suicide open in case life gets too hard.

Finch has seen his father battle with bipolar disorder, referred to as his moods, his entire life, and Finch admits to Violet that “I get into these moods sometimes, and I can’t shake them” (293). The fact that Finch and his family uses the term “mood” rather than “depression” when referring to depressive episodes illustrates their fear of mental illness and helps explain Finch’s fear of being labelled. Finch knows that his father’s moods are a symptom of bipolar disorder, and that he suffers the same symptoms, but because of the stigma towards mental illness that has built up within their family neither of them seeks help. According to Hinshaw, “stigma may prevent parents from communicating openly about their own mental disturbance” (724) and “enhancement of such communication appears to play a role in mental health enhancement of children and adolescents” (724). Because Finch has been raised in a home where family

discussions about mental illness have been avoided, he has an inherited stigmatization which restrains him from seeking help. It should be mentioned that “stigmatization may be fueled by the diagnosis and labeling of child behavioral patterns” (Hinshaw 722), meaning that labeling someone as “bipolar” or “depressed” might cause them to experience stigmatization from society, but Hinshaw concludes that “accurate diagnosis and labeling may eventually confer more positive effects” (722). Finch and his father rightfully fear the stigmatization that they might suffer from if they acknowledge their bipolar diagnosis, which causes them to refuse help and ultimately spoils their chance of recovery.

On one occasion, Mr. Embry asks Finch what he knows about bipolar disorder, and he further explains that “some people call it manic depression. It’s a brain disorder that causes extreme shifts in mood and energy. It runs in families, but it can be treated” (Niven 270). This confrontation causes a reaction in Finch

I continue to breathe, even if I’m not smiling anymore, but here is what is happening: my brain and my heart are pounding out different rhythms; my hands are turning cold and the back of my neck is turning hot; my throat has gone completely dry. 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. (270)

Finch immediately rejects what he refers to as the label of bipolar disorder, and it appears as if his biggest fear is to be diagnosed with some sort of mental diagnosis because labels and diagnosis “explain people away as illnesses” (270). Despite this, it appears as if Finch suspects that he might have bipolar disorder. After having talked to Mr. Embry, Finch begins questioning himself, and he enters a negative thought spiral, “*I am broken. I am a fraud. I am impossible to love ... Bipolar disorder, my mind says, labeling itself. Bipolar, bipolar, bipolar*” (277). Even though Finch recognizes himself in the descriptions of bipolar disorder, he fears being labeled as someone with a mental illness, and he therefore refuses to admit that he might need help.

Aza Holmes, protagonist in John Green’s novel *Turtles All the Way Down*, suffers from various symptoms due to her obsessive-compulsive disorder. Obsessive-compulsive disorder (OCD) is characterized by obsessions and/or compulsions which cause stress or anxiety (APA,

DSM-5 235). The term “OCD” is never explicitly mentioned in the novel, but Aza clearly suffers from both obsessive thoughts and compulsive behavior. It is also clear that Aza’s friends and family know of her mental disorder even though the diagnosis is not mentioned by name. Aza's obsessions and compulsions have been a part of her life since she was little, and they have continued to take up even more place in her mind as she enters her adolescence.

Aza’s obsessions are described as recurrent and persistent thoughts and urges, which aligns with the APA’s definition of obsessions (DSM-5 235). Aza refers to her obsessions as *invasives*, because “like invasive weeds, these thoughts seem to arrive at my biosphere from some faraway land, and then they spread out of control” (Green 45). Her obsessions are mostly related to a fear of bacteria, especially “the bacteria *Clostridium difficile*, which can be fatal” (4). On one occasion, when eating lunch with her friends in the school cafeteria, Aza struggles to follow the conversation because she is thinking about the sounds coming from her belly, “*I am listening, I thought, to the cacophony of my digestive tract*” (3). This thought continues to spiral within her mind, and develops into a fear of disease and bacteria, “Excessive abdominal noise is an uncommon, but not unprecedented, presenting symptom of infection with the bacteria *Clostridium difficile*” (4). This fear causes Aza to read an article about the symptoms characterizing *C. diff*, which she has obviously read several times before as she is familiar with the content of it. She admits that she has none of the symptoms other than abdominal noises, and that she is safe if she does not get a fever. “I reminded myself that I didn’t have a fever, and my self replied: *You don’t have a fever YET*” (4). This is an excellent example of the way Aza’s obsessive thoughts control her and cause persistent urges. When explaining her obsessive thoughts, Aza states that “it’s just an invasive. Everyone has them. But you can’t shut yours up” (45). This shows how Aza’s obsessive thoughts are different from the thoughts of someone not suffering from OCD, because she is unable to free herself from the thought spiral and her thoughts spin out of control.

Compulsions are repetitive behaviors that occur as a response to an obsession (APA, DSM-5 235), and Aza’s obsessive fear of bacteria results in several different compulsions. The first compulsion described is caused by a fear of infection in a callus on her middle finger. On the area of the callus, Aza says that she can “open up a crack in the skin really easily, so I cover it up with a Band-Aid to try to prevent infection” (Green 5). Wearing a band-aid over the callus



makes sense when aiming to prevent cracked skin and infection, but Aza's obsessions make her doubt whether the area is protected well enough, which causes illogical compulsions:

But sometimes I get worried that there already is an infection, and so I need to drain it, and the only way to do that is to reopen the wound and press out any blood that will come. Once I start thinking about splitting the skin apart, I literally cannot not do it. I apologize for the double negative, but it's a real double negative of a situation, a bind from which negating the negation is truly the only escape. (5)

Creating a crack in the skin to prevent infection is illogical behavior, but Aza is not able to stop this compulsion caused by her obsession. This excerpt proves how Aza's OCD has taken control over certain aspects of her life, and how she is not able to control the symptoms of her diagnosis. The second distinct compulsion appears after Aza shares her first kiss with Davis, "He was a good kisser. But then the thoughts came, and I could feel his spit alive in my mouth" (179). Her thought spiral immediately begins tightening; "I thought about his bacteria being inside of me. I thought about the probability that some percentage of said bacteria were malicious" (180). These obsessive thoughts about foreign bacteria in her mouth cause a new compulsion of drinking hand sanitizer, "I pulled the hand sanitizer out of my jacket and squeezed a glob of it into my mouth. I gagged a little as I swished the burning slime of it around my mouth, then swallowed" (180). Once again, this compulsion proves how Aza's mental disorder causes her to make illogical decisions, because drinking hand sanitizer is much more dangerous for her body compared to kissing a boy.

Aza recognizes that her obsessions and compulsions are illogical and partially dangerous, yet she is unable to free herself from them. These sorts of illogical compulsions might be hard to understand for adolescent readers, and as stated by Alsup there is a risk that young adult readers might lose interest in literature if they feel that the story is unfamiliar and unrelatable (22). Aza's obsessions and compulsions might appear incomprehensible to young readers who have not previously heard of obsessions or compulsions, and her actions might seem stupid to those who do not understand her condition. Therefore, facilitators should help adolescent readers identify with Aza and understand her situation, in order to facilitate empathy development. Reading about Aza fosters a good opportunity to learn about OCD and develop empathy and understanding towards others despite their actions.

Fictional portrayals of symptoms related to mental illness can provide young readers with a window into the lives of those suffering from mental illness. As supported by Bishop, young readers who are allowed to experience something different from their own lives through windows in literature can gain new perspectives and a broader understanding of others. The honest description of how a panic attack affects protagonist Solomon in *Highly Illogical Behaviour* might help readers understand the discomfort and fright that someone with a panic disorder experiences during a panic attack. Likewise, the character Aza in *Turtles All the Way Down* can help readers gain empathy towards people suffering from OCD, because the novel aims to portray how obsessions and compulsions affect life for someone suffering from OCD. Symptoms that are invisible and hard to recognize and understand in the real world, are honestly and precisely portrayed in all the three novels, and through reading such portrayals young adults can get insight that they would not have been able to get in real life. Such insight into how a panic attack feels or how bipolar disorder works might further help adolescents if they end up in a situation where they, or someone close to them, are diagnosed with a mental disorder. Experiencing symptoms and diagnosis related to mental illness through fictional characters can lead to an increased understanding and knowledge among young adults, enhancing their abilities to cope with mental illness in the real world. At the same time, it is important to acknowledge that all adolescents will have different reactions to fictional situations and characters, and therefore there is no guarantee that reading fiction about mental illness will cause empathy development for young readers.

In *All the Bright Places*, *Turtles All the Way Down*, and *Highly Illogical Behaviour* the way in which the protagonists and their acquaintances talk about and refer to symptoms and diagnoses can reveal something about the degree of stigmatization the protagonists experience. Even though Aza's condition is never mentioned by name in *Turtles All the Way Down*, most of her friends and family seem to be aware of her condition, and she is supported by them. Solomon's family speak freely about his panic disorder and agoraphobia, while Finch's family avoid using terms such as "bipolar" and "depression". The contrast between the three families illustrates how stigmatization within a family can be crucial for the future of a mentally ill child or adolescent. Many who suffer from mental disorders report that they are stigmatized due to their diagnoses, and one of the best ways to stop such stigmatization is through education (Corbett 92). If schools and parents aim to educate young people about mental diagnoses and

symptoms, it might help reduce stigma. Providing young adults with fictional portrayals of mental illness and giving them the opportunity to ask questions and discuss after reading can leave them with a better understanding and hopefully contribute to a reduction of stigmatization towards mentally ill young adults. It is essential to recognize that individuals with mental illness might struggle to share their experiences due to stigmatization and shame, and that conversating about mental illness is a complex matter.

## Chapter 3: Telling and Being Told

In *Turtles All the Way Down*, *All the Bright Places*, and *Highly Illogical Behaviour*, all the mentally-ill protagonists talk about their disorders with some of their acquaintances, that being either friends, family, or other important adult characters such as school counselors or therapists. The way in which the characters choose to talk about their conditions varies according to their intention, what details they reveal, and whether they refer to a diagnosis. The responses which they receive also vary from positive and understanding to challenging and provocative. The diverse ways in which the protagonists tell their acquaintances about their mental disorders, and what responses they receive from different people can reveal something about attitudes towards mental disorders. In addition, the way literature portrays conversations about mental illness can affect young readers and their empathy development.

Due to stigmatization and shame, people who suffer from mental illness might struggle to tell their friends, family, and other acquaintances about their symptoms and diagnoses. Physical disabilities are often more visible and therefore often easier to diagnose. Mental disorders on the other hand often have invisible symptoms, which can make them difficult to detect, diagnose and treat. Because mental disorders are often invisible or hidable, people who suffer from mental disorders need to inform others about their disorder through conversation.

Protagonist Aza in *Turtles All the Way Down* suffers from obsessive-compulsive disorder, and despite her diagnosis not being mentioned by name, most of her friends and family seem to be aware of her condition. In conversation with her friends and family she reveals different aspects of her condition, and she speaks freely about the way her condition affects her. In conversations about her mental disorder, Aza is met with different responses varying from empathic and understanding, to provocative and ill-tempered.

Aza has a close friendship with Daisy, who is described as her “Best and Most Fearless Friend since elementary school” (Green 2). It is evident that Daisy is familiar with Aza’s obsessions and compulsions, and that she can recognize the symptoms. During a lunch break, when Aza has spiraled down into a thought spiral of obsessions about bacteria, Daisy asks why Aza has been quiet all throughout lunch,

“Thought spiral,” I mumbled in reply. Daisy had known me since we were six, long enough to get it.

“I figured. Sorry, man. Let’s hang out today.” (7)

Daisy is familiar with Aza’s thought spirals and the way they affect her, and she offers comfort in the form of social support. Reading about this sort of supportive interaction could be a useful teaching tool for adolescent readers when aiming to reduce their stigmatization towards mental illness. According to Boyd et al., positive contact with someone with mental illness can help reduce desire for social distance from individuals with mental illness (1068). If we apply Mar and Oatley’s simulation theory of empathy, stating that models or simulations of the social world in literature can help adolescents in real-life social situations (173), it is possible to conclude that reading about positive encounters with mental illness can help reduce adolescents fear of mental illness in real life. One can argue that the interaction between Aza and Daisy is an example of positive contact with mental illness, which can help adolescent readers reduce their desire for social distance from people with mental illness.

On a later occasion, Daisy and Aza have an argument about the fact that Daisy has written about Aza and her mental condition in a fanfiction story that she has been working on, using the alias Ayala. Aza is hurt by this, because she believes that anyone reading the fanfiction will realize the mentally-ill character Ayala is based on her, and that the character descriptions present her as “horrible-totally self-centered and perpetually annoying” (208). Aza confronts Daisy about the character Ayala, and they end up in an argument where Daisy states Aza is like mustard, “Great in small quantities, but then a lot of you is ... a lot.” (215). Daisy further argues that Aza does not understand what it is like to be in Daisy’s position, and because Aza is so busy with her own problems, she is not really being a good friend. Aza responds with an attempt to explain the way her diagnosis affects her, saying

“I’m sorry it’s not fun hanging out with me because I’m stuck in my head so much, but imagine being *actually* stuck inside my head with no way out, with no way to ever take a break from it, because that’s my life. To use Mychal’s clever little analogy imagine eating NOTHING BUT mustard, being stuck with mustard ALL THE TIME and if you hate me so much then stop asking me to—” (217)

This sentence is finished with a long stop to illustrate that Aza is interrupted mid-sentence, because she forgets to pay attention to the road ahead and ends up crashing into the car in front of her. Because of the car crash, the conversation between Aza and Daisy is put on hold until after Aza is finished with her hospitalization and treatment. When they meet a couple of weeks

later, Daisy has thought through her previous statement and tells Aza that ““yes, you are exhausting, and yes, being your friend is work. But you are also the most fascinating person I have ever known, and you are not like mustard. You are like pizza, which is the highest compliment I can pay a person”” (237). These conversations between Aza and Daisy illustrate how having a relationship with someone suffering from mental illness can be challenging, because it can be difficult to understand the situation of the mentally-ill person and their actions. In addition, mental illness can cause individuals to act in a way that can be perceived as selfish, rude or uncaring, which can complicate all sorts of relationships. The conversations between Aza and Daisy illustrates how honest conversations about mental illness can lead to more knowledge and therefore also better understanding for those who have a relationship with someone suffering from mental illness.

Aza develops a romantic relationship with a boy called Davis, and on one occasion she needs to tell him about her illness and how it will affect their relationship. Even though she really wants to kiss Davis, she struggles to do so because of her invasive thoughts about bacteria. Her struggle is described through a thought stream; “Kissing feels good. I want to kiss him. *But you don't want to get campylobacter.* I won't. *You'll be sick for weeks. Might have to take antibiotics.* Stop.” (251). The italicized phrases represent Aza's obsessive invasive thoughts, and the non-italicized phrases show how Aza is trying to stop these invasive thoughts. In an attempt to explain her invasive thoughts to Davis, Aza says

“It's not that I don't want to kiss you or that I don't like kissing or whatever. I ... my brain says that kissing is one of a bunch of things that will, like, kill me. But it's not even about *dying*, really —like, if I knew I was dying, and I kissed you good-bye, literally my last thought wouldn't be about the fact that I was dying; it would be about the eighty million microbes that we'd just exchanged.” (251)

After hearing this explanation, Davis keeps blinking his eyes and is obviously hurt. Despite being hurt and struggling to understand, he responds with ““That sounds really scary,' ... 'Do you feel like you're getting better?’” (251). This response is very illustrative, revealing that Davis is attempting to understand Aza's situation, is able to show empathy for her condition and has a hope that she will get better. The conversation between Aza and Davis demonstrates how conversations about mental illness can lead to emphatic responses where the respondent aspires to understand a foreign life-situation. Again, it is reasonable to argue that because of Mar and

Oatley's simulation theory of empathy, fictional situations where characters aim to understand and empathize with mentally-ill people can contribute to the development of empathy for adolescent readers. The way Davis reacts to Aza's confession illustrates how one can be unable to fully understand the way someone with mental illness thinks, but that one can still be able to empathize with and support them.

Conversations between protagonist Solomon and his two friends Lisa and Clark in *Highly Illogical Behaviour* illustrate how Solomon's transparency about his mental illness leads to uncomplicated conversations about his condition. Lisa and Clark both knew about Solomon's two established diagnoses — panic disorder and agoraphobia — before they met him for the first time. Solomon and his family speak freely of these diagnoses and their symptoms. When Lisa arrives at Solomon's house for the very first time, he hides away in his room because of a sudden panic attack. Suffering from a panic attack when meeting a new person could be something associated with shame, but Solomon is open with Lisa and tells her that "I sort of had a panic attack when you got here" (Whaley 83). Lisa, already aware that this is an issue for Solomon, answers "I figured. Your mom said you were trying to find socks." (83). Similarly, during their first meeting Clark asks Solomon in a casual way, "You *never* leave the house? Like, not even a foot? In secret maybe? ... But, don't you ever want to go out there?" (111). These conversations between Solomon, Clark, and Lisa illustrate how Solomon's transparency about his symptoms and diagnoses leads to a setting where Lisa and Clark feel comfortable about talking to him and asking him questions about his conditions.

Depicting these sorts of conversations in literature might help reduce the fear of open conversations about mental illness and illustrate the fact that asking someone about their mental health could help the reader understand them better. Sirois argues that literature portraying mentally-ill characters is a useful teaching tool (9), and one of the major benefits of using fiction to explain mental illness is that it provides a safe place where young adults can learn and ask questions without worrying that their misunderstandings or questions will hurt someone (Djivic et al. 44). Asking a real person about their mental illness and symptoms might be difficult because of a fear of asking the wrong questions, but learning about mental illness through a fictional character allows for a safe space where questions can be asked without fear of hurting someone. In the case of *Highly Illogical Behaviour*, the fictional conversations consist of questions that could be difficult to ask someone in real life. Adolescent readers might struggle to

relate to Solomon's situation because they can find it hard to identify with him and his condition. This offers a great opportunity for learning, if an adult facilitator allows for questions about mental illness and attempts to answer them in a way that would contribute to more understanding. Because Solomon is a fictional character, adolescents can ask questions about his situation without fear of hurting someone, which makes fiction a gentle arena for learning about mental illness.

A communication issue between Solomon, Lisa, and Clark does occur on one specific occasion, where Clark reveals to Solomon that Lisa initially had a selfish reason for helping Solomon. Lisa initially contacted Solomon because she wanted to write an outstanding college essay about her personal experience with mental illness, describing how she helped Solomon recover from his illness. When Clark bursts out to Solomon that "You're her personal experience with mental illness" (213), Solomon panics and refuses to speak to Lisa or Clark.

It didn't take long for his parents to come outside, and when his dad put an arm around him he shoved him to the ground. Then, just as he went in to try again, Solomon took his right hand, raised it into the air, and then slapped it hard across the side of his own face. And then he did it again, so hard that his mom whimpered a little and ran over to hold his arms back. (213)

When Solomon has his most violent panic attacks, it sometimes leads to self-harm in the form of hitting. Self-harm is not defined as a symptom related to panic disorder by the APA (*DSM-5* 208). Solomon's self-harming is a result of major inner stress and is a desperate attempt to regulate his emotions. Being confronted with Lisa's selfish actions seems to cause major inner stress in Solomon, because he experiences an urge to harm himself. The reason behind the severity of this specific panic attack and urge to self-harm might be that Solomon's relationship to Lisa has become one of the most important things in Solomon's life, and that she has helped him overcome many aspects of his mental disorders. Lisa's selfish act is a devastating betrayal to Solomon, causing an unusual amount of inner stress and triggering self-harm.

Even though Solomon and his family speak freely about his panic disorder and his agoraphobia, the self-harming seems to be something that they struggle to talk about. Established diagnoses, such as Solomon's panic disorder, are less stigmatized within the family. The reason behind this might be that they have knowledge of the diagnoses and the symptoms that will occur. The self-harming, on the other hand, is an unexplained symptom which Solomon and his



parents seem to be fearful of, perhaps because they know little about it and are unable to control it. This aligns with Hinshaw's argument that appropriate diagnosis might lead to a relief of guilt and important empowerment for some parents (722), while stigmatization and lack of communication can enhance mental disorder (724). This further illustrates the importance of knowledge about mental illness, and how knowledge can lead to open conversations and reasonable explanations of mental illness. Fear of a diagnoses or a symptom leads to further stigmatization, while open conversations about mental illness might lead to more knowledge and help reduce stigmatization.

Theodore Finch, protagonist of *All the Bright Places* suffers from an undiagnosed mental disorder with symptoms which align with bipolar disorder. He keeps quiet about his feelings and tries to cope with his symptoms on his own. At one point, after knowing Violet for over two months and having developed a romantic relationship with her, he reveals details about his symptoms to her, saying "I get into these moods sometimes, and I can't shake them" (Niven 293). These moods are described as "Kind of black, sinking moods. I imagine it's what being in the eye of a tornado would be like, all calm and blinding at the same time" (293). Violet responds with empathy, saying "I get moody too. It's normal. It's what we're supposed to do. I mean, we're teenagers" (293). This is an empathic response, because she validates his feelings, yet she seems unaware that the feelings which he suffers from are symptoms of a mental disorder. To prove to Violet that his moods are different from normal mood swings, and that they are symptoms of a mental disorder, Finch tells the story of his very first depression, saying that "That was the very first black mood. I don't remember much that happened after that, not for a little while at least" (294). Finch is aware of his mental disorder, but he still refuses to seek help due to shame. After hearing this story, Violet understands that what Finch refers to as *moods* are in fact depressive episodes, and she asks whether Finch has told anybody about this. Finch admits that he has been talking to a counselor at school, but that his parents and his sister know nothing about his condition. Finch ends the conversation with Violet saying "I kept your secret; you keep mine" (294), indicating that he does not want Violet to tell anyone about his condition and that he does not want help.

After figuring out that Finch has gone to a support group for teenagers who have thought about or attempted suicide, Violet understands the severity of his situation and tries to convince him that he needs help.

“But I have to do something, because you might need help. I don’t know anyone who goes into the closet and stays there. You need to talk to your counselor, or maybe Kate. You can talk to my parents if you want.”

“Yeah—that’s not happening.” In the ultraviolet light, his teeth and eyes are glowing.

“I’m trying to help you.”

“I don’t need help. ... don’t try to save me.” (305)

Violet indicates that Finch needs help, which upsets Finch due to his extreme fear of being labeled with a diagnosis. In an outburst of feelings, he tells Violet

“Listen, I’m the freak. I’m the weirdo. I’m the troublemaker. I start fights. I let people down. Don’t make Finch mad, whatever you do. Oh, there he goes again, in one of his moods. Moody Finch. Angry Finch. Unpredictable Finch. Crazy Finch. But 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.” (306)

Finch’s fear of telling someone about his mental condition is based on a fear of being labeled as a diagnosis rather than a person. He wants everyone to view him as the person he is, not define him due to his symptoms or diagnoses, and therefore he refuses to receive any help that is offered to him. When Violet offers to help him, he is hurt because he felt like she was one of the few people who saw him and understood him despite his moods, and when it turns out she is also of the opinion that he needs help his fear of being labeled increases.

This interaction between Violet and Finch is not what Boyd et al. would refer to as a positive encounter with mental illness; on the other hand, it is a difficult situation where Violet’s effort is met with anger and rejection. This situation shows that open conversations about mental illness could lead to difficult situations, which further illustrates to adolescent readers that conversations about mental illness can be challenging and uncomfortable. Despite this, the excerpt could still be used for learning. Bishop argues that readers could gain from fiction which provides windows into foreign life situations to broaden their perspectives and change their attitude towards difference (2). Finch’s outburst is a good example of such a situation, where adolescent readers are challenged with a difficult and incomprehensible thought pattern from a character that might be hard to identify with. If an adult facilitator assists adolescent readers

through conversation and explanation, a reading of this situation might contribute to broader understanding for mentally-ill characters and their reaction patterns.

After their argument, Violet leaves Finch alone and goes home to tell her parents all about his situation. Violet has kept her relationship with Finch a secret because her parents told her not to see him anymore, but she decides to tell them about him anyways because it is the only way she can help him. After hearing the story of Finch and his condition, Violet's parents decide that they will try to help him, and Violet's mother says "Your dad and I will figure out what to do. There's a psychiatrist at the college, a friend of your father's. He's talking to him now. Yes, we're disappointed in you, but I'm glad you told us. You did the right thing by telling us" (308). Violet's parents' reaction depicts an empathetic and realistic response to learning that someone suffers from acute mental illness, and they are portrayed as responsible and safe adults who aim to help their daughter and Finch in a difficult situation. In some situations, adolescents need to seek help from adults when dealing with mental illness and mental disorders, and telling adults can help solve the situation. Violet's reaction to Finch's disorder shows that in some cases, one might have to break the trust of a mentally ill friend and tell someone about their condition in an attempt to help.

Fictional conversations about mental illness, such as can be found in *All the Bright Places*, *Highly Illogical Behaviour*, and *Turtles All the Way Down*, can tell the reader a lot about different attitudes towards mental illness. In the argument between Aza and Daisy in *Turtles All the Way Down*, it is made clear that even though they are good friends who care for each other, Daisy struggles to understand Aza's mental illness. Daisy accuses Aza of being selfish and a bad friend, which illustrates how it is sometimes hard for friends and family to understand the way mental illness affects those who suffer from it. Daisy tries to be an understanding friend, but because she lacks knowledge about Aza's symptoms and diagnoses, she struggles to accept the way Aza behaves in certain situations. Aza's boyfriend Davis has an empathic response when Aza tells him about her condition, which can be compared to Violet's reaction to hearing about Finch's moods in *All the Bright Places*. Violet reacts by saying that this sort of behavior is normal, and Davis reacts by asking Aza whether she feels as if she is getting better. These responses illustrate that Davis and Violet find it hard to imagine how Aza and Finch are affected by their mental disorder, but that they have empathy for them and want to be there for them.

They also illustrate the fact that when mentally-ill adolescents open up to friends and family about mental disorders, they are often met with empathy and respect.

There are some examples of situations where conversations about mental illness turn complicated, and these situations often turn complicated due to lack of communication. When Solomon, protagonist in *Highly Illogical Behaviour*, ends up having a panic attack which leads to self-harm in the form of hitting, he and his parents are so ashamed that they are unable to talk about it to Clark and Lisa. This lack of communication about the situation leads to a state where Lisa, Clark and Solomon are afraid to take up contact with each other again, because they don't know how to talk about what happened. This can be compared to a situation in *All the Bright Places* where Violet understands the severity of Finch's condition and tries to offer him help, but because Finch is so ashamed of his mental disorder, he refuses to talk to her and refuses to accept help. In conclusion, excerpts from the three novels illustrate how honest communication about mental illness often leads to good conversations, empathy and understanding, while shame and secrecy regarding mental illness might lead to misunderstandings and complicated social situations.

Reading fictional conversations about mental illness might affect adolescent readers and their empathy development. Mar and Oatley's simulation theory of empathy argues that if adolescents find themselves in a real-life situation where they must deal with mental illness, they might be able to use fictional experiences as a basepoint for their reactions and actions. As an example, reading Violet's conversation with her parents where she asks for help to deal with Finch's illness might encourage young readers to ask for help if they are in a position where they or someone they know suffer from mental illness. In addition, the empathic and curious responses given by Davis, Violet, Lisa, and Clark might illustrate to adolescent readers how they can react if someone close to them opens up to them about mental illness. Conversations where mentally-ill characters describe their situations might be a window into the lives of mentally-ill adolescents, which allows adolescent readers to "understand each other better by helping to change our attitudes towards difference" (Bishop 2). In addition, adolescents who suffer from mental illness themselves might read this sort of literature and see themselves mirrored in the characters. If they see the character having a successful conversation about mental illness where they are met with empathy and understanding, the young reader might be encouraged to speak more openly about mental illness themselves. Literature portraying conversations about mental

illness can be used to prove that talking about mental illness is a good way to get rid of misunderstandings and stigmatization, while at the same time illustrating the fact that this is a very personal and complicated issue to talk about and that it might lead to emotional responses and reactions. In conclusion, excerpts from the three novels illustrate the fact that asking someone about their mental health could help you understand them better, and that honest conversations about mental illness might help reduce stigmatization. In addition, the ability and courage to talk about mental illness is crucial for ensuring proper treatment.

## Chapter 4: Help, Hope, and Hopelessness

Severe mental illness might require treatment in form of psychotherapy or pharmacotherapy, and the three protagonists in *Highly Illogical Behaviour*, *All the Bright Places*, and *Turtles all the Way Down* all have different treatment plans for their mental disorders. According to the APA, the need for treatment of mental disorders takes into consideration the severity of the symptoms, how much the symptoms affect daily life, the risk and benefits of available treatments, and other factors (“What is Mental Illness?”). Psychotherapy is defined by the APA as “a collaborative treatment based on the relationship between an individual and a psychologist”, which is grounded in dialogue (“Understanding Psychotherapy”), while pharmacotherapy is defined as “the treatment of a disorder by the administration of drugs” (APA, “Pharmacotherapy”). The APA argues that a combination of psychotherapy and medication often is the most effective treatment form (“What is Mental Illness?”). In addition, self-help and social support can be very important for coping, recovery, and well-being for someone suffering from mental illness, and that a comprehensive treatment plan may include individual actions such as lifestyle changes, support groups, or exercise (APA, “What is Mental Illness?”).

Aza in *Turtles All the Way Down* and Solomon in *Highly Illogical Behaviour* suffer from different diagnoses, but they have both tried a combination of psychotherapy and medications to ease their symptoms. In addition, Solomon receives non-professional therapy from Lisa, which she describes as “experimental psychological treatments” (Whaley 110). Protagonist Finch from *All the Bright Places* has not been diagnosed with a mental disorder, and therefore he receives no treatment other than occasional conversations with the school counselor and one meeting with a support group. The three novels have different portrayals of treatment forms and illustrate how different treatments affect the different protagonists with varying degrees of success.

Solomon, protagonist of *Highly Illogical Behaviour*, suffers from panic disorder and agoraphobia, which according to the APA can be treated through either psychosocial treatment, pharmacotherapy, or a combination of both (“Treating Panic Disorder” 11). It is mentioned that pharmacotherapy with an unnamed sort of medication has been attempted in Solomon’s treatment plan, but it appears not to have been a success because the medication is referred to by Solomon as “medicine that made me sick” (Whaley 125). Solomon also tried some sort of psychosocial therapy, but the omniscient narrator states that “therapy didn’t really work on

Solomon because he didn't want it to" (13), indicating that Solomon resists treatment. Instead of talking to the therapist about his condition and his symptoms, Solomon decides not to talk to the therapist at all. When Solomon suffered a major panic attack at school, which caused him to stop leaving the house all together, his parents "decided to try a new therapist — one who charged twice as much. Solomon went and, like always, said nothing. But he listened. He listened very well and as soon as his first session was over, he'd figured out a way to quit seeing this therapist, too" (13). This obvious resistance towards therapy can be explained by Solomon's fear of leaving the house. Solomon knows that if he starts to feel better due to his treatment, he might have to leave his house, and leaving his house is his worst fear. In Solomon's mind, staying inside the house is the best solution to keep his panic under control, which illustrates that he is unable to see that therapy might help him remove his panic altogether.

At the point when Lisa and Clark enter Solomon's life, he has stopped going to therapy and taking his medication, and he receives no professional treatment for his condition. Lisa decides to try and help Solomon through a version of psychotherapy, even though she is unqualified and has little knowledge of his condition. Lisa refers to her work as "experimental psychological treatments" (109). One of Lisa's strategies is referred to as game therapy, where the patient is distracted by playing a game and therefore more prone to "open up more about personal or painful things" (90). Lisa's ambition is to "fix" Solomon and cure him from his disorder, so that she can write about the process in a scholarship essay about her "personal experience with mental illness" (21). Despite this hidden purpose, Lisa is empathic and caring, and she helps Solomon through panic attacks using methods she has read about. Because of Lisa's effort and empathy, Solomon feels safe with her, and the fact that Lisa actively attempts to help him allows him to open up about his condition and helps ease his symptoms. Even though Lisa aims to help Solomon for her personal gain, her effort helps ease Solomon's symptoms, and at one point he starts leaving his house again. Having friends who care for him, and safe social relationships, appears to have a greater effect on Solomon's panic disorder and agoraphobia compared to professional therapy and medications.

Protagonist Aza in *Turtles All the Way Down*, who suffers from obsessive-compulsive disorder, also receives treatment both in the form of medications and cognitive behavioral therapy (CBA). CBA is a form of psychotherapy that helps patients reveal unhealthy thought- and behaviour patterns and replace them with more accurate thoughts and functions (APA "What

is Psychotherapy?"). She has been through years of therapy to help with her symptoms of obsessions and compulsions, and it is visible to the reader that this therapy has helped Aza gain some techniques to help cope with her condition. She states that "Since you've had a reasonable amount of cognitive behavioral therapy, you tell yourself, I am not my thoughts, even though deep down you're not sure what exactly that makes you" (Green 45), which illustrates that cognitive behavioral therapy has helped her separate obsessions and compulsions from other thoughts. Aza has also been through something called response therapy, which she explains in this manner: "I had to do stuff like touch my callused finger against a dirty surface and then not clean it or put a Band-Aid on" (87). Even though this treatment caused Aza some discomfort, it did have some effect on her disorder, but she had to stop the treatment because "now all I could remember was how scared it had made me, and I couldn't bear the thought of being that scared again" (88). In general, psychosocial therapy is portrayed as semi-successful in easing Aza's symptoms, but the effect does not seem adequate or long-lasting.

In addition to psychosocial therapy, Aza has received pharmacotherapy with different types of medications. According to the APA, first-line treatments for obsessive-compulsive disorder are cognitive-behavioral therapy and a type of medication called serotonin reuptake inhibitors, and a combination of these two treatments is more effective than monotherapy for some patients ("Treating Obsessive-Compulsive Disorder" 10-12). Aza is offered such a combination of cognitive-behavioral therapy and medication, but she fears taking her medications, stating that "If taking a pill makes you different, like, if it changes the way-down you ... that's just a screwed-up idea, you know? Who's deciding what me means—me or the employees of the factory that makes Lexapro?" (Green 88). This illustrates that Aza fears how the medications could change her and her personality, but she later admits that she often chooses to take her medication despite this fear because they help relieve her symptoms.

At one point, Aza reveals that she has stopped taking her medication, because it "Doesn't work anyway. Nothing does. Three different medications and five years of cognitive behavioral therapy later, and here we are" (213). At this point, Aza's obsessions and compulsions have escalated dramatically, and she has started to drink hand-sanitizer on a regular basis due to her fear of bacteria. When Aza is confronted with this by her therapist Dr. Singh, she admits that she has stopped taking her medication because she felt like "it was making me worse" (233). Dr. Singh responds to this by saying "Aza, you're an intelligent young woman. Surely you don't



think drinking hand sanitizer while hospitalized for a lacerated liver marks forward progress in your mental journey ... So we're not moving forward with the idea that the medicine you stopped taking was making you worse'" (233). After this, Dr. Singh continues with suggesting that they should try to find a new sort of medication for Aza, one that will work and that she will be able to take. When Aza responds with saying that "None of them work'" (233), Dr. Singh responds with "None of them have worked yet'" (233). Aza is put on a new medication and continues cognitive-behavioral therapy with Dr. Singh two times a week, which has a positive effect on Aza and helps her keep her control her obsessions and compulsions. Aza's encounter with medications and therapy illustrates how medications and psychotherapy are complicated treatment forms which need to be carefully assessed by a professional therapist, but that they can prove successful and help ease symptoms of obsessive-compulsive disorder. Aza's successful experience with treatment of mental illness can be a useful fictional situation to show adolescent readers, especially if they suffer from mental illness themselves. Bishop argues that all adolescent readers should be presented with diverse windows in literature, with situations and characters that they can identify themselves with. Fictional situations which illustrate that mental illness is normal and treatable can be useful for adolescent readers who suffer from mental illness themselves, because it allows them to feel normal and like a part of a group (Bishop 1). Reading about Aza and her treatment plan could act as a fictional window and mirror, depicting adolescent mental-illness to young readers and illustrating that there is hope for recovery when suffering from mental illness.

Theodore Finch in *All the Bright Places* suffers from symptoms of bipolar disorder, but because of his fear of being labeled as a mentally-ill person he has not sought help and not been given a diagnosis. Thus, he has not received any help in the form of either medications or therapy. Hinshaw argues that "for individuals with mental disorder, including children and adolescents, engagement in empirically supported treatments that can reduce symptoms and facilitate competent academic and social performance is an important means of stigma reduction" (730). This means that even though Finch avoids treatment due to his fear of being labeled, seeking help and treatment could have helped reduce the stigmatization towards him. According to the APA, psychosocial therapies and pharmacotherapies should be combined for patients who have bipolar disorder ("Treating Bipolar Disorder 176). However, as Finch has not been diagnosed with bipolar disorder, he does not receive any form of treatment. Finch is aware

that he needs help but is opposed to seeking help because of his fear of being labelled. After attempting suicide once, Finch visits a support group for teenagers who have thought about or attempted suicide, but once again his fear of being labelled stops him from accepting the help that he is offered. At this support group, Finch also learns that there are medications that can be helpful, and that a lot of the other teens are medicated to help them cope with their illness. Still, Finch is obsessed with the thought of coping without treatment.

Before his death, Finch was ashamed of his mental illness and scared of being labelled because of it, and this shame is something which he has adopted from his parents. After Finch commits suicide, Finch's parents insist that his death was an accident, and Violet comments that this "means we're free to mourn him out in the open in a normal, healthy, unstigmatized way. No need to be ashamed or embarrassed since suicide isn't involved" (346). Finch's situation in *All the Bright Places* illustrates how shame and stigmatization towards mental illness can move through generations, and that these sorts of attitudes can have severe consequences for those suffering from mental illness. Finch had an upbringing where he learned from his parents not to talk about his difficult feelings, and that being labeled as mentally-ill was shameful and scary. Due to this, Finch never found the strength to seek help, which eventually led to him killing himself due to a feeling of hopelessness. Finch's tragic outcome is contrasted at the end of the novel, when Violet talks to Mr. Embury after Finch is found dead. In that meeting, Violet is labeled by Mr. Embury as a *survivor of suicide*, which means that she has been left behind by someone who committed suicide and therefore needs help to recover. In contrast to Finch, Violet is offered help which she accepts, and this helps her recover from her situation. Finch and Violet's contrasting situations in *All the Bright Places* illustrate the importance of talking about mental illness to remove stigmatization, and the importance of offering and accepting help and treatment to recover from the hopelessness which mental illness can cause.

*All the Bright Places*, *Highly Illogical Behaviour* and *Turtles All the Way Down* portray different ways in which treatment forms such as medications or psychotherapy can affect mental disorders. In *Turtles All the Way Down* and *Highly Illogical Behaviour*, the protagonists Aza and Solomon receive both psychosocial treatment and pharmacotherapy, with varying degrees of success. In *Turtles All the Way down*, medications are initially described as something which only made her feel worse, which is similar to Solomon's description of the medications that made him feel sick. In both cases, pharmacotherapy is described as unsuccessful due to

uncomfortable side effects and limited effects. Solomon stops taking his medication altogether, but Aza tells her therapist about the way the medication affects her and receives help and guidance. Aza is given a new sort of medication, which helps ease her symptoms. In regard to psychotherapy, Aza and Solomon have both seen a therapist for an extended period, however that has not cured their mental illness. *Turtles All the Way Down* and *Highly Illogical Behaviour* differ in their portrayal of therapy, as the protagonists experience different results from their treatments. In *Turtles All the Way Down*, medications and psychotherapy are portrayed as something complicated which needs to be carefully assessed, but which can be successful if individually adapted. In *Highly Illogical Behaviour*, medications and psychotherapy are portrayed as insufficient in treating mental illness. This might be unfortunate, because young adults suffering from mental illness would gain from professional treatment, and literature which portrays treatment as something ineffective might cause them not to seek help.

Solomon's mental illness is compared to physical illness by the omniscient narrator, stating that "Some people get cancer. Some people get crazy. Nobody tries to take the chemo away" (4). This comparison implies that it is easier to receive the treatment that you deserve when your illness is physical and not mental, which further signifies that mental illness is more stigmatized in society compared to physical illness. Finch says that "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" (284). The fact that those suffering from mental illness are stigmatized due to their disorders can be confirmed by Corrigan et al., who state that when questioned, adult respondents said that they were more likely to avoid someone with mental illness, as compared to a person in a wheelchair (143). Finch's fear of stigmatization due to mental illness is reasonable, yet he serves as a perfect example of the pressing need to eliminate this societal stigma.

For Solomon, the final most effective cure appears to be help from friends and family. After Solomon gets to know Lisa and Clark, his anxiety improves and he is able to move outside again, which has been his worst fear for many years. Support from friends, family and other social relationships is an important part of treating mental illness, and all three novels illustrate the importance of safe social relationships. This sort of portrayal can help young readers seek help from their friends and family if they experience mental illness or difficult feelings. At the same time, it is important to remember that friends and family are not supposed to "fix" someone

who suffers from mental illness, and that most people are not trained to do this. This is illustrated in *Highly Illogical Behaviour* where Lisa aims to fix Solomon all by herself but ends up almost ruining their relationship because of this. This can help illustrate to young readers that if they end up in a situation where they feel that they need to help someone suffering from mental illness, their task is not to fix the person, but be a safe and reliable friend who can help support the mentally-ill individual in their journey towards recovery.

The lack of safe social relationships in the form of friends and family is illustrated in *All the Bright Places*, in addition to the consequences of shame and stigmatization. Theodore Finch was raised in a home where his parents were ashamed about Mr. Finch's undiagnosed mental illness, and Finch carried these attitudes with him into his adolescent. Finch's shame, and fear of being labeled caused him to resist help, which further allowed his undiagnosed bipolar disorder to escalate and eventually lead to suicide. Finch's situation effectively illustrates the importance of seeking professional help when suffering from mental illness, while at the same time demonstrating the possible consequences of shame and stigmatization. Altogether, the three different novels show how some sort of help, that being either professional such as psychotherapy or pharmacotherapy, or unprofessional such as social support, is important to rid oneself of the feelings of hopelessness which mental illness can cause. The novels show that it is possible to recover from mental illness, and that there is hope that one can start to feel better eventually. In addition *All the Bright Places* realistically portrays the hopelessness that lack of support and understanding can lead to, and the possible consequences of life with untreated severe mental illness.

## Chapter 5: Conclusion

*All the Bright Places*, *Turtles All the Way Down*, and *Highly Illogical Behaviour* portray different aspects of life with mental illness, and together they cover a wide array of situations that adolescent readers can learn from. The different fictional situations portrayed could be useful for children who suffer from mental illness themselves, because they can see themselves mirrored in the novels. This could help mentally-ill adolescents feel normal and as a part of a group, which is important for a good self-image. In addition, the novels can provide what Bishop would refer to as windows into foreign situations, allowing adolescents who are unfamiliar with mental illness an opportunity to broaden their understanding and empathy towards people suffering from mental illness.

All three novels portray symptoms and diagnoses differently, and the different portrayals highlight that the language we choose when talking about mental illness matters. Overall, the novels portray symptoms in a direct and realistic way which mainly aligns with the APA's definitions of the different mental disorders. Such realistic portrayals can provide adolescent readers with a window into the lives of characters suffering from mental illness. Even though all adolescent readers react differently to reading fiction, fictional situations describing mental illness could lead to empathy development because it allows the reader to experience symptoms of mental illness through the eyes of a fictional character. Corbett's argument that education is one of the best ways to stop stigmatization argues for the use of fictional situations about mental illness to give adolescents a realistic insight into life with mental illness. The three novels illustrate that the words we choose when we talk about mental illness matter. Solomon's family refer directly to his panic attacks and agoraphobia, because there is no shame linked to his disorder. On the other hand, Finch's family uses words such as *mood* instead of *depression*, because of stigmatization within the family. The words we choose when we describe symptoms of mental disorder mean something, and that avoiding the correct terminology might be a sign of shame and stigma.

Fictional conversations about mental illness in the three novels show that talking about mental illness can be demanding and uncomfortable, but that it is necessary in order to prevent stigmatization and provide help. Several conversations between the protagonists and their friends and families show how open conversations about mental illness can lead to increased empathy

and a wish to help. When relying on Mar and Oatley's simulation theory of empathy, it is possible to conclude that through reading fictional conversations, adolescent readers can be better prepared for conversations about mental illness in real life. The novels also portray situations where conversations about mental illness led to difficult situations, often due to shame, stigmatization and lack of communication. This might help adolescent readers understand the complexity of talking about mental illness, because it is a very personal and difficult issue that could be hard to talk about. Fiction is a gentle teaching arena when working with mental illness because adolescents can ask questions and discuss mental illness without fear of hurting someone.

The novels have different portrayals of professional and non-professional psychiatric treatment, and they illustrate how treatment or lack of treatment affects the lives of the protagonists. Aza and Solomon, who are diagnosed with severe mental disorders, have both tried a combination of psychotherapy and pharmacotherapy to relieve their symptoms. To help treat her OCD, Aza goes to see a therapist and she is medicated. Her experience with treatment is portrayed as complicated and challenging, but eventually successful. Illustrating to adolescent readers that it is possible to treat mental illness might help reduce stigmatization and fear towards those who suffer from mental illness, and it might also be comforting for adolescent readers who suffer from mental illness themselves. Solomon shows a reluctance towards both psychotherapy and pharmacotherapy, and what appears to have the best effect on his panic disorder and agoraphobia is the friendship he develops with Lisa and Clark. This illustrates the importance of safe social relationships for adolescents with mental illness. Yet, it is also challenging because it undermines the importance of professional treatment, which could be of vital importance for many who suffer from severe mental illness. Because Finch has not formally been diagnosed with bipolar disorder, he receives no professional help to deal with his depressive thoughts. He once visits a support group and he has regular conversations with his school counselor, but due to his fear of being labeled Finch is unable to accept help, which eventually leads to his suicide. Finch's situation highlights the importance of reducing stigmatization towards mental illness, because when people are too scared to seek help it can have grave consequences. The three novels can illustrate to adolescent readers that it is possible for those who suffer from mental illness to receive professional or unprofessional help to help

them recover, while at the same time illustrating the grave consequences that can occur if one must cope with mental illness alone.

Even though readers have varying outcome from reading fiction about mental illness, there is reason to believe that fiction can affect knowledge and empathy development for some. Through portrayals of symptoms and diagnoses, conversations, and treatments, the three novels provide many possible learning opportunities for adolescent readers. Various aspects of life with mental illness are portrayed in a realistic and understandable way which can help adolescent readers gain insight into foreign life situations, hopefully in favor of their empathy development and their knowledge about mental illness. This could further help reduce stigmatization towards mental illness among young adults. Further research on this topic could investigate how adolescent readers report that they are affected by reading fiction about mental illness, and whether it actually affects their knowledge or empathy. In addition, further research could look into the way teachers use fiction about mental illness as a teaching tool when teaching adolescent students, and the attitudes that teachers hold towards such literature. The issue of mental illness in young adult literature is relevant and important in our contemporary society, where mental illness is a growing area of awareness. It is therefore important to continue research such as this to ensure that adolescent readers get the opportunity to read and learn from fiction in the most beneficial way.

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## Relevance for the Teacher Profession

School is one of the most essential platforms for helping children and young adults gain life skills that help them master key factors such as sexuality and gender, physical health, and mental health. The Directorate, the executive agency for the Ministry of Education and Research in Norway, has devoted a chapter in the Norwegian Core Curriculum to the interdisciplinary topic of health and life skills. This chapter states that “The school’s interdisciplinary topic health and life skills shall give the pupils competence which promotes sound physical and mental health, and which provides opportunities for making responsible life choices” (The Directorate).

Knowing that mental illness is an increasing issue among young adults in Norway, school leaders and teachers need to find ways in which they can help their students recognize and understand mental issues. Fiction could be a gentle teaching tool when aiming to help students recognize, understand and cope with mental illness. Teachers and school leaders are not therapists or counselors, and therefore they often have little to no training in dealing with mental illness, but at the same time they are often the first to meet with mentally-ill adolescents. Therefore, it is important that teachers are conscious of mental illness among their students and aim to assist their students in understanding their emotions and seeking help. School is also an essential arena for helping students develop empathy and understanding towards others who suffer from mental illness.

In my own teaching experience, I have witnessed how fictional stories can impact student’s capacity to gain an understanding of diverse life situations. When students engage with stories featuring characters unlike themselves, it can help them become aware of the perspectives and experiences of others. Adolescent characters grappling with mental illness, as well as characters representing marginalized groups such as the LGBTQ+ community, people of color, and other minorities, provide valuable opportunities for empathy development. Furthermore, this sort of literature can provide a sense of belonging for students grappling with different challenges, whether related to mental illness, gender identity, sexual orientation, or race. Throughout my teaching career, my ambition is to use fiction as a teaching tool when addressing important issues such as mental health, sexuality, and racial diversity. In doing so, I aim to effectively provide my students with fictional windows and mirrors that will help them gain important life skills, allowing them to better understand and navigate the world around them.





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