



## **Disability Narrative Theory and Young Adult Fiction of Mental Illness**

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### **Abstract**

Disability narrative theory can shed light on what kinds of young adult novels of mental illness are currently available and suggest directions for authors and library collections to go in the future. As library staff members develop their collections and assist students, patrons, and scholars in navigating the recent publication explosion of YA novels of mental illness, they should be aware that these novels generally fall into one of disability narrative theorist Arthur Frank's three categories: "restitution," "chaos," or "quest" narratives.<sup>i</sup> While Frank's research covers memoirs of physical disability, my study found that his categories can also be helpful in sorting fiction about mental illness. Mental illness in this study refers to biological brain disorders such as schizophrenia, bipolar disorder, depression, anxiety, and obsessive-compulsive disorder. In what Frank calls a "narrative of restitution," the disability is cured. A "narrative of chaos" focuses on a period of time in which the disabled person's symptoms cause significant disruption in his or her life. In a "quest narrative," the disabled person is managing his or her symptoms in a healthy way and living life to his or her fullest potential. Most young adult novels of mental illness in this study fall into the category of the chaos narrative. While this is helpful for adolescents (as well as their friends and families) because they can read these books and know that they are not alone in their struggle with alarming symptoms and erratic behavior, authors should shift the emphasis of their future novels to the third type of story, the quest narrative, in which characters live in recovery, managing their mental illnesses and leading a fulfilling life. Library personnel should watch for such empowering recovery stories and recommend them to teens.

## Introduction

Since 2001, my work as a high school English teacher, a high school librarian, and a community college professor has shown me the significant impact of mental illnesses such as depression, anxiety, bipolar disorder, and schizophrenia on young people's lives. Indeed, all educators and library staff working with people in this age group should have some awareness of mental illness. As defined by the most recent edition (the fifth edition) of the *Diagnostic and Statistical Manual, or DSM-5* (2013), "A mental disorder is 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."<sup>ii</sup> While the two terms "mental illness" and "mental disorder" are generally used synonymously in writing on the subject, in this study, the term "mental illness" is preferred because it appears more often in articles on the topic and because it is the preferred term of the National Alliance on Mental Illness, or NAMI, which is the nation's largest advocacy organization for mental health. Furthermore, while sometimes trauma and mental illness are intertwined, I have avoided including stories of mental illnesses caused primarily by traumas, such as war, rape, or bullying, in this study. Each merits its own consideration as a subgenre. Likewise, eating disorders, which are featured in a host of YA novels, and thus constitute their own subgenre, were also out of the scope of my study.

This study also distinguishes between "mental illness" and "neurodiversity." "Neurodiversity" is a new term and a broader one than mental illness. Neurodiversity can include autism spectrum disorders as well as other conditions that render someone neurologically different but not in a necessarily negative way.<sup>iii</sup> Types of neurodiversity, such as autism spectrum disorders, are outside the scope of this study. This study focuses instead on mental illnesses that impair cognitive or affective function, such as depression, anxiety, obsessive-compulsive disorder, bipolar disorder, and schizophrenia. These illnesses contain symptoms that cause suffering and impair the social and intellectual lives of the affected people.

Mental illnesses are prevalent in our society. The National Institute of Mental Health (NIMH), citing the National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration, explains, "In 2016, there were an estimated 44.7 million adults aged 18 or older in the United States with AMI [any mental illness]. . . . Young adults aged 18–25 years had the highest prevalence of AMI (22.1%) compared to adults aged

26–49 years (21.1%).”<sup>iv</sup> These statistics, which both exceed 20 percent, are the reason why advocates for the mentally ill often point out that one in every five adults has mental illness. NIMH also reports that “half of all lifetime cases [of mental illness] begin by age 14; three-quarters have begun by age 24.”<sup>v</sup> NIMH also cites a study of adolescents during the years 2001–2004 to conclude that nearly half of all adolescents ages 13–18 showed signs of some mental illness (as defined by the earlier fourth edition of the *DSM*), and when the percentage overall of adolescents who had “severe impairment” was considered, the result was 22 percent, or, again, one in five.<sup>vi</sup> Because of the high prevalence of mental illness in teens ages 13–18 and young adults ages 18–25, as well as a strong possibility of onset by as early as age 14, students and patrons in that age range may come to library and education professionals to seek stories that deal with the mental health struggles they are experiencing. Fiction can help build awareness of mental illness in adult professionals, who can then put those books into the hands of teens who may be experiencing mental illness themselves or observing it in a loved one. YA novels of mental illness can show teens struggles that they can relate to and provide hope for the future. Fiction can also help students who aren’t going through mental health struggles to empathize with those who are.

Recent research shows the empathy-building capacity of fiction.<sup>vii</sup> In “Using Literature to Confront the Stigma of Mental Illness, Teach Empathy, and Break Stereotypes,” Kia Jane Richmond cites a study that found that “improved understanding of mental illness helped students increase empathy for those with mental health disorders.”<sup>viii</sup> In Richmond’s 2018 book, she summarizes noted YA literature scholar and former Young Adult Library Services Association president Michael Cart’s argument that “young adult literature helps adolescents become civilized while finding role models, making sense of their world, developing personal philosophies of being, and determining right and wrong.”<sup>ix</sup> Richmond also cites acclaimed YA novelist and former therapist Chris Crutcher, who asserts that YA fiction provides “the opportunity for readers to look at life through different eyes and gain empathy for the plight of others.”<sup>x</sup> Luckily, there has been a proliferation of YA novels of mental illness since the early 2000s, and there is no sign that this trend is slowing. Teachers, professors, and library workers, who often recommend fiction to teens and scholars, should be aware of what kinds of stories are out there about the mental health situations so many of our students face. Therefore, the purpose of this study is to help educators and library personnel understand what types of novels are being

published for young adults about mental illness so that they can recommend the type of story that their patrons most want or need.

## Literature Review

Much of the literary criticism available on mental illness in literature focuses on classical characters who succumbed to madness: Ophelia, King Lear, and, of course, Sandra Gilbert and Susan Gubar's prototypical "madwoman in the attic."<sup>xi</sup> Because it is well established in the field of literary criticism that social oppression leads to nonconformists being labeled as mentally ill, this study does not focus on the metaphorical "attic" or on Ken Kesey's "cuckoo's nest."<sup>xii</sup> Instead, this study explores what modern realistic young adult fiction is available about clinically diagnosable mental illnesses.

In recent years, more and more has been written about mental illness, as opposed to "madness," in literature, particularly young adult literature. The *Language Arts Journal of Michigan*, the journal of that state's chapter of the National Council of Teachers of English (NCTE), dedicated a whole issue to mental illness and secondary education in 2014. In this special issue, Richmond's article considers how widespread mental illness is among students and how both adult and young adult fiction on this topic can be relatable to students.<sup>xiii</sup> She argues that an examination of the vocabulary used in novels of mental illness can help students think critically about stigma. I designed my study to likewise focus on modern, realistic stories of medically diagnosed mental illnesses so that librarians can help their patrons build hope and empathy in the face of mental illness.

The *ALAN Review*, the quarterly journal of the Assembly on Literature for Adolescents of the NCTE, dedicated their fall 2018 issue to mental illness in young adult literature. Richmond's 2018 *ALAN Review* article analyzes the language—from medical jargon to slurs and everything in between—that one YA novel and the characters in it use to describe mental illness and to what effects.<sup>xiv</sup> Richmond's recent book, the first book-length study on mental illness in young adult literature "since the publication of Sharon Stringer's *Conflict and Connection: The Psychology of Young Adult Literature* in 1997,"<sup>xv</sup> focuses on how realistically characters' symptoms match the description of illness in the *DSM-5* of the American Psychiatric Association and how well characters' treatment corresponds with professional best practices. In the *ALAN Review* article "Examining Agency in Contemporary Young Adult Illness Narratives," Kathryn Caprino and

Tara Anderson Gold refer to one of the disability narrative theorists, G. Thomas Couser, discussed in my study. The focus of their article is on the power and agency of characters in two novels of mental illness and one novel of physical illness.<sup>xvi</sup> Alyssa Chrisman, in her *ALAN Review* article “Living with It: Disabling Depictions of Obsessive-Compulsive Disorder in Young Adult Literature,”<sup>xvii</sup> takes an approach akin to mine but on a smaller scale. She analyzes three YA novels of obsessive-compulsive disorder (OCD), which, rather than focusing on a problem-novel-type search for a diagnosis, focus on “liv[ing] with OCD.”<sup>xviii</sup> Chrisman addresses the “Myth of a Cure” versus the idea of living well with illness.<sup>xix</sup> While Richmond’s, Caprino and Gold’s, and Chrisman’s work confirms my contention that the empowerment of young adults with mental illness is and should be encouraged by recent YA novels of mental illness, none has taken an approach exactly like that of this study, which identifies and compares categories created by disability narrative theorists and sorts a large quantity of novels into those categories.

While the body of literary criticism about YA novels of mental illness is emerging, there is an established body of criticism on memoirs of mental illness. Critical analysis articles on disability memoirs often cited Arthur Frank’s *The Wounded Storyteller*, G. Thomas Couser’s *Signifying Bodies*, and David Karp’s *Speaking of Sadness*.<sup>xx</sup> Each theorist provides a helpful set of categories for classifying and evaluating the types of disability memoirs that exist. An examination of the writings of Frank, Couser, and Karp reveals that these disability narrative theorists have established similar sets of categories for classifying a memoir narrator’s attitude toward his or her illness: wishes for wellness, immersion in the uncontrolled symptoms, and pursuit of a good life with a treated (but never cured) illness. While Frank and Couser study memoirs of physical disability and Karp studies the mental disability of depression, there are consistencies in their findings (see table 1), and much of what the three say about narrative trends in disability memoirs can be encapsulated by Frank’s categories, which include three types of narratives: the narratives of “restitution,” “chaos,” and “quest.”<sup>xxi</sup> Frank’s three categories can be described as follows:

1. *Restitution narratives*: These narratives focus on getting back the abilities a person had before the illness struck. They reflect a desire for a cure.
2. *Chaos narratives*: These focus on the unpredictability of life with an illness.

3. *Quest narratives*: These focus on living a meaningful life with the illness and using knowledge of the illness to advocate for others who are similarly suffering. This person lives in a state of what Frank calls “remission,” not cure.<sup>xxii</sup> Instead of “remission,” which is often popularly associated with cancer, the term “recovery” is used in this study because this is the preferred term of the National Alliance on Mental Illness, the nationwide advocacy organization for the mentally ill.<sup>xxiii</sup>

**Table 1. Aligning Disability Narrative Theory**

<b>Theoretical Framework</b>	<b>Stage or Story Type 1</b>	<b>Stage or Story Type 2</b>	<b>Stage or Story Type 3</b>
Frank	<ul style="list-style-type: none"> <li>• Restitution</li> </ul>	<ul style="list-style-type: none"> <li>• Chaos</li> </ul>	<ul style="list-style-type: none"> <li>• Quest</li> </ul>
Couser	<ul style="list-style-type: none"> <li>• Triumph</li> <li>• Nostalgia</li> </ul>	<ul style="list-style-type: none"> <li>• Horror</li> </ul>	<ul style="list-style-type: none"> <li>• Emancipation</li> <li>• Spiritual meaning</li> </ul>
Karp, “Depression Career”	N/A	<ul style="list-style-type: none"> <li>• Inchoate feelings</li> <li>• Something really is wrong with me</li> <li>• Crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Illness identity</li> </ul>
Karp, stages of “Coping and Adapting”	<ul style="list-style-type: none"> <li>• Diversion</li> <li>• Fix It (on my own)</li> </ul>	<ul style="list-style-type: none"> <li>• Fix It (with professional help)</li> <li>• Searching for Dr. Right</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporation</li> </ul>

In *Signifying Bodies*, Couser discusses five types of narratives (he calls them “rhetorics”), but they could be simplified to something similar to Frank’s three categories. For example, Couser explains that in many accounts of disability, memoirists focus on the way they were before they got sick. These authors might explain how they have been cured (as in the “rhetoric of triumph”), or they may accept that they will never get well, but they continue to fixate on the well person they once were (as in the “rhetoric of nostalgia”).<sup>xxiv</sup> These two rhetorics, in which wellness is valued above all else, are similar in that respect to Frank’s concept of restitution. In Karp’s *Speaking of Sadness*, in which he specifically focuses on mental illness (rather than

physical disability)—depression, in particular—it becomes apparent that Karp, too, has constructed similar categories to those of Frank and Couser. Karp identifies the first stage of “coping and adapting” as the “Diversion” stage.<sup>xxv</sup> In this stage, the person uses work, hobbies, or destructive habits to escape symptoms of mental illness. In the early part of the following stage, the “Fix It” stage, the ill person may try to cure his or her symptoms on his or her own, that is, without professional help.<sup>xxvi</sup> In these stages, then, wellness (or the illusion thereof) becomes the goal. Thus, all theorists recognize that often a response to mental illness is a desire to hide or deny the illness and to privilege wellness instead.

The second type of narrative or stage of development that the theorists identify deals with the disruptive nature of an unmanaged or unpredictable illness. Couser’s version of this is the “rhetoric of horror,” in which a cured person reflects upon how horrible the most acute phases of the illness or disability were.<sup>xxvii</sup> Frank calls the disruption created by symptoms of illness the “chaos” of illness.<sup>xxviii</sup> Similarly, in Karp’s definition of the depression “career,” the sufferer first experiences “inchoate feelings” that something is wrong but is not sure what it is, then blames it on life circumstances until he or she suffers a “crisis” or breakdown.<sup>xxix</sup> As we can see, then, all three theorists point to a stage of symptom manifestation and resultant confusion.

Finally, Couser’s, Frank’s, and Karp’s sets of categories all conclude with stages in which the ill person finds meaning in the illness. In Couser’s fourth stage, that of “spiritual compensation,” the sufferer finds spiritual meaning in the illness, but the sufferer does not go as far as to critique the society that constructs illness in such a way that it entails a great deal of suffering in the first place.<sup>xxx</sup> Couser calls his fifth story type the “rhetoric of emancipation,” which involves emancipation from the individual or medical model of disability in which the disabled person is seen as the problem.<sup>xxxi</sup> The individual model of disability is opposed to the social model, in which the problem lies not in the bodily impairment of the person labeled disabled but rather with the society’s refusal to integrate that person into society. Couser argues that society must recognize the value of and make a conscious effort to include people with disabilities. So, for Couser, the richest and most desirable state of mind or type of narrative is one in which the sufferer advocates for the rights of the ill so that the disabled can have lives in which they are full participants in society; their full participation is characterized by meaningful relationships and intellectual development.<sup>xxxii</sup> Such full participation in society bears similarities to the fulfilling lives lived by narrators in what Frank calls narratives of “quest.”<sup>xxxiii</sup> Karp’s last

stage in the “depression career” is developing the “illness identity,” and in his stages of “coping and adapting,” the last stage is “incorporation.”<sup>xxxiv</sup> In the last stage, the person with mental illness becomes educated, develops coping strategies, and becomes empowered to deal with the illness. The ultimate goal, then, in Karp’s framework, as in Frank’s and Couser’s, is living well while realistically accepting that symptoms of mental illness never totally go away. When a literary protagonist is living in that third stage of quest, to use Frank’s term, which entails striving for meaning and purpose while serving others, that protagonist can serve as an inspiring role model for the teen reader who suffers from mental illness. The protagonist in these types of stories can also dispel myths about the mentally ill for readers who do not have mental illness.

## Research Questions

1. Are Frank’s three types of illness narratives represented within this sample of YA fiction of mental illness?
2. Is there a predominance of one of Frank’s categories or another in the YA novels of mental illness studied in this sample?

## Methods

For this study, fifty young adult novels of mental illness published between 1998 and 2017 were chosen. The year 1998 marked the publication of Terry Spencer Hesser’s *Kissing Doorknobs*, the earliest renowned YA novel that depicts mental illness in ways consistent with the neurobiological model<sup>xxxv</sup> that psychiatry has favored in recent decades, as opposed to earlier psychoanalytic or superstitious approaches. Since 1998, young adult novels of mental illness have been published in large numbers. A subject search of the readers’ advisory database NoveList Plus on “mental illness” with the “teen audience” and “fiction” limiters reveals only forty-one results for the years 1969 to 1997, but 394 results for the years 1998 to 2019. NoveList Plus also reveals that more than twice the number of teen mental illness novels appeared between 2010 and the present than between 2000 and 2010. Popular source *Book Riot* declares that “over the last decade, the growth in YA books about mental illness is hard to overlook.”<sup>xxxvi</sup> While the fifty novels in this study constitute a large enough sample within which to see trends emerge, hopefully future researchers can conduct studies on the many YA novels of mental illness that this study was not able to cover.

To generate the list of the fifty YA novels of mental illness that comprise the research sample for this study, various methods were used. Internet searches were conducted for recommended booklists of YA novels of mental illness. Blogs and organizations pertaining to young adult literature and to mental illness were followed on social media. Titles that were available in local (Los Angeles area) popular retail stores where young adult fiction is sold, like Target and Barnes & Noble, were also included. Novels that were mentioned or found in more than one source, books by well-known YA authors, and novels by authors who have written more than one piece of YA fiction on mental illness were prioritized throughout the gathering of books for the sample.

I also conducted a search in the Los Angeles Public Library catalog for “mental illness” and then applied their “young adult fiction” limiter. The Los Angeles Public Library system, aside from being my home system, holds over six million books.<sup>xxxvii</sup> Using “mental illness” as a search term helped narrow this study to novels with a focus on mental illness; books in which a character’s mental illness is a minor background detail are not included in this study. The search term “mental illness” also proved to be an efficient way of finding a large number of results on many kinds of mental illness (e.g., schizophrenia, bipolar disorder, anxiety, and depression) at once. However, one limitation of this study is that using the more general keywords “mental illness” yields slightly fewer results per disorder than a search using the name of each specific disorder, like “schizophrenia” or “bipolar disorder.”

Because a large number of library holdings can indicate high quality and popularity, books with lots of holdings were included in this study. However, YA novels of mental illness that had very few holdings in LAPL were also sometimes included. One reason for this is that some of the older novels (published in the 1990s and early 2000s) on the recommended reading lists played an important role in the history of YA literature of mental illness, even though now they are not very popular and consequently are not held in large numbers currently by LAPL. Other novels that had fewer copies in the system were also included because sometimes a good story does not get the recognition it deserves right away. This study made sure to include not just the most popular or well-renowned YA novels of mental illness but also some lesser-known ones as well.

As I read the novels in the sample, I kept an annotated bibliography with entries on each title regarding major plot points and themes, characters’ mental illness symptoms, characters’

attitudes toward treatment, and characters’ overall outcomes. A character’s attitude toward his or her illness as well as the state of his or her symptoms would help me determine whether the novel overall was what Frank calls a restitution narrative (one in which the character strives to mask the illness and be “normal”), a chaos narrative (one in which the character’s symptoms are out of control), or a quest narrative (one in which the character is living a thoughtful and productive life while managing a mental illness). At the same time, it is imperative to acknowledge that any story of illness may have overlapping emphases on Frank’s concepts of restitution, chaos, and quest. Because of such overlap, no one novel will belong solely in a single category.

### Findings: Overall

Frank’s three categories of illness/disability narratives are all represented in the fifty YA novels of mental illness used in this study. Twenty-six of the novels in my study (just over half of the sample) fall into Type 2, that of the chaos narrative. Thirteen novels fit into Type 1, that of the restitution narrative. Eleven novels fall into Type 3, that of the quest narrative. Please see table 2 for a list of which novels fall into each category. The most overlap occurred between Type 1 (Restitution) and Type 2 (Chaos). Because so few novels show characters achieving restitution but rather attempting and failing to achieve it instead, many restitution narratives could also be categorized as chaos narratives. Twelve of the thirteen novels discussed in Type 1 show characters’ symptoms of mental illness spinning out of control while the protagonist or a loved one tries to hide or deny the illness. Overall, then, thirty-eight novels in the sample (a vast majority) showcase characters struggling with uncontrolled mental illnesses. Significantly fewer novels in the sample—only eleven—emphasize recovery and therefore fall into Type 3 (Quest).

**Table 2. Young Adult Novels of Mental Illness: Three Types**

<b>Type 1 Novels: Restitution and Attempted Restitution</b>	<b>Type 2 Novels: Chaos</b>	<b>Type 3 Novels: Quest and Problematic Quest</b>
<i>A Blue So Dark</i> (2010), by Holly Schindler	<i>All the Bright Places</i> (2015), by Jennifer Niven	<i>Every Last Word</i> (2015), by Tamara Ireland Stone
<i>Calvin</i> (2015), by Martine	<i>Ball Don't Lie</i> (2005), by Matt	<i>Get Well Soon</i> (2007), by Julie

<b>Type 1 Novels: Restitution and Attempted Restitution</b>	<b>Type 2 Novels: Chaos</b>	<b>Type 3 Novels: Quest and Problematic Quest</b>
Leavitt	de la Peña	Halpern
<i>Crazy</i> (2012), by Han Nolan	<i>Cameron and the Girls</i> (2013), by Edward Averett	<i>Have a Nice Day</i> (2012), by Julie Halpern
<i>Dirty Little Secrets</i> (2010), by C. J. Omololu	<i>Challenger Deep</i> (2015), by Neal Shusterman	<i>It's Kind of a Funny Story</i> (2006), by Ned Vizzini
<i>Define "Normal"</i> (2000), by Julie Anne Peters	<i>Crazy</i> (2012), by Amy Reed	<i>Madness</i> (2017), by Zac Brewer
<i>Fangirl</i> (2013), by Rainbow Rowell	<i>Dr. Bird's Advice for Sad Poets</i> (2013), by Evan Roskos	<i>The Memory of Light</i> (2015), by Francisco X. Stork
<i>Little and Lion</i> (2017), by Brandi Colbert	<i>Fans of the Impossible Life</i> (2015), by Kate Scelsa	<i>The Nature of Jade</i> (2007), by Deb Caletti
<i>Made You Up</i> (2015), by Francesca Zappia	<i>Freaks Like Us</i> (2012), by Susan Vaught	<i>Say What You Will</i> (2010), by Cammie McGovern
<i>Mosquitoland</i> (2015), by David Arnold	<i>Highly Illogical Behavior</i> (2016), by John Corey Whaley	<i>The Weight of Zero</i> (2016), by Karen Fortunati
<i>Not as Crazy as I Seem</i> (2003), by George Harrar	<i>I'll Be There</i> (2011), by Holly Goldberg Sloan	<i>Where You'll Find Me</i> (2016), by Natasha Friend
<i>A Scary Scene in a Scary Movie</i> (2011), by Matt Blackstone	<i>Inside Out</i> (2003), by Terry Trueman	<i>Will Grayson, Will Grayson</i> (2010), by John Green and David Levithan
<i>Wild Awake</i> (2013), by Hilary T. Smith	<i>I Will Save You</i> (2010), by Matt de la Peña	
<i>Words on Bathroom Walls</i> (2017), by Julia Walton	<i>Kissing Doorknobs</i> (1998), by Terry Spencer Hesser	
	<i>Lily and Dunkin</i> (2016), by Donna Gephart	

<b>Type 1 Novels: Restitution and Attempted Restitution</b>	<b>Type 2 Novels: Chaos</b>	<b>Type 3 Novels: Quest and Problematic Quest</b>
	<i>OCD Love Story</i> (2013), by Corey Ann Haydu	
	<i>The Museum of Intangible Things</i> (2014), by Wendy Wunder	
	<i>Saving Red</i> (2016), by Sonya Sones	
	<i>Schizo</i> (2014), by Nic Sheff	
	<i>Stop Pretending</i> (1999), by Sonya Sones	
	<i>Ten Miles One Way</i> (2017), by Patrick Downes	
	<i>Turtles All the Way Down</i> (2017), by John Green	
	<i>Under Rose-Tainted Skies</i> (2016), by Louise Gornall	
	<i>The Unlikely Hero of Room 13B</i> (2013), by Teresa Toten	
	<i>When We Collided</i> (2016), by Emery Lord	
	<i>Wild Roses</i> (2005), by Deb Caletti	
	<i>A World without You</i> (2016), by Beth Revis	

### *Findings: YA Novels of Mental Illness, Type 1 (Restitution)*

The YA mental illness novels, overall, have succeeded in being quite realistic, so, in most cases, characters do not feel that they achieve restitution and get back to their well selves. Perhaps the novels in this category should be called novels of *attempted* restitution instead of simply restitution, to modify Frank's term. Since mental illness has no cure, only recovery, most novels reflect this. However, the novel in the sample that most closely resembled a narrative of restitution was *Calvin* (2015), by Martine Leavitt. In this novel the main character, Calvin, believes that only the author of the *Calvin and Hobbes* comics can save him. This motivates him to embark on a dangerous journey across Lake Erie in the winter toward author and artist Bill Watterson's home. During the journey, Calvin's symptoms manifest themselves strongly. But after Calvin's rescue, he unquestioningly accepts his medication and even declares, "It helps a lot, and I don't get any of the side effects."<sup>xxxviii</sup> Side effects of anti-psychotics are widely documented and often inspire medication noncompliance, so this sense that Calvin is, for all intents and purposes, cured is a bit too tidy.

Some characters, however, focus on the idea that instead of being cured, they do not have a problem at all. This is denial. One particularly memorable character living in denial of his mental illness is precocious Devon in George Harrar's *Not as Crazy as I Seem* (2003). Since his symptoms do not bother him, he thinks that people should just leave him alone to engage in his OCD behaviors. Happily, though, Devon gains insight as the novel progresses. Rene, in Matt Blackstone's *A Scary Scene in a Scary Movie* (2011), suffers from OCD but goes around in a superhero cape trying to save the world until he meets a new friend and sets boundaries with his abusive father.

In *Wild Awake* (2013), by Hilary T. Smith, the protagonist wonders about this "Thing," mania: "Are all Things bad? What if I'm having a good Thing?"<sup>xxxix</sup> As the novel begins, Kiri, an accomplished pianist, sets out to solve her sister's murder. Throughout the course of a summer, Kiri becomes more and more manic. She challenges the assumption that her illness is really an illness at all, and her mania propels her to find clues about her late sister. At the end of the novel, Kiri says, "But when I think about everything that's happened this summer, I can't let it end like this, with a pill and eight hours of chemical oblivion."<sup>xl</sup> Kiri seriously considers refusing treatment at the end of the novel. She is poised to accept the harmful stereotype that medication will turn a person into a zombie.

In David Arnold's *Mosquitoland* (2015), we are not sure if the protagonist even has mental illness in the first place. Mim's dad has made her see a new psychiatrist who medicates her. We are not sure if Mim's dad sees enough evidence of mental illness in Mim or if he is overreacting and overmedicating his daughter because his sister was schizophrenic and committed suicide while off medication (a young Mim was the one who found the body). Mim abandons her dad, her doctor, and her medication by running away on a Greyhound bus in search of her mother. While Mim's decision to run away is drastic, it is not necessarily indicative of the schizophrenia that her doctor is treating her for. *Mosquitoland* is the only Type 1 novel that does not focus heavily on the severity of symptoms experienced by the character with mental illness. Therefore, it is the only novel in Type 1 (restitution) in which there is no overlap with the chaos stories of Type 2.

*Fangirl* (2013), by Rainbow Rowell, features a character who does not deny that she has an illness, but rather denies that she might need professional help. On her own, without medication or therapy, Cath does not get rid of all her anxiety symptoms as she might in a narrative of restitution, but she is able to make significant strides. She persists through her difficult first year of college, even breaking out of her comfort zone as a writer. This positive development could place Cath in a Type 3 narrative, since she creates meaningful life experiences while ill, but the story does suggest some denial, as in Karp's fix-it-on-my-own phase. Is seeking professional help necessary for living a meaningful life with mental illness? How this question is answered would determine whether *Fangirl* belongs in Type 1 or 3.

While many novels feature characters in different stages of denial, other stories make a shift from denying the illness (or the need for help) into admitting but hiding the illness. In *Dirty Little Secrets* (2010), by C. J. Omololu, the teen narrator Lucy successfully hides her mother's hoarding by burning down the house after her mother's death. Lucy ends the novel pleased with how she has finally been able to "[take] control."<sup>xli</sup> This was the only novel in the sample in which a character was successful in trying to hide an illness. This character's success in hiding her mother's illness raises a question, though: Must mental illness be hidden and stigmatized in order for a teen to live a good life? If the novel suggests a troubling answer to that question, let us shift gears and look at some stories of characters who fail to hide their illnesses.

In the two novels where the characters attempt to "pass" for well, this does not work out for long. For example, in Julia Walton's *Words on Bathroom Walls* (2017), we meet Adam,

whose doctors have him on a miracle drug that allows him to hide his schizophrenia from everyone at his new school, where his parents have placed him for a fresh start. But side effects of the medication force the doctors to have Adam taper off of it. As his symptoms worsen, his schoolmates find out about his illness. In Francesca Zappia's *Made You Up* (2015), Alexandra also has moved to a new school for a fresh start. Her close friends inevitably find out about her schizophrenia as well. While these endings could seem discouraging, as in *you cannot escape your illness*, I would argue instead that the novels actually have a positive message: There are family and friends who will support you as you live with your illness; it is not necessary to hide who you really are to have meaningful relationships.

Similar situations of hiding or denying an illness are found in many novels where the protagonists are the loved ones of someone suffering from mental illness. Karp has a set of stages for the loved ones of mental illness sufferers. He explains that loved ones usually first feel “bewilder[ed]” by the symptoms they see in their friend or family member.<sup>xliii</sup> Then they seek to learn all they can about the illness. With this comes an urge to make “heroic efforts” to save the ill person.<sup>xliiii</sup> Finally, the well relative or friend realizes that they cannot make recovery happen for someone else. They learn to be supportive while establishing healthy boundaries. For this discussion, Karp's stages for loved ones are pertinent because, like his stages for sufferers themselves, they include a period of chaos as well as a healthy acceptance/recovery phase. Karp's stages for loved ones, therefore, can be aligned with Frank's concepts of chaos and quest and Couser's rhetorics of horror and emancipation.

In Brandy Colbert's *Little and Lion* (2017), Suzette (“Little”) and her stepbrother Lionel (“Lion”) hide the fact that Lionel is off his bipolar medication for almost a whole summer. Suzette has taken Lionel's word that if she tells on him, their relationship is over. When Lionel disappears, though, Suzette must come clean, and ultimately their relationship will recover. In Han Nolan's *Crazy* (2012), Jason, fearing family separation, tries to care for his schizophrenic father on his own before finally seeking intervention by the authorities. In *A Blue So Dark* (2010), by Holly Schindler, the protagonist tries, unsuccessfully, to care for her artist mother, who is medication-noncompliant. Julie Anne Peters's *Define “Normal”* (2000) also features a young girl trying in vain to hold her family together while her mother decompensates. Most YA novels, then, suggest that denial—whether by the sufferer of the illness or his/her loved one—is not a good solution when dealing with mental illness. Thus, while restitution may be attempted,

it usually does not work out, producing some overlap between Type 1 and Type 2 stories; after all, the denial of mental illness usually leads to medication noncompliance and ultimately to the chaos of uncontrolled symptoms.

### *Findings: YA Novels of Mental Illness, Type 2 (Chaos)*

I have placed into Type 2 the novels that emphasize the chaotic stage of mental illness. The finding that many YA novels of mental illness fall into Type 2 and focus on uncontrolled symptoms makes sense; after all, a novel of mental illness should show us the illness. However, in the YA novel he coauthored with John Green, *Will Grayson, Will Grayson*, David Levithan complains that too many books start with the first onset of symptoms and end with diagnosis.<sup>xliv</sup> The character begins treatment and will presumably live happily ever after. For example, the earliest YA novel of mental illness in this sample, Terry Spencer Hesser's *Kissing Doorknobs* (1998), follows a predictable problem-novel pattern. The protagonist and her family struggle with her OCD symptoms throughout the book but finally get an accurate diagnosis at the end. Thus, the first type of chaos story that I found is the story that focuses on the time when symptoms first emerge and characters in the novel are not sure what is happening, and the resolution of the novel is diagnosis and treatment.

As another example of such a problem novel, the bulk of *Stop Pretending: What Happened When My Big Sister Went Crazy* (1999), by Sonya Sones, illustrates what Karp would call the “bewilderment”<sup>xlv</sup> of the family when the narrator's sister begins displaying symptoms of her bipolar disorder. In a brief note at the end of this short but groundbreaking work—*Stop Pretending* was both one of the first YA novels of mental illness and one of the first YA novels in verse—Sones reveals to us that her own sister, upon whom the sister character in the novel is based, has managed her symptoms with medication and has gone on to live a productive and happy life (as a librarian, no less).

*Challenger Deep* (2015), by Neal Shusterman, is similarly based upon the author's family's experience, and while in the end the protagonist chooses treatment over his delusions, the majority of the novel is the exploration of the struggle that led to that decision. The battle between reality and hallucination is played out on the high seas because Shusterman's son Brendan, whose artwork is featured in the novel, had, at the onset of his disease, told his father that he felt like he was trapped at the bottom of the ocean. In Amy Reed's *Crazy* (2012), Connor

and Isabel exchange letters pondering the symptoms that are slowly taking over Isabel's life. The climactic event is a suicide attempt that convinces Isabel to accept the help offered to her.

Another character debating what to do about the symptoms of mental illness is the narrator of *Dr. Bird's Advice for Sad Poets* (2013), by Evan Roskos. Narrator James Whitman, who loves the poet whose name he shares, suffers from both anxiety and depression. The novel traces both James's contemplation of suicide and his enthusiasm for life, which he expresses in a Whitmanesque style of both poetry and prose. James has a very enlightened conversation with his imaginary therapist, Dr. Bird, about his concerns about his creativity being stunted by medication. Dr. Bird (and hence James) wonders if the usual dilemma of being sedated by medication or living unhappily but authentically is a false dilemma. Dr. Bird asks James if his unhappy self must necessarily be his more "real" self: "What if your real mind is already gone behind a curtain [of depression]? What if the drugs will remove the curtain?"<sup>xlvi</sup>

While books about the onset and diagnosis of a mental illness are important, in reality life with mental illness plays out in a more complicated way than it would in a simple problem novel. In the problem novel, there is an obvious solution. Have symptoms? Get a diagnosis and treatment! But not everyone has access to diagnoses and treatments. In Matt de la Peña's *Ball Don't Lie* (2005), the character neither knows why he engages in strange behaviors nor has any access to treatment. Because Sticky, a foster child, lives a very socioeconomically disadvantaged life, he never gets a diagnosis or treatment for the obsessive-compulsive disorder that he has been suffering with for years. In fact, Sticky never even refers to his illness by name because, in a situation like his, in which a sufferer lacks education and support, the sufferer would not even know the name of the disorder. Sticky is stuck in Karp's "inchoate feelings" stage.<sup>xlvii</sup> He is aware that something is wrong, but he does not know what it is or what to do about it.

Similarly, there is the case of Patrick Downes's *Ten Miles One Way* (2017). Nest and her dad deal with their mania by taking long walks. While Nest's dad is an educated professional, and you would think he would know that there are treatment options, there is no mention of medication or therapy either for him or his daughter. Alternated narration by Nest and her boyfriend Q (Isaac Kew) takes us through the stream-of-consciousness journey of Nest's last walk before she crashes her car and lands in the hospital. At the end of the story, we do not know if she is going to be okay or get any treatment.

While the books above vary in the sense that some deal with emerging illnesses but others with long-standing troubles, what they all have in common is a focus on a time in a character's life that precedes formal medical treatment. However, another type of chaos story is the one in which characters have been diagnosed and treated before the start of the novel but are now having a relapse. In these stories, characters have a variety of reasons for relapse. Often that reason is medication noncompliance, and the characters have a variety of reasons for going off their medications.

Negative side effects are one reason for characters to stop taking medication. In Kate Scelsa's *Fans of the Impossible Life* (2015), Mira's halfhearted attempt at dietary changes in order to avoid taking and experiencing the side effects of medication for her depression results in her needing hospitalization again by the end of the novel. In Susan Vaught's *Freaks Like Us* (2012), Jason refuses his medicine when the sleepiness it causes would interfere with solving the mystery of his best friend's disappearance. He searches for her with an awareness that his symptoms are getting worse, and once he finds her, he goes back to his regular medication routine.

In other cases, the characters go off medication because they want to get back some special ability that their illness gave them, usually energy or creativity. In Donna Gephart's *Lily and Dunkin* (2016), Dunkin goes off his medication so that his manic energy will help him on the basketball court, but this results in him being hospitalized. Similarly, in Deb Caletti's *Wild Roses* (2005), the protagonist's stepfather, Dino, a famous violinist, stops his medication in order to be more creative as he writes his comeback music. His condition deteriorates throughout the novel until he attacks a fan at his big performance. In Emery Lord's *When We Collided* (2016), the focus is also on a character's escalation into mania, which eventually results in a traffic accident that convinces the afflicted character, Vivi, to go back on her medication. In *Cameron and the Girls* (2013), by Edward Averett, the main character refuses treatment because he likes his symptoms: his schizophreniform disorder gives him the confidence to do daring things, and his voices admire him. Until the very end, Cameron wants his off-medication life (his "good life"<sup>xlviii</sup>) more than his on-medication life. At the end of the novel, when the doctor suggests that taking medication would be better than living in fear of the newly hostile voices, Cameron responds, "Dr. Simons knows absolutely nothing about living with fear and how much better it is than living with nothing."<sup>xlix</sup>

However, in some novels of mental illness, the characters refuse treatment not because they fear losing their adventurousness but simply because they have accepted the limitations that their illnesses place on their lives. They have given up. These characters do not see their symptoms as adding beneficial qualities to their personalities, but, at the same time, these characters are not willing to make changes that would reduce the symptoms of their illnesses. For example, in Printz Award–winner John Corey Whaley’s *Highly Illogical Behavior* (2016), Solomon is resigned to the idea that he must never leave his house because, if he does, his acute panic attacks will return. Solomon mentions that one of his past doctors “kept putting me on medicine that made me sick,”<sup>1</sup> so part of his reasoning involves avoidance of side effects, but Solomon is also stubborn; Whaley writes, “Therapy didn’t really work on Solomon because he didn’t want it to.”<sup>li</sup> In the related example of Louise Gornall’s *Under Rose-Tainted Skies* (2016), Norah suffers from severe anxiety, panic, and OCD. Agoraphobic, she rarely leaves her house; she wishes she could smell the flowers in her backyard someday. Sometimes the only way she can stop her terrible panic attacks is by cutting herself. When Norah’s mom is injured in a car accident, Norah must stay home alone, with her psychiatrist making house calls. While Norah admits her mental illness, she refuses medication until a home-invasion robbery challenges her conviction that ensconcing herself at home is the best way to feel safe.

In some cases, we don’t know why characters go off their medication; we just know that they do. The character may be living in a state of denial, as mentioned in the “Type 1 (Restitution)” section of this paper. In *I Will Save You* (2010), by Matt de la Peña, protagonist Kidd runs away from a group home. Without treatment, Kidd hallucinates that it is not he but rather another person, Devon, who engages in dangerous and erratic behavior. Luckily, after a failed suicide attempt, Kidd is hospitalized. In Holly Goldberg Sloan’s *I’ll Be There* (2011), drifter and criminal Clarence suffers from schizophrenia, but he has refused the medication offered while he was in prison. In *Saving Red* (2016), by Sonya Sones, a teen with bipolar disorder has gone off her medication and become homeless. In John Green’s *Turtles All the Way Down* (2017), Aza, who suffers from OCD, has been only haphazardly taking her medication, and ultimately the stresses of a potential new romance, a conflict with a best friend, and a car accident culminate in Aza drinking hand sanitizer in the hospital.

In some cases, going off medication results in a character’s suicide. In *All the Bright Places* (2015), by Jennifer Niven, and *The Museum of Intangible Things* (2014), by Wendy

Wunder, help is available but is refused, and the mentally ill characters commit suicide. I have included in the chaos category any novels that end in suicide since suicide clearly precludes living a meaningful life with one's illness, and, therefore, any suicide story cannot be considered a Type 3 story.

While many chaos stories show the characters refusing treatment for various reasons, there are also novels in which treatment is received but bad things happen anyway. The treatment administered may be the wrong one. In addition, we must remember that adverse outcomes can occur simply because no medication can completely cure any mental illness. This is a frightening scenario because humans like to feel in control of their lives; they do not like to see bad things happen when people are doing the right things. As one example, the two protagonists in Corey Ann Haydu's *OCD Love Story* (2013) spend most of their time in that novel fighting symptoms even though they are already in treatment. As another example, in Nic Sheff's *Schizo* (2014), protagonist Miles is a high school student trying to survive socially at a party while managing the side effects of medication (he has to eat at the right times and he cannot drink much alcohol, for instance). But even though Miles is playing by the rules, his particular medication has not gotten rid of one critical delusion that drives the plot: Miles believes that he has a younger brother who has been abducted, but this person is in fact a hallucination. In Beth Revis's *A World without You* (2016), protagonist Bo is receiving treatment at a residential school but still hallucinates that he is traveling through time to save a classmate who committed suicide.

Another novel in which bad things happen to someone already in treatment for mental illness is Terry Trueman's *Inside Out* (2003). Zach, who has medication and a great support system, finds himself stuck in a coffee shop that is being held up by two teens around his age. Zach has lots of insight about his illness, but we can see his symptoms start to return as the hours go on and the holdup continues, preventing Zach from taking his next scheduled doses of medication. Even so, Zach maintains enough insight to solve the situation by convincing the robbers to allow him to call his therapist. The novel seems to be poised for a happily ever after, but after the holdup situation is resolved, Trueman leaves us with a stand-alone chapter featuring a newspaper article from a later date that indicates that Zach has committed suicide. We were told earlier in the novel that there were guns in Zach's house, but other than that, we are given no other information leading up to the suicide. Presumably, after the robbery, Zach had his good

support system to go back to, so it is unclear what made him ultimately commit suicide. The uncertainty seems to indicate that this is a narrative of chaos.

In Teresa Toten's *The Unlikely Hero of Room 13B* (2013), the main character is taking medication for OCD and anxiety, but it is not working well, so he begins abusing it. If not for this factor, I would be tempted to put this novel into Type 3, as Adam is developing good relationships and habits with his support group. But while Adam ultimately gets help for his mother, whose hoarding has been a problem throughout the story, the novel never tells us what happens to Adam and his medication situation or whether he ever gets his symptoms under control.

### *Findings: YA Novels of Mental Illness, Type 3 (Quest)*

Levithan stresses that mental illness novels should begin, rather than end, with diagnosis and treatment. He wonders about “the rest of [the character's] life”<sup>lii</sup> after the character sees the psychiatrist. The predominance of Type 2 stories suggests that, for many, the “rest of [a mentally ill person's] life”<sup>liii</sup> can be a life of relapse; just because a character has a diagnosis or has been prescribed medication in the beginning of the book does not mean that the rest of the story will necessarily focus on recovery. Indeed, we have seen many characters struggle to accept their diagnoses/medications or overtly reject them. Therefore, for Type 3 stories, then, I have included novels that not only begin with diagnosis/treatment but also focus on recovery rather than relapse. A true Type 3 story will be a narrative of quest,<sup>liv</sup> emancipation,<sup>lv</sup> or incorporation.<sup>lvi</sup> This means that the focus of the narrative is on building a fulfilling life.

*Will Grayson, Will Grayson* (2010), coauthored by John Green and David Levithan, is such a Type 3 quest story. One of the two characters who are both named Will Grayson (the one who is designated as “will grayson”) begins the novel faithfully taking his medication and accepting his depression. Though medicated, will grayson definitely still struggles with depressive moods, but eventually he learns to not let those moods take charge and hurt people, including himself and his friends. He is truly “coping and adapting,” as Karp might say, and he is developing an “illness identity.”<sup>lvii</sup> At the same time, the fact that will grayson's depression is somewhat controlled and that the novel deals simultaneously with friendship- and sexuality-related conflicts, raises the question as to whether the focus on recovery relegates the mental illness to a background detail rather than keeping it a key component of the story. In the case of

will grayson, his depression is intertwined with the relationship issues in the novel; the interpersonal conflicts are not completely separate from the depression.

To ask the question more broadly, when a character's illness is under control, does that mean you no longer have a novel of mental illness? There are a few ways to address this. As we know, some symptoms of mental illness never go away, despite treatment. Does the character still struggle with some symptoms? To what degree are the character's past struggles with mental illness covered? Does the character reflect extensively upon how his or her illness experience has changed him or her? Has the experience of having suffered had a big impact on the character's personality?

When addressing these questions, Tamara Ireland Stone's *Every Last Word* (2012) is problematic. The novel opens with a scene from the midst of one of narrator Sam's episodes of "Pure O," or pure obsession. Sam has gone from having violent and disturbing obsessions (without the accompanying compulsions that would characterize obsessive-compulsive disorder) to getting her illness under control with medication and therapy. From that perspective, this seems to be a novel of recovery, or quest. However, aside from an intense opening flashback of Sam's intrusive thoughts about stabbing people with scissors, no other "Pure O" episodes pop up again in the novel. It was odd to have just one flashback of such a traumatic condition. Sam *tells* us that things used to be bad before she was medicated, but the novel does not really *show* us. Sam's symptoms that have remained despite medication are fairly innocuous ones: driving until her car's odometer reading ends with the number three, pinching herself three times, or staying up late researching her love interest's ex-girlfriend. For someone purportedly concerned with how the disease impacts her sense of self, Sam does not reflect much on her experiences before medication. Most of the book is about her making choices about friends and love, and her OCD seems to play a pretty low-key role in the story. Since she is functioning so well, perhaps this novel really is a Type 1 story, a narrative of restitution.

Another problematic novel is *Say What You Will*, by Cammie McGovern (2014). In this novel, Amy, a high school senior with physical disabilities from cerebral palsy, befriends Matthew, her peer aide at school who has OCD. He counts and checks that faucets are turned off. He also worries excessively about harming others. Amy challenges Matthew to stop giving in to his compulsions, and while he has some success with this, Matthew eventually seeks out therapy and medication several weeks later. He plans to continue his relationship with Amy and take her

to the prom. Because Matthew gets treatment and proceeds with the rest of his life, this novel belongs in Type 3. But Amy's parents are not convinced that Matthew is well enough for their daughter. When Matthew finds out what Amy's parents think, he begins to doubt his own recovery, leading him to abandon Amy. So, while Matthew accepted treatment and medication, he was still letting stigma dictate his actions. In that sense, the story seems more like a Type 2 chaos story; even though the chaos of symptoms is not back—Matthew does not go off his medication—he still believes he is unworthy of “normal” relationships while ill. This belief precludes living a full life for Matthew. Thus, *Say What You Will* could be considered a problematic quest narrative.

In addition to *Will Grayson, Will Grayson*, this study found some other novels that were true Type 3 narratives. Novels that fall into this category will emphasize how characters rebuild their lives after the chaos and crisis stage. One such novel is Ned Vizzini's *It's Kind of a Funny Story* (2006). The protagonist gets treatment early in the story, and then much of the rest of the novel describes how main character Craig learns to understand his illness and use art to cope with it. Craig rebuilds his life with medication and art. (One wonders, though, if this conclusion will seem facile to readers who know that the author, Vizzini, succumbed to suicide despite his own artistic pursuits.)

Similarly set in a psychiatric ward is Julie Halpern's *Get Well Soon* (2007). Anna Bloom's recovery is aided by the friends she makes in the ward as opposed to the inept hospital staff. The sequel to *Get Well Soon*, *Have a Nice Day* (2012), gives us a very full picture of Anna rebuilding her multifaceted personal life after her release from the hospital. In one of the most thoroughly Type 3 stories found in the course of this study, Anna uses music, art, fashion, and literature to reintegrate herself into society outside the hospital. She continues with group therapy and medication upon her return home. Anna reflects upon her experiences in the hospital and uses the good techniques to her advantage while disregarding the bad. She takes on greater responsibilities within her family as her parents split up, and a younger sister looks to her for guidance. While Anna initially feels like she does not belong back in the real world, she reconnects with her friends and details the complications that arise during that process. Perhaps most notably, as Anna reconnects to her old friends, they express interest in her life in the hospital and one goes so far as to help Anna search for a hospital friend with whom Anna has lost touch. One of Couser's conditions for a true narrative of emancipation is one in which the

mentally ill are not othered and ostracized by society. The fact that Anna is able to bring her psychiatric ward life to her at-home life and vice versa makes *Have a Nice Day* a true Type 3 narrative.

Francisco X. Stork's *The Memory of Light* (2015) is also a significant story because it is primarily one of recovery rather than of symptom manifestation and crisis. The novel opens with Vicky Cruz's stay in the psychiatric ward of the hospital after a suicide attempt. In the hospital, Vicky is diagnosed with depression. In addition to having a chemical imbalance, she's been grieving her mother's death from cancer for many years while her father, Miguel, has thrown himself into his work and remarried someone who is equally a workaholic. Vicky doesn't fit into the ambitious crowd at the preparatory school her father makes her attend because he came from humble beginnings and has transformed himself into a wealthy developer of property. Vicky's father has also arranged to send her longtime nanny, Juanita, back to Mexico in her old age, and Vicky deeply resents this plan. In the psychiatry ward, Vicky meets Mona, Gabriel, and Emilio. They, along with Vicky's psychiatrist, help Vicky as she rebuilds her life. While Vicky communicates her disappointment with her father for the first time, reconciles with her Harvard-attending sister, and returns to private school, she acknowledges that she may not be able to catch up. Since she loves to write, she thinks that perhaps the school literary magazine could be a refuge for her. She considers transferring to public school and leaves the possibility open at the end of the novel. She is able to help get Juanita a job so she doesn't have to return to Mexico and can stay near Vicky. Vicky is also able to help Gabriel and Mona make good choices about their treatment options. Thus, Vicky is an active agent of change as she recovers from her depression.

Without a stay in the psychiatric ward but already in therapy and on medication is Jade DeLuna, in Deb Caletti's *The Nature of Jade* (2007), one of two novels collected in *Love Is All You Need*. Jade, a high school senior, is outgrowing her friends and watching her parents grow apart. While her anxiety is well controlled, she still worries that the panic attacks she once suffered from are coming back. She maintains a few rituals to assuage her anxiety, such as knocking and counting. When a new romance reduces her anxiety, she recognizes that, nevertheless, she is still not cured. She does grow a lot through volunteer work with animals and standing up to her parents to create a more fulfilling life for herself. Jade reflects thoughtfully on what is normal anxiety versus what is pathological, and her recovery status is embedded everywhere in the novel in an organic way.

Two novels in the Type 3 quest narratives started out seeming like chaos stories, but then turn to focus primarily on the relationships and activities that help the characters rebuild their lives. Karen Fortunati's *The Weight of Zero* (2016) and Zac Brewer's *Madness* (2017) feature characters who initially wanted to surrender to their illnesses but then ultimately built meaningful lives. In both, the narrators had been released from psychiatric facilities but were still initially intent upon committing suicide. In *Madness*, although Brooke wants to die, she begrudgingly takes her medication, gets into a relationship where she learns she is not alone with her depression, and reestablishes her involvement in her school's drama productions. When the relationship turns toxic, Brooke realizes she no longer wants to die and fights to live. In *The Weight of Zero*, Catherine is inconsistently taking medication and creating a stockpile for another suicide attempt. She grapples with the idea that people with bipolar disorder may have relapses even when they are taking medication, sleeping well, and eating right. She wonders what's the point of living if she is just going to keep relapsing. But Catherine ultimately accepts the uncertainty and decides to keep going anyway. New friendships with a classmate and someone from group therapy, as well as the inspiration drawn from her research into an inspiring historical figure, help Catherine conclude that life is worth living. The focus of the novel overwhelmingly seems to be on how Catherine rebuilds her life rather than the initial suicide plan, which recedes further and further into the back of her mind. The characters in *The Weight of Zero* and *Madness*, then, do what Karp describes when he says that people in the incorporation stage "fight against [mental illness] as best they can while constructing a life premised on its continuing presence."<sup>lviii</sup>

Another character who accepts the unpredictability of illness and finds ways to live well anyway is Anna in Natasha Friend's *Where You'll Find Me* (2016). In this case, the ill person is the protagonist's loved one rather than the protagonist herself. Anna's mother is getting treatment for bipolar disorder but says that she cannot promise her thirteen-year-old daughter that she won't ever attempt suicide again. Despite the uncertainty, Anna learns to cope by bonding with her father and his young second wife, something that she resisted initially. While Karp's discussion of the incorporation stage refers to the sufferer of the illness, in *Where You'll Find Me* family members are also able to build a good life "premiered on [depression's] continuing presence."<sup>lix</sup>

One final important aspect of the Type 3 quest narrative, rhetoric of emancipation, or incorporation story is advocacy for others with disabilities. This study did not find any characters formally advocating for others with mental illness in the sample. For an example of what organization-level advocacy looks like in a novel, there is Bebe Moore Campbell's *72 Hour Hold*.<sup>lx</sup> Although it features a mentally ill teen character, Trina, this novel was not marketed as a YA novel, probably because it is narrated by the middle-aged mother, Keri. Campbell herself was very active in the National Alliance for Mental Illness (NAMI)—so much so that July is designated by this group as Bebe Moore Minority Mental Health Month—and presumably her experiences inspired her to include organizational advocacy in this novel. Campbell, who is African American, as are her characters, makes interesting analogies between mental illness and slavery throughout the story. While most of this novel focuses on a chaotic time in Keri's life as her daughter Trina's bipolar disorder worsens, the story finally ventures into Type 3 territory at the end when Keri helps found a support group in her African American neighborhood to address the lack of attention to mental illness in the community.

## Discussion

While readers should be encouraged by the hopeful futures presented by the eleven Type 3 quest narratives, problematic though a couple of them are, I ask why there are so few Type 3 novels, especially considering that this study found twenty-six Type 2 novels. Furthermore, the number of chaos-focused novels could be considered as great as thirty-eight when we recognize that most of the Type 1 novels, consisting of *attempted* instead of *actual* restitution, could alternatively have been categorized as Type 2 chaos stories. The reason for the overlap is that while characters tried to deny or hide the illness, their symptoms worsened. While the denying and hiding seemed to suggest restitution, the actual result was chaos, and these novels read like many in Type 2 (Chaos). Overall, the findings of this study suggest that while teen readers can easily find stories of characters struggling with the acute symptoms of mental illness, there are fewer stories of hope that show teens that they can lead fulfilling lives while controlling their illness. If so many novels show the chaotic phase of mental illness, teen readers may be left wondering if and how recovery can be achieved.

To truly empower adolescents who suffer from mental illness, we should give them characters living in recovery, that is, building fulfilling lives as they manage their illnesses. In

Levithan's words, there should be more YA mental illness novels that show teens not a quick resolution following a first diagnosis but instead a complex and multifaceted recovery process "when [they] have to live the rest of [their] li[ves]." <sup>lxix</sup> Overall, as we consider the three types of stories, we can see that even the novels that deal with relapses rather than first diagnoses of mental illnesses tend to focus on the reemergence of symptoms, that is, the descent back into madness, rather than the process of coming out of it. We should ask why there are not more stories of YA characters living in recovery—that is, rebuilding their lives while getting treatment. Why have novelists focused so heavily on the crisis phase and not as much on the recovery phase? I argue that while we have an excellent selection of YA novels of mental illness that focus on the chaos phase (Type 2 narratives), authors should create more stories of acceptance and recovery (Type 3 narratives).

## **Conclusion**

While relapse and chaos stories abound, it is more difficult to find stories in which adolescents are recovering and building full lives while managing their illnesses. This is troubling, as library staff members and educators should show students not only the suffering that mental illness entails but also the process of recovery and the wondrous, meaningful lives that are possible for people with mental illness. More YA novels of mental illness should not just suggest at the end that recovery can happen but instead portray in depth, throughout the novel, how recovery is achieved by the characters. Therefore, I recommend that authors write more Type 3 stories and that, when library workers see Type 3 novels, they add those novels to their collections and eagerly recommend them to readers. While this study focused on fifty important novels of YA fiction, hopefully future researchers can examine more of the nearly four hundred YA novels of mental illness that have been published since 1998, determine whether Type 2 chaos stories predominate, and discover additional Type 3 quest and recovery stories.

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## Notes

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