

Evaluating Representations of Mental Health in Young Adult Fiction: The Case of Stephen Chbosky's *The Perks of Being a Wallflower*

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Abstract

This article examines representations of mental health in young adult (YA) literature, taking up Stephen Chbosky's *The Perks of Being a Wallflower* (1999) as its case study. Paying attention to the affordances of the genre of "teen sick-lit," I connect such YA literature to the broader field of narrative medicine and consider what can be gained from this relationship. After a careful analysis of Chbosky's novel, I conclude with a set of criteria that serve as markers of YA texts that productively convey mental health experiences. Although my focus here is on mental illness representations, my criteria and textual analysis can be extended to narratives that focus on other illness and diseases, as well.

Keywords

Narrative medicine; sick-lit; mental health; mental illness; young adult (YA) literature; Stephen Chbosky; *The Perks of Being a Wallflower*

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1. Teen "Sick-Lit's" Place in Narrative Medicine

When we think about narrative medicine, some popular titles that quickly come to mind are Margaret Edson's influential drama, *W;t* (1995), Susan Sontag's seminal *Illness as Metaphor* (1978), and Rita Charon's field-defining *Narrative Medicine* (2006). We might even think about popular memoirs from the 1990s and early 2000s that portray the writer's experiences with depression, bipolar disorder, and other mental health issues—titles like Elizabeth Wurtzel's *Prozac Nation* (1994) and Kay Redfield Jamison's *An Unquiet Mind* (1995). The past decade, we've increasingly seen titles from doctor-writers, such as Atul Gawande and Abraham Verghese, who write about their own experiences practicing medicine.

Several years ago, I stumbled across John Green's *The Fault in Our Stars*. Green, I learned, is a popular young adult (YA) author and his books have generated a cult-like following. Hazel, the narrator and protagonist of the novel, has been diagnosed with Stage 4 thyroid cancer, and the narrative follows her over the course of several months as her cancer worsens, as she falls in love with a fellow cancer patient, Gus, and eventually confronts death. This book's content struck me as being particularly heavy for a teen audience, so I was surprised—perhaps naively so—that in the past few decades, YA books have increasingly addressed weighty issues, such as (chronic) illness, substance and sexual abuse, violence, and death. Now when I walk into a bookstore I see signs proclaiming "What Teens Are Reading Now!" and a table devoted to YA selections like Green's, Jay Asher's

Thirteen Reasons Why (2007), and Rainbow Rowell's *Fangirl* (2013). Green's popular novel focuses on cancer and death, Asher's on a small town's quest to understand the suicide of one of its own teens, and Rowell's portrays a host of mental illnesses, including bipolar disorder and social anxiety, as well as the idea of ableism. While Green's and Rowell's novels are recent, Asher's was originally published almost ten years ago; the persistent popularity of this novel demonstrates the staying power of these YA texts and, it can be reasoned, the resonance that such serious issues continue to have with their teen readers.

Such texts have been around for years, and, in fact, have contentiously acquired the moniker "sick-lit." This genre gained traction in the 1980s in the United States as a result of "post-1968 liberal social movements and post-Fordist economic shifts toward service industries that commodified emotion" (Elman "Nothing Feels as Real", 175). In her article titled "Nothing Feels as Real": Teen Sick-Lit, Sadness, and the Condition of Adolescence", Elman examines issues like ableism, disability, and sexuality and gender, drawing on the fields of disability studies and affect theory to do so. Focusing on popular texts from the 1980s, including Lurlene McDaniel's Dawn Rochelle series and Jean Ferris' *Invincible Summer*—both about a teenage girl's experiences with leukemia, Elman asserts that the sick-lit genre evolved from the YA problem novel as a new literary form for teens.¹ More broadly and unsurprisingly, however, sick-lit may trace its genealogy back to illness narratives.

The subject of cancer is a prevalent one both in sick-lit and narratives geared toward adults. Narratives about mental illness experiences have also proliferated in books aimed at both teens and adults: in the US in the 1990s, we began seeing books like William Styron's *Darkness Visible* (1990), Wurtzel's *Prozac Nation*, and Redfield Jamison's *An Unquiet Mind*—all of which are memoirs that detail the author's life with various mental illnesses, including depression and bipolar disorder. Since this time, such narratives have continued to be widely consumed and produced. Whereas there seems to be a tendency toward the life-writing genre in texts geared toward adults, it's perhaps no surprise that fictional narratives about mental health have grown popular with teens and young adults as well.

Critics and parents alike have expressed concern over the appropriateness of the dark content of many sick-lit texts. Prevalent issues here are whether these narratives glorify illness and how the romanticizing of cancer, for instance, can have detrimental effects on a teen's developing understanding of self, relationships, and the condition of being ill. While these are valid and understandable concerns, the genre of teen sick-lit offers up a valuable area of study for practitioners of narrative medicine. As Elman points out, this genre emerged specifically for the young adult market. In order to do this, the authors of these texts had to have a strong understanding of how to reach teens and about what kinds of narratives would appeal to them. With sick-lit, then, narrative medicine finds a built-in audience: teens who consume these novels because the narrative engages them, because they can relate in some way to the illness experience addressed therein, or both. In *Narrative Medicine*, Charon reminds us that "narrative knowledge enables one individual to understand particular events befalling another individual not as an instance of something that is universally true but as a singular and meaningful situation" (9). Sick-lit aptly demonstrates this phenomenon: Green's cancer narrative, for example, allows a reader—be it an adult or a teen—to understand the particular events that befall the novel's protagonist, Hazel.

¹ I would argue that novels like Chbosky's and Roux's are technically a variation of the sick-lit genre. Scholars such as Natahalie op de Beeck and Julie Passanante Elman have written in greater detail and with more nuance about the genre—and specifically about the romanticization of illness experience in teen sick-lit. See op de Beeck (2004) in *Children's Literature Association Quarterly*, Elman (2012) in *Journal of Literary & Cultural Disability Studies*, and Elman again (2014) in her book, *Chronic Youth*.

Hazel's experiences with cancer are unique to her, but the novel provides an illness experience from the perspective of a teen. It's true that every illness experience is individual, and it also holds that a teen will experience illness differently than will an adult.

Sick-lit, then, offers a narrative medicine scholar a prolonged and authentic view into what it's like to be a teenager and to be dealing in some way with illness. For a teen experiencing depression, a novel about another teen going through a similar situation may be all that that reader needs to feel less alone or to convince him to confide in a friend or parent. Another teen may read a book like *Thirteen Reasons Why* and it might help her to understand a friend's suicide, or how to look out for warning signs. Parents, care-givers, and medical professionals who read these texts will be able to access the illness experience from a teen's perspective: issues that these adults believe to be important may be nonexistent or minimally relevant in a YA novel, or the book may offer a view of illness that is surprising or new to the adult reader. These reading experiences, as well as the knowledge one gains of another's individual experience, are markers of narrative medicine—and as this brief discussion demonstrates, are inherently built into these YA novels about mental health experiences.

So far I've discussed illness narratives generally—that is, I've moved among texts about chronic bodily illnesses, mental health and illness, and those in between. From here, I'd like to turn my focus to YA novels that focus on mental health.² Mental illnesses are largely regarded as invisible illnesses and therefore a different beast than a disease like breast cancer or Parkinson's that manifests itself through physical—and visible—symptoms. It isn't my intention here to theorize the differences among these narratives, but instead to focus on how YA fiction can be a productive means for educating teens and their peers, parents and caregivers, and medical professionals about illness from a teen's unique perspective. Ultimately, my goal is to examine the markers of YA narratives that are productive in communicating individual experience and educating a diverse audience about that experience. For this reason, my discussion in what follows can be extended to narratives that focus on other diseases and health issues.

2. Case Study: Stephen Chbosky's *The Perks of Being a Wallflower*

Stephen Chbosky's first and only novel, *The Perks of Being a Wallflower*, was published in 1999. On the inside cover, a quote from *The New York Times* aptly describes the ripple effects of this novel's publication: "A quick sensation after it was published, earning cult status and a place on many school reading lists" (Chbosky, n.p.). *Perks* is an epistolary novel that details the life of its writer and protagonist, Charlie, during his first year of high school. Each letter begins "Dear friend" and signs off with a "Love always, Charlie." Charlie never discloses who this friend is—indeed, most of what we learn about this friend comes from Charlie's inaugural letter, in which he writes:

² YA literature that takes up representations has not received the same kind of academic and critical attention as sick-lit (see op de Beeck and Elman). Roberta Seelinger Trites's book, *Disturbing the Universe* (2000), examines issues of power and authority in adolescent literature; Trites hones in on institutional discourses, sex(uality), and death in these texts. She does not focus specifically on mental health or mental illness, nor does she address Stephen Chbosky's *The Perks of Being a Wallflower*, which I have taken here as my case study. Of the other scholarship that addresses mental health or mental illness in YA literature, the majority appears in Language Arts journals such as the *Language Arts Journal of Michigan*. These issues examine how middle- and high-school level Language Arts teachers discuss narratives about mental health experiences with their students.

I am writing to you because she said you listen and understand and didn't try to sleep with that person at that party even though you could have [...] I just need to know that someone out there listens and understands and doesn't try to sleep with people even if they could have. I need to know that these people exist. I think you of all people would understand that because I think you of all people are alive and appreciate what that means. At least I hope you do because other people look to you for strength and friendship and it's that simple. At least that's what I've heard. (Chbosky 2)

Unraveling the mystery of this person's identity isn't a priority, as s/he seems to exist in order to extricate information about Charlie's identity and his past. Charlie is a fifteen-year-old boy who is nervous about starting high school and is especially anxious about making friends. Soon the reader learns that these typical teenage anxieties have been exacerbated by a particular event. Charlie writes to his friend that he is "both happy and sad and I'm still trying to figure out how that could be" (2). The reason for his sadness is his friend Michael's sudden absence from school—an absence resulting from, the reader soon learns, Michael's suicide. During a group therapy session in the guidance counselor's office, Charlie responds to his friend's death by disclosing that "Well, I think that Michael was a nice guy *and I don't understand why he did it*. As much as I feel sad, *I think that not knowing is what really bothers me*" (my emphasis). When the counselor then gives voice to his suspicions that Michael had "problems at home," Charlie responds violently by "screaming at the guidance counselor that Michael could have talked to me" (4). After the funeral, however, Charlie calms down enough to return to his guidance counselor's words; he concedes that maybe Michael was having problems at home. "I wish I knew," he writes, "It might make me miss him more clearly. It might have made sad sense" (4).

This disclosure of Michael's suicide at the beginning of the novel is complicated: it seemingly establishes an explanation for Charlie's sadness, his need to confide in a friend, and his anxieties about making friends during his first year of high school. Additionally, Charlie's response to both Michael's suicide and to his guidance counselor's assertion that the teen's home life played a part in it limns Charlie as a sensitive young man who is struggling to understand his friend's death and his refusal to come to him, Charlie, to talk about his worries. Charlie is troubled and further confused by the fact that Michael doesn't leave a suicide note, intimating that such a note would help him to better understand his friend's situation.

As a work of fiction, Chbosky could have worked in a suicide note, but his decision not to highlights the singularity of a suicide and the inability to understand a person's motives for taking his own life. In this way, Chbosky demonstrates that we can't always find the closure that narrative teaches us to desire and that that sense of unknowing can be difficult to comprehend and accept. For teen readers who have had a friend experience depression and/or commit suicide, this scene in *Perks* offers a rich and productive grounds for connection: perhaps they, too, have questioned why a friend didn't turn to them for advice or a sympathetic ear, or perhaps they have also struggled to understand why that friend chose to take her own life. When Charlie gives voice to these feelings of confusion and pain, he's letting his readers know that they're not alone—that their inability to make sense of such a painful and complex situation is universal.

While this scene provides many important discussion points and learning opportunities, it may be seen as problematic because the Michael storyline quickly drops out of the narrative. Critics have argued that it operates as a red herring: the reader has come to believe that Charlie's depressive thoughts and anxieties about making friends and starting

high school stem from his deep sadness about Michael's death. After disclosing that Michael's parents divorced three months after their son's funeral, Charlie's thoughts return to his guidance counselor's talk about "trouble at home." He wonders if he has problems at home, which leads him to think about how many other people have it worse than he does—a thought that manifests itself repeatedly throughout the rest of the narrative. This line of thought leads him to describe his Aunt Helen to his friend. Helen lived with Charlie's family for the last few years of her life because, in Charlie's words, "something very bad happened to her" (5). Charlie is able to extract the story from his mother, but at this point in the novel, he refuses to offer up any details to his friend or, by extension, to the reader. He instead ends his letter by writing that "I don't know why I wrote a lot of this down for you to read. The reason I wrote this letter is because I start high school tomorrow and I am really afraid of going" (6). Charlie has proven himself to be sensitive and thoughtful. The reader understands that he's confused and devastated by the loss of his best friend and that he experiences a quiet turmoil over his aunt's hardships. He often shares with his friend that he begins crying and is unable to curb his tears. The trauma, it seems, lies with others: with Michael, who took his own life, and with Helen, who experienced "something very bad." Charlie is the conduit through whom these painful experiences and feelings flow; with the physical absence of both Michael and Helen, Charlie is the one who offers up his tears in response to their pain.

At this point in the narrative, the reader realizes that Charlie has experienced some major traumas: the deaths of his best friend and his aunt—his favorite family member, he continually reminds his friend. Sadness over these losses is in order, but overall, Charlie seems to be adjusting well to high school: he befriends step-siblings, Patrick and Sam, who accept Charlie into their circle of friends and expose him to new music and social experiences. Charlie comes to cherish attending football games and dances with them, attending parties at their friend Bob's house, and exchanging Secret Santa gifts with his new circle of friends. However, during the winter holidays Sam and Patrick have plans to leave town, thus leaving Charlie alone for the first time since school began. At the end of a letter dated December 24th—Charlie's birthday—he writes that he's looking forward to his birthday and Christmas being over because "I can already feel myself going to a bad place that I used to go. After my Aunt Helen was gone, I went to that place. It got so bad that my mom had to take me to a doctor" (74). This is the reader's first major clue that something is awry with Charlie.

In the following letters, Charlie eventually, albeit guardedly, informs his friend and the reader about the details surrounding the "very bad thing" that happened to Helen. This disclosure is explicitly linked to Charlie's description of her death. These hesitant revelations are closely intertwined, as they occur back-to-back over two pages. In this scene, Charlie and his mother visit Helen's grave at Christmastime, and Charlie thinks about how his mom feels guilty for not making Helen feel special while she was alive. He finally writes that, "I will not say who. I will not say when. I will just say that my Aunt Helen was molested. I hate that word. It was done by someone who was very close to her" (89-90). Closely tied to this revelation are the details of Helen's death: on Charlie's seventh birthday, Helen left the house to buy his gift. During her drive to the mall, she was killed when her car collided with an oncoming vehicle. Here, Charlie recalls that he wasn't allowed to go to the funeral because he was too young and that he felt a deep sadness that he never had the opportunity to say goodbye to his Aunt Helen.

Immediately following the previous scene, however, Charlie drops an odd detail on his friend. "I don't really know what happened next," he writes, "I just remember going to

the hospital. I remember sitting in a room with bright lights. I remember a doctor asking me questions” (91). Charlie is presumably at the hospital because that’s where his mother has gone to identify Helen’s body, but the quick detail that the doctors are asking Charlie questions is somewhat strange. After telling his friend how he wasn’t allowed to go to Helen’s funeral, Charlie writes, “I don’t know how long I kept going to the doctor. I don’t remember how long they kept me out of school. It was a long time. I know that much” (91). Years later, Charlie is still consumed by an immense feeling of guilt about his aunt’s death; he writes to his friend that he

can’t stop thinking about what I know. And I know that my aunt Helen would still be alive today if she just bought me one present like everybody else [instead of one for his birthday on December 24th and one for Christmas]. She would be alive if I were born on a day that didn’t snow. I would do anything to make this go away. I miss her terribly. I have to stop writing now because I am too sad. (Chbosky 92)

Despite his young age at the time of Helen’s death, it’s evident from this revelation that Charlie experiences an intense feeling of guilt. This guilt, then, could explain the emotional stress that required Charlie to be kept out of school and might have necessitated his prolonged visits to the doctor, which he references earlier in the same letter to his friend. At this point, almost at the halfway mark of the novel, the reader finally believes that she has enough of the puzzle pieces to reconstruct a chain of cause-and-effect for Charlie’s current emotional state and evolving sadness.

Several letters (about a month) later, Charlie has seemingly addressed these depressive feelings and shares that he truly feels great and that his “psychiatrist is a very nice man” (103). This series of letters is complicated: on the one hand, it could be that Charlie was upset about spending a few weeks apart from Sam and Patrick, but that his mood lifted as their reunion drew nearer and time simply elapsed. However, his comment to his friend that he used to go to a “bad place” and that his mother had to take him to a doctor could suggest that Charlie is experiencing mental trauma more severe than unhappiness and loneliness. The fact that Charlie is currently seeing a psychiatrist—his psychiatrist *is* a nice man (my emphasis)—further challenges the idea that his mental anguish is situational.

Three months after this sequence, Charlie participates in a disastrous session of truth-or-dare. After being dared to kiss the prettiest girl in the room, Charlie kisses Sam—in front of her boyfriend and instead of kissing his own girlfriend, Mary Elizabeth. Feelings are hurt, jealousies are ignited, and Patrick advises Charlie to give his friends some time and space. Charlie agrees, but at great expense: over the next weeks, he experiences immense depression and loneliness. In a letter to his friend, Charlie divulges that he wishes he didn’t have to see a psychiatrist and take the expensive medications that he prescribes. He then quickly scrawls that he wants “to not have to talk about bad memories with him [the psychiatrist]. Or be nostalgic about bad things” (139). At this point, Charlie has mentioned his psychiatrist several times; these disclosures, along with his comment about taking a prescription medication, indicates to the reader that there’s something deeper going on with Charlie than the “sadness” to which he continually refers. Two snippets from Charlie’s letters imply that his sessions with his psychiatrist have an intended purpose. First, Charlie shares that the doctor “just keeps asking me questions about when I was younger. The thing is I feel that I’m just repeating the same memories to him [...] He says it’s important” (169). These questions could be about the guilt Charlie feels over his Aunt Helen’s death, but only a few letters later, he off-handedly mentions that he doesn’t want

to talk to his psychiatrist because “he keeps asking me questions about when I was younger, and they’re starting to get weird” (173).

By now it’s clear that something happened in Charlie’s childhood that has reverberated through his teenage years, as well. It’s possible that the guilt that Charlie experienced over Helen’s death has continued to torment him, but it’s becoming more likely—with his continued references to his psychiatrist’s “weird” and fixated questions about his childhood—that there’s something darker going on here. The building tension finally comes to a head on the night before Sam is set to leave for a summer program at Penn State. Newly single following her boyfriend’s confession of infidelities, Sam and Charlie find themselves alone in Sam’s bedroom. Both Sam and the reader know that Charlie has been pining for Sam the past year, but that he’s kept his distance out of respect for her wishes to be just friends. Sam finally expresses her desire for Charlie to tell her how he feels about her, which subsequently leads to a make-out session. Charlie marvels at how wonderful Sam feels to touch, but reports to his friend that he balked once “she moved her hand under my pants” (202). Despite the pleasurable sensation he experienced, Charlie muses that he wanted Sam to stop because something was wrong.

This interaction results in Charlie’s eventual breakdown: after leaving Sam’s house the next day, he wanders home and frantically begins obsessing over a dream he had about his Aunt Helen—specifically, that she was doing to him what Sam had been doing to him hours before. Before signing off his letter, Charlie tells his friend that his psychiatrist’s questions don’t seem so weird, after all. His closing to this letter is one that instantly arouses the suspicions of anyone who is familiar with depression and suicidal thoughts and behaviors: Charlie takes care to thank his friend “for being one of those people who listens and understands and doesn’t try to sleep with people even though you could have [...] I’m sorry I’ve put you through this [...] I just don’t want you to worry about me [...] I’m so sorry that I wasted your time [...] Okay then. Goodbye” (206).

This letter marks the end of the main part of the novel. Two months are elided between this letter and the epilogue, in which Charlie composes his last letter to his friend. This letter is meant to fill in the gaps of the past two months. Here we learn that Charlie had been sexually abused by his Aunt Helen, unbeknownst to his siblings and his parents. He cogitates on how kind his new psychiatrist is, but is sure to detail that what helped him most throughout his time in the hospital was his visits from his friends and family. In closing, Charlie reflects on his experiences over the past year and writes that

I’m not the way I am because of what I dreamt and remembered about my aunt Helen. That’s what I figured out when things got quiet. And I think that’s important to know. It made things feel clear and together [...] I guess we are who we are for a lot of reasons. And maybe we’ll never know most of them. But even if we don’t have the power to choose where we come from, we can still choose where we go from here. We can still do things. And we can try to feel okay about them. (Chbosky 211)

Charlie’s big revelation and his concluding thoughts about his situation leave much to be unpacked. The excerpt included above addresses the issue of pathology that is commonly linked to illness experiences and narratives. Charlie emphasizes that he isn’t who he is because of the sexual abuse he experienced as a young child. Even though the “very bad thing” that happened to Helen as a child was molestation at the hands of a family friend, Charlie doesn’t believe that his abuse has, or will continue to, shape him. After his time in the hospital, Charlie acknowledges and seemingly accepts that some life events can be unknowable. This includes how Charlie has grown to be the person that he is—despite

and due in part to his sexual abuse, and could also be an acceptance of the unknowable aspects of Michael's suicide earlier in the novel. Charlie's main takeaway here is that despite what he's experienced in the past, it's okay for him to keep living his life and to feel good about that.

Perks is a complex novel, and what I've analyzed here is only part of the narrative. In the 213 pages of this book, both Chbosky and Charlie take on myriad heavy issues: in addition to the sexual abuse, depression, and suicide I've primarily discussed here, *Perks* brings up rape, substance abuse, and homosexuality. There is not space enough here to address all of these issues sufficiently, but I do want to note that reviewers and readers alike have expressed dissatisfaction with the way Chbosky handles them. As I mentioned earlier, *Perks* is often referred to as a cult classic and widely considered to be canonical for millennials. I would argue that it's much more than that: this is not just a collection of letters or an account of one teenager's angsty, depressed teen years. Instead, the world that Charlie describes in his letters to his friend during this pivotal year in his life reflects the many confusions and hardships that a typical teenager might face during his or her freshman year in high school. The brief discussion of a rape that takes place in *Perks* may not satisfactorily address such a serious matter, but to someone like Charlie, who hasn't yet had sex and frankly isn't very knowledgeable about the fine art of "hooking up," this is in line with his character (Chbosky 30-1).

Earlier I drew attention to the complexity of Michael's suicide, indicating that the brief amount of time that Charlie focuses on it may be problematic. At fifteen, however, it's likely that Michael was the first person Charlie knew to have committed suicide. Charlie wouldn't yet have the tools or wherewithal to adequately address Michael's death; likewise, a teenager reading this book probably wouldn't know any better than Charlie how to deal with such an event. Charlie's confusion and pain over Michael's suicide likely caused him to put it out of his mind—and if this is the case, it's in-line with what a teenager would experience. If Charlie had expertly addressed his confusion and pain over it, he wouldn't have been a believable teenage character.

Ultimately, I take Chbosky's message to be that being a teenager is hard. A multitude of factors exist that influence mental health—factors that are biological, environmental, and situational. In *Perks*, Charlie is exposed to, either personally or as a witness, sexual, substance, and emotional abuses, rape, homophobia, anxiety, depression, and very likely post-traumatic stress disorder (PTSD). This is the stuff of many narratives about the teenage experience, but Chbosky is particularly effective in his representation of Charlie's own experiences for several reasons—these are some of the markers, I would argue, of a productive narrative about a teen's experiences with mental health, specifically, and illness more generally:

1. The protagonist/narrator accurately reflects the knowledge of someone his age under the circumstances in which he finds himself.
2. The protagonist's/narrator's illness experiences allow the reader to draw parallels between her life and experiences and those represented in the narrative.
3. The protagonist's/narrator's story rings true: if Point A is connected to Point B, it does so according to the logic of the narrative.
4. Somewhere in the narrative, the illness or condition is explicitly articulated.

In closing, and to demonstrate the ways in which *Perks* meets these criteria and may be considered a productive text for understanding a teen's mental health experiences, I'd like to briefly turn to a final text: Madeleine Roux's *Asylum*.

3. What Makes a Text Productive?: Considering Two Narratives about Teens and Mental Health

Published in 2013, Roux's *Asylum* is the first installment in a trilogy that follows teenager Dan Crawford as he unravels the mysteries of Brookline Asylum and its former warden, also named Dan Crawford, who performed unethical and macabre experiments on his psychiatric patients. Following on the heels of Ransom Riggs' wildly popular YA novel, *Miss Peregrine's Home for Peculiar Children*—also the first of a trilogy and published in 2011—*Asylum* features “haunting found photographs from real asylums” and provides a reading experience that “blurs the lines between past and present, friendship and obsession, genius and insanity” (Roux, n.p.).

The basic premise of the book is that protagonist Dan goes away to a college-prep program. Upon arriving at the college where the program is held, he finds that the residence halls have been closed up for the term and that he'll have to stay in Brookline, an abandoned psychiatric asylum located on the college's campus. Throughout the course of the summer, Dan and his new best friends discover a secret passageway that leads them down into the bowels of the building, to a hallway of abandoned rooms filled with bloodied medical tools, and at the end, an operating theater where lobotomies were performed by the asylum's deranged former warden. Dan and his friends discover patient cards and photos—some of which Roux embeds in the narrative. These real photos become elements of Roux's story: most often, they are patients upon whom Warden Crawford performed a lobotomy. As the novel progresses, Dan—who we learn has been adopted by a foster family and whose personal history is sparse—experiences blackout episodes. Eventually, Dan and the reader discover that he is being possessed by Warden Crawford, who wants to continue his lobotomy legacy by possessing Dan's body.

If *Asylum* was marketed as a horror or ghost story, these plot points would be appropriate. However, Roux's response to why she wrote the trilogy indicates that she envisions the book as a vehicle for communicating the truth about the history of psychiatry. In an interview from a website called “Read My Breath Away”—a blog site that reviews YA fiction—Roux was asked what role the photographs play in her novels and why she wanted to include them. She responded that

I think because those photos exist it's important to see them. That sounds incredibly obvious, I know, but I mean that some of the treatments and events discussed in the book really happened and not that long ago. It's important to remember how recently these things happened. Medicine advances in leaps and bounds, but we have to look back. We have to remember how dangerous it is to marginalize people living with mental illness. With the photos there you can't look away. You have to confront the flashes of reality shining through the fiction. (“Read My Breath Away,” n.p.)

Here and elsewhere, Roux emphasizes that she doesn't want people living with mental illness to be stereotyped and that she wants to inform her readers about “what really happened.” As noble as Roux's intentions are, there's a serious dissonance between what she says she wants to do with *Asylum* and what she actually pulls off.

Although Roux claims that she wants to throw light on real treatments and events, and ultimately to “remember how recently these things happened [...] how dangerous it is to marginalize people living with mental illness” she plays into many of the dangerous stereotypes of mental illness and asylums from which she seems to want to distance herself. Brookline is a crumbling, spooky building, and its basement is filled with labyrinthine passageways. The asylum is haunted by a criminal, scalpel-happy Warden who performed illegal lobotomies in an operating theater until the police showed up at his doorstep and literally dragged him off to jail. To further reinforce the stereotype of the asylum as a scary kind of place, a main plotline is Dan’s possession by Warden Crawford. While the lobotomy is obviously a real psychiatric practice that existed not so long ago, I’m hard-pressed to accept that Warden Crawford’s behavior, let alone his possession of Dan, are “real events.”

Both Chbosky and Roux have created narratives that center on a teenaged, male protagonist who is coping with a mental health concern; both protagonists seek camaraderie in a social group; and both narratives offer up a pathology of the protagonist’s illness. If we apply the criteria I’ve discussed above, however, we’ll notice some important differences between these texts. The first criterion states that the protagonist/narrator accurately reflects the knowledge of someone his age under the circumstances in which he finds himself. Charlie, as I’ve previously described, doesn’t entirely understand the complex events unfolding around him, as is appropriate for someone his age. In this respect, Dan also meets the criteria—although he’s almost obsessively fixated on Abby, his romantic interest, and uncovering the secrets of Brookline Asylum.

The second criterion addresses the reader’s ability to draw parallels between some aspect of her life and the narrator’s/protagonist’s illness experience. Charlie’s emotional turmoils and confusions allow the reader to connect with him: when he expresses frustration about being different and describes his situation as one that “is a worse that feels too big,” the reader is able to step back and agree that, yes, I’ve felt that way, too (Chbosky 139). In *Asylum*, Dan is fixated on understanding the events of Brookline’s past. As he and the reader come to discover, his black-outs are intimately entwined with both Brookline and with Warden Crawford’s ability to take possession of Dan’s body. Because it’s highly unlikely that a teen will inhabit a haunted asylum or become possessed by its former warden—or by anyone, for that matter—Dan’s narrative is not one to which a reader will be able to draw parallels.

This discussion of haunted asylums and possession bleeds over into criterion three, which emphasizes that the protagonist’s/narrator’s story should ring true, or resonate, with the logic of the narrative. Possession isn’t an accepted explanation for mental illness, whereas the sexual abuse that Charlie experienced as a child played a role in the depression he felt as a teenager. Finally, criterion four calls for a naming or identification of the illness or condition somewhere in the narrative. Dan’s mental illness is defined by his blackouts and possession, but the specific condition is never articulated. Neither Chbosky or Charlie ever come out and clearly state that Charlie experiences depression, but in the novel’s epilogue, Charlie makes it clear that his aunt sexually abused him. This criterion is important and necessary because the act of naming a disease or condition works to eliminate the stigma surrounding it.

Though by no means exhaustive, this analysis indicates that the trend of YA sick-lit is a valuable area of study for practitioners of narrative medicine. As is the case with any work of literature, some narratives are more productive instances of narrative medicine—that is, something like *The Perks of Being a Wallflower* offers a more authentic experience of

mental health issues than does something like *Asylum*. The criteria I've provided here as markers of productive texts are a starting-place for further analysis; in the meantime, these items may help us to understand the benefits that can be gleaned from illness narratives geared toward young adults.

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