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REPRESENTATIONS OF MENTAL HEALTH IN YOUNG ADULT LITERATURE: A CULTURAL ANALYSIS OF THE THREE Ps OF PATIENT, PRACTITIONER AND POPULATION

A Thesis

by

CHRISTINE GONZALES SEVERN

Submitted to the Graduate College of
The University of Texas Rio Grande Valley
In partial fulfillment of the requirement for the degree of

MASTER OF ARTS

May 2018

Major Subject: English

REPRESENTATIONS OF MENTAL HEALTH IN YOUNG ADULT LITERATURE: A CULTURAL ANALYSIS OF THE THREE Ps OF PATIENT, PRACTITIONER AND POPULATION

A Thesis
by
CHRISTINE GONZALES SEVERN

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May 2018

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ABSTRACT

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This thesis examines the representations of mental health in young adult literature by categorizing texts into a new framework established by this thesis as the Three Ps of patient, practitioner and population. Looking at the Three Ps from an interdisciplinary, cross-cultural view recognizes ways in which literature with themes of mental health is progressively changing with the times. In analyzing John Neufeld's *Lisa, Bright and Dark* (1969), Emily Danforth's *The Miseducation of Cameron Post* (2012), and Ned Vizzini's *It's Kind of a Funny Story* (2006), this thesis identifies the changes in mental health visibility and awareness, Sexual Orientation Change Efforts' false belief in homosexuality as mental illness, and advances in promoting mental illness destigmatization. Employing mental health-based young adult literature in secondary and post-secondary settings, along with mental health education, can increase empathy and mental health awareness.

DEDICATION

The completion of this thesis would not have been possible without the help, love, and support of my population: To my parents, my sister Catherine, my Tia Gloria (my mommy-madrina), and my Grandma Tonia (forever our guardian angel) for loving, supporting, and always encouraging me to do my best. To my girls, Roxanne, Alex and Yoli: thank you for never failing to cheer me on and for helping me when I couldn't help myself. I am forever grateful for our friendship. To my best friend, Krissy, for always being there through thick and thin despite time and distance. Here's to another fifteen years of friendship. To my wonderful, beautiful, amazing wife, Valerie for being patient with my mental health, for loving me unconditionally, and for always being by my side. I love you and I like you. And, most importantly, to my son Aiden for being my motivation to accomplish something I never thought I was capable of. I love you, Bubba. This one's for you.

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TABLE OF CONTENTS

Page

ABSTRACT …………………………………………………………………………………… iii

DEDICATION………………………………………………………………………………. iv

ACKNOWLEDGEMENTS…………………………………………………………………. v

TABLE OF CONTENTS……………………………………………………………………. vi

CHAPTER I. INTRODUCTION…………………………………………………………. 1

Literature Review…………………………………………………………………. 4

Why Mental Health and Young Adult Literature………………………………………. 13

CHAPTER II. THE MANY DARK IDEAS OF MENTAL HEALTH IN 1960S AMERICA……………………………………………………………… 19

"Daddy, I think I'm going crazy…" : An Early Cry for Help……………………….. 21

"We have to do it ourselves…" : Unqualified Professionals and Amateur Psychotherapists…………………………………………………………… 30

Taking Matters into their Own Hands: Population as Practitioner…………………... 32

"You're doing this to her!" : Parental Denial and Lack of Empathy for Mental Health Issues…………………………………………………………………. 37

CHAPTER III. "THE DEAL WITH ICEBERGS" : THE DIAGNOSIS OF CAMERON POST (CONVERSION THERAPY DURING THE CONSERVATIVE 80S AND 90S)………... 47

The Tip of the Iceberg: "Homosexuality" as Supposed Mental Condition…………. 50

Practitioners and God's Promise to Melt the Iceberg……………………...……… 60

The Scary Iceberg and the Fearful Passengers: Growing Up Homosexual in a Heterosexual Ocean……………………………………………………..…... 67

CHAPTER IV. IT'S KIND OF A SERIOUS PROBLEM: PROGRESSIVE POLICIES AND PRACTICES IN MENTAL HEALTH FOR A NEW CENTURY……........ 79

"I need to be admitted…" : The Patient and Help-Seeking Behaviors……………… 82

"You did the right thing…" : Progressive Changes in Mental Healthcare and Practice………………………………………………………………….…..... 91

"This is the bravest thing you have ever done…" : Destigmatized Reactions of Parents, Peers, and School Officials……………………………………………….. 101

CHAPTER V. USING YOUNG ADULT LITERATURE TO CREATE EMPATHY FOR MENTAL HEALTH ISSUES IN-AND-OUT OF THE CLASSROOM…… 109

The Inclusion of Modern, Relevant Texts to the Literary Canon…………………… 110

Reasons for Empathy In and Out of the Classroom………………………………… 113

Applying YA Texts and Relevant Assignments to Produce Empathy in the Classroom………………………………………………………… 115

Connecting Mental Health Education with Young Adult Literature………………. 117

REFERENCES……………………………………………………………………….. 122

BIOGRAPHICAL SKETCH………………………………………………………… 129

CHAPTER I

INTRODUCTION

The attitudes and beliefs revolving around mental health and mental illness have slowly developed and changed over time in the United States, as well as around the world. In large part, mental health visibility and openness to the discussion have led to recent developments in understanding the causes and origins of mental illness in general populations, while also focusing specifically on demographics that are afflicted by such mental health conditions as depression, anxiety, self-harm practices, and suicide. Young adults are undergoing a coming of age through physical, mental, and social changes, leading them to become one of the largest growing groups influenced and affected by mental health issues. Due to this increasing development, mental health issues have become an important focus of young adult literature aimed at the 13-18 age group. Critics and readers alike have claimed that mental health depictions in young adult literature tend to romanticize the causes and effects of mental health within this genre. What is of more concern, as well as a partial focus of this study, is whether young adult literature is focusing not only on creating true, authentic representations of mental health issues but also whether YA literature is following the changing ideas represented in clinical studies and findings.

As the years pass, there has been a growing trend in modern society to view mental health and related issues as something to be ignored, feared, and stigmatized due to misunderstandings and misrepresentations brought on by sociocultural influences. A study of the

trends in news media coverage of mental illness in the United States from 1995 to 2014 shows that more frequently, events of gun violence by means of mass school shootings, as well as family violence events, involving individuals with mental illnesses have increased from 9 percent to 22 percent in less than a ten-year period (Barry et al. 1125). With this, it is predominant in understanding that this type of sensationalized news story "shapes public discourse and attitudes about societal issues" by setting the agenda and framing the issues important to mental health policy-making (1121), as well as highlighting the issues that influence public opinion, those which are deemed by mainstream society as "important and in need of public-policy response" (1122). With media focusing on topics in which the mentally ill are portrayed as "dangerous, criminal, evil, or very disabled" ("Stigma and Discrimination"), it is no wonder that stigmatization against mentally ill populations is rising rather than declining. Through my analysis, I have found that three elements play an influential role in understanding the representations found within young adult literature dealing with mental illness: those of the patient, practitioner, and population, which I have come to refer to as the Three Ps. By focusing on the representations of the Three Ps within young adult novels that span almost 40 years, I have deciphered whether these representations have followed, clearly defined, or at times diverged from clinical study findings that depict the changing face of mental health. In researching mental health issues as represented through young adult literature, I have identified three novels written and depicting young adults with varying degrees of mental health issues taking place in the 1960s, the 1980-90s, and the early 2000s. These novels range in time period, setting, and causes and effects of mental health issues that may or may not depict accurate representations of the patient, the practitioner, and the given population surrounding the main protagonists dealing with mental issues.

To break down the Three Ps, when referring to the “patient,” I will be looking at the protagonists and secondary characters as they apply, who are developing, dealing with, and reacting to their personal mental health issues or those being forced upon them. Looking at the “practitioner” will include not only health care officials such as doctors, nurses, and psychiatrists, but also those individuals who work with or around the patient such as social workers, counselors—both school and professional—and any other individuals who may come in contact or are turned to for help and guidance by the patient. Regarding the social and community surroundings of the patient is where the term “population” will come into effect. The “population” in these novels will be considered as family, friends, classmates, teachers, community members and any other persons who partake in the overall judgment or critique of the patient and their mental health. Due in large part to cultural differences based on societal and community settings, the three texts focus on very different ideas based on their presented populations.

Population plays an integral role in understanding the motivations and setbacks faced by the patient where each analyzed text has a population representative of the sociocultural views and beliefs of the patients’ communities. In John Neufeld’s *Lisa, Bright and Dark*, the significant population of the text revolves around Lisa’s friends and their families, as well as the family of Lisa herself during the late 1960s. *The Miseducation of Cameron Post* by Emily M. Danforth depicts a population that explores the varying aspects of a rural community in Montana in which Cameron resides during the late 1980s to early 1990s. Ned Vizzini’s *It’s Kind of a Funny Story* details the openness and acceptance of mental illness amongst Craig’s family and close friends that have developed out of the early 2000s in the urban area of New York City.

The Three Ps of patient, practitioner, and population have derived from my own research and unique understanding of the surrounding influences on the effects of mental health on young adults. It is important, however, to note that the term “population” is not unique in this framework. Clinical studies and health care professionals alike have referred to a population as the surrounding social parties of a group or individual, but within the specific framework of this study, we will also refer to social factors as the “population” along with its correlation with the two factors of patient and practitioner with regards to the Three Ps. The phrasing of the Three Ps is not a unit of analysis that has been touched on or developed by any other source. They are a unit of my own personal analysis that I have developed to facilitate research and a critical cultural understanding of the topic of mental health representations in literature by breaking down the separating clinical factors associated with the blanket subject of mental health. Although the focus of this research is primarily centered on three representative works of young adult literature, it is my belief that the Three Ps can be applied not only to this genre but any literary genre that employs attention to mental health issues, as well as within interdisciplinary avenues of education.

Literature Review

The literature reviewed for this study is not exclusively themed on one local area, mental health condition, or populating community as the main texts cover an almost 40-year span that delivers varying representations of mental health based on the sociocultural elements depicted within each novel. As there are various topics covered with each text given its interdisciplinary background, it is best here to consider the literature utilized for each chapter which in turn highlights the representations of the Three Ps within each singular text. While many of the

sources used for this study can intersect the texts based on issues of help-seeking attitudes and behaviors, stigma and destigmatization, and cultural beliefs surrounding the idea of mental health, mental health services, and facilities, the texts each have their own integral veins of focus that are fundamental to understanding the representations of the Three Ps within their pages.

For John Neufeld's *Lisa, Bright and Dark*, the Three Ps are represented throughout its brief yet complex 140 pages as the novel is packed with stigmatizing and outdated notions of mental health care and mental illness. These ideas play an important role in understanding how sociocultural stigmatizations have continued to bleed through the progressive generations of health care. The patient, Lisa, gives a realistic portrayal of misjudged schizophrenia by all sources of the population—that of parents, friends, and teachers—as well as the underdeveloped understandings of mental health and mental health care by practitioners. Falling under the categories of sick-lit—novels with teen or adult characters dealing with some form of irreversible or terminal illness (Monaghan 2)—and the young adult problem novel, *Lisa, Bright and Dark* remains among the earliest young adult novels to touch on a severely misunderstood and underutilized topic.

As Neufeld's novel was written and set in the 1960s, it is rife with stigmatizing stereotypes of the mentally ill, going one step further in allowing the protagonist to be a teenage girl afraid and unaware of the true dangers of her mental condition, incapable of getting the attention of her parents who are far too self-obsessed to take clear notice of their daughter's mental instability. The events of the novel are shown from the perspective of Lisa's friend, Betsey, rather than from that of Lisa herself. Using a third person limited point of view allows Neufeld's novel to take on the perspective of the population and shows positive and negative views of mental health during this time. Patient-wise, Lisa's role in the novel is given

prominence when compared to studies and articles discussing the ways in which mental health was far from understood and less likely to be normalized.

Research on mental health in the 1960s shows the topic of mental health and schizophrenia was not fully understood at this time. These misinterpretations, in turn, carried into sociocultural circles of the population. The definition of schizophrenia presented in the earliest editions of the *Diagnostic and Statistical Manual* was vague and unhelpful in identifying symptoms and behaviors of said condition. Schizophrenia and other mental conditions were still not fully understood by scientific circles as the study of psychiatry and its practices and procedures were still in its infancy. This generation felt a major push against the practice and legitimacy of psychotherapy and psychiatry, an issue that unfolds subconsciously within the text by means of the Schillings and their disbelief of their daughter's mental stability and condition. Newer studies of schizophrenic patients based on neurology and brain chemistry still do not show definitive answers as to how and why the condition develops and where in the brain the imbalance derives from. Author Ron Powers writes on the misguided aid of government and law enforcement agencies in treating and dealing with schizophrenic patients by means of examining his own personal journey following the suicide of one son from schizophrenic symptoms, and the onset of the condition on his remaining son some years later. Powers, looking at the topic cross-culturally and over a 40-year frame, believes that steps have been taken to represent individuals afflicted with the condition by way of changes to mental health care policies and procedures but more needs to be done to guarantee the health and safety of said individuals.

Although Neufeld's purpose for writing a novel of this caliber, and gearing it towards young adults, takes on an enormous feat for this generation, not much could be found on Neufeld or his reasons for writing *Lisa, Bright and Dark*, other than the need for a follow-up story with as

much influence and force as his first novel, *Edgar Allan* (1968). Very few interviews with Neufeld have been found during the process of preparing this study and his personal website is no longer active or has been moved. Due to these issues, emphasis on the text takes precedence, as well as the secondary sources that help to explain and give understanding to the novel's characters.

The second text, Emily Danforth's *The Miseducation of Cameron Post*, written in 2012 but set in the late 1980s-early 1990s, follows the coming of age of eponymous Cameron. While Cameron is not necessarily diagnosed with a mental health condition, the question of her sexuality and its categorization by some to be considered a mental health disorder becomes the focus of the chapter. In Danforth's novel, Cameron lives her best life in rural Montana until it is suddenly ripped away from her following the death of her parents in a tragic car accident. Taken into the guardianship of her conservative aunt and old-fashioned grandmother, Cameron attempts to adhere to the social norms of mandatory heteronormativity while dealing with suppressed feelings of homosexuality as she grows into a young adult. Finding out that her niece has been having relationships with other young women, Cameron's Aunt Ruth employs the aid of God's Promise Christian School & Center for Healing, a Christian conversion therapy camp that promotes its ability to reverse, or revert, homosexuality in individuals through various modes of therapy and cognitive reconditioning. At God's Promise, Cameron meets other young people who have been forced into the camp against their will due to some dissident trait that their families believe needs to be "fixed."

Danforth presents a refreshing take on an LGBT character while informing readers of real, relevant issues that still find their way into present dialogues of mental health issues. Basing the story partially on her own upbringing in a small, Montana town in the 1980s, Danforth's

Cameron Post gives readers insight on how these ideas remain prevalent within rural areas of the country despite homosexuality as mental illness being debunked by many scientific and mental health-related authorities. An important aspect of this chapter is the focus on God's Promise, and the actions of Sexual Orientation Conversion Efforts (SOCEs) around the world, as a pseudo-science that employs mentally and physically harmful means of "conversion" for their patients. Many of these patients, despite their "graduation" from said programs as heteronormative products of society, renounce their heterosexuality and revert to homosexuality claiming that those thoughts and feelings were never gone, only suppressed.

Research on the topic of the novel shows that not only did Danforth base several of the text's factors on her own life but took the idea of conversion therapy and facilities from the real-life events surrounding the Zach Stark controversy. In 2005, Tennessee native Zach Stark posted onto a social media page that his parents were not accepting of his coming out as homosexual and in turn forced him to attend a homosexual conversion facility to "cure" him. Soon after this reveal, Stark's social media presence vanished for some time until his return stating that his experience at the SOCE facility did not go well, and he was unhappy with his treatment and the actions of facilitators. Deeper research into the facility that Stark attended, one run by Love in Action (LIA) ministries who prides themselves on the success rate of their converted "graduates," shows just how long these types of facilities have been around and in use and the types of mental and physical harm they place their patients—or "clients"—in while under their care.

Two documentaries build understanding the history of SOCEs, especially those centered within the United States, and the repercussions that followed those who participated—willingly or unwillingly—in their practices. Danforth cites the 1993 film *One Nation Under God* as a

source used to create and elaborate on the fictional God's Promise (Riese). I also viewed this documentary to gain the same kind of knowledge about the issue as the author. I was also able to discover the 2012 documentary, by filmmaker and activist Morgan Jon Fox, entitled *This is What Love in Action Looks Like* which covers, in detail, the ins and outs of the Zach Stark controversy. Fox's film describes a brief history of Love in Action dating back to those mentioned in *One Nation Under God* but focuses on the current actions and procedures implemented by the facility. *This is What Love in Action Looks Like* takes the careful practice of interviewing Stark himself some years after the controversy, as well as other "graduated" clients, and the activists who protested the involuntary admission of individuals to the SOCE facility. Their actions were able to bring about public awareness to the issues of conversion therapy actions, as well as signaling a change of heart to former LIA director, John Smid, who renounced the practices of LIA and began his own ministry focusing on the admission of God's love for all with no hesitation based on sexual orientation or identity.

Research on the topic of SOCEs shows the practice has been disputed by numerous groups based on varying beliefs. Parents claim that it is their right as parents to seek help for their children by any means necessary, which includes the secretive practices and cognitive reconditioning of young people to be more "straight" in adhering to heteronormative and gender-based stereotypes that influence social beliefs of masculinity and femininity. Advocates for the young people being forced into these facilities proclaim the harms of conversion therapy and the need for individuals, despite age and parental consent, to choose whether they want to undergo these treatments voluntarily. A small fraction of adults interviewed for both *One Nation Under God* and *This is What Love in Action Looks Like* admit to seeking help with LIA and similar faculties to participate willingly in conversion therapy. Those adults noted extreme feelings of

guilt and years of social and personal stigmas centered around their homosexual identity playing an integral role in their willing participation with SOCEs. Courtroom history over the SOCE controversy shows a rotating trend between the patient's best interests and the parents' wishes. As the topic is highly controversial and met with varying opinions, many rooted in a false sense of safety based on inconsistent and selfish interpretations of the Bible, it remains an issue in mental health and healthcare circles. Rural areas are known to have strict social constructs and are among the harshest populations to acknowledge and accept anything out of "the ordinary." For Cameron, as well Danforth, growing up different in a small, country town did not present them with positive role models depicting the advantages to more progressive ways of thinking.

Finally, this study looks at Ned Vizzini's *It's Kind of a Funny Story* written and set in early 2000 following author Vizzini's personal experiences in seeking help with a local psychiatric facility for depression and suicidal ideation. *It's Kind of a Funny Story* recalls Craig Gilner's experiences as he takes control of his mental health following an almost-attempted suicide by admitting himself, like Vizzini, into a nearby hospital's psychiatric facility. What is interesting about Vizzini's novel, compared to those of Neufeld and Danforth, is the extremely positive nature in dealing with mental health and mental conditions by the Three Ps. This trend in giving positivity and optimism to mental health situations can be explained in looking at the updated literature on mental health compared to those written during previous generations. As Craig takes his mental health into his own hands, sources describing help-seeking behaviors and the variables which influence both negative and positive outlooks on mental health, its practitioners, and facilities become a prime focus following the first-ever Surgeon General's report on mental health delivered in 1999. This report brought a much-needed emphasis on the

importance of mental health care, on seeking help if one believes they need it, and in the overall scientific acceptance of mental illness as a real and relevant issue.

Research on materials related to mental health circa the 2000s shows a positive increase in help-seeking attitudes and behaviors amongst young people given they are met with the same optimism from parents who believe in the practices of psychiatry and psychotherapy, as well having positive views of mental health facilities and their employed practitioners. Negative attitudes towards these issues by parents influence negative and pessimistic views of these services in their children, with sociocultural stigmas of mental illness adding to these damaging views. Progressive changes to the treatment and employment of mental health services have led to an overall increase in the perception of the usefulness of these practices and produce a gradual historical change to the notions of mental health and illness across the decades spanned by the analyzed texts.

While patient Craig deals with issues of suicidal ideation brought on by uncontrolled depression and anxiety, the role of stigma plays an integral part in understanding where his anxieties and fears arise from. Research on mental health stigmatization and stigma in general shows that much like the population depicted in Danforth's novel, those in Vizzini's text are not free from the pressures of social and personal stigma. Unlike Danforth's novel, however, *It's Kind of a Funny Story* deals with stigmatization more by means of the patient's fears of being stigmatized only to find his population, and practitioners employed to aid in his recovery, all have positive and optimistic views of what it means to be mentally ill and continually congratulate Craig on being brave enough to seek help on his own. These positive influences have allowed *It's Kind of a Funny Story* to be considered a guiding light for those dealing with mental health issues and an encouraging voice for those hesitant on finding help. Unfortunately

for readers and fans of Vizzini's works, the author passed away in December 2013. Despite his loss, a legacy has been created in the works he left behind and the supportive nature of his views on mental health and illness. As Vizzini claimed about 85% of the novel holds some form of truth to his own experiences (Blasingame 607), readers and critics alike can gain an almost first-hand account of the ways in which patients' minds work and process conditions like depression and anxiety. *It's Kind of a Funny Story* continues to be relatable to readers going through similar situations or feelings while giving other readers a sympathetic view to the nature of mental health in young adults.

Overall, the three texts and their various sources depict several changes in the notions of mental health and illness by means of looking at the shifts that occur by way of the Three Ps. Not only has mental health understanding and acceptance come a long way since the publication of Neufeld's *Lisa, Bright and Dark*, but texts like *The Miseducation of Cameron Post* and *It's Kind of a Funny Story* show the ways in which scientific research and newer perceptions of help-seeking attitudes and behaviors have aided in the reduction of stigma from sociocultural dynamics and positive views of treatment, facilities, and practitioners for those afflicted with mental health conditions. Texts such as these can be beneficial in the continual reduction of mental health stigmatization when utilized within secondary and post-secondary classrooms in conjunction with specifically designed mental health education geared towards children and young adults. By following a chronological study of texts depicting mental health issues, like that done in this study, students and educators can visibly pinpoint the sociocultural changes and outdated ideas that follow the texts' topics and, with newer publications, can understand just how far changes to mental health have come and where they may be leading.

Why Mental Health and Young Adult Literature?

It is important to understand that given previous generations stigmatization, disbelief, and insecurity of mental health practices and professionals, there continue to be obstacles standing in the way of young people seeking help and diagnosis for mental health conditions. Seeing as the young adult genre has an immense following, as well as numerous sub-genres based on various topics, these texts can help play an integral role in aiding young people to seek help and identify issues in themselves and others, as well as learning differing means of supporting individuals with mental health conditions. Through the representations of mental health based on the Three Ps, we can take notice of the sociocultural changes happening between each category.

Critics and readers alike have claimed that mental health depictions in young adult literature tend to romanticize the causes and effects of mental illness within this genre, but in choosing these texts by Neufeld, Danforth, and Vizzini, I have bypassed the offending trope as much as possible. The three texts do not cater to the romanticizing of mental illness, unlike novels such as Jay Asher's 13 *Reasons Why* or Jeffrey Eugenides' *The Virgin Suicides*. There is a real, actual danger in popularizing these "inaccurate portrayals of difficult, stigmatized-as-is issues" which leaves readers with an incorrect impression of mental illness, which is in turn carried as truth (Schueler). In researching mental health issues as represented through young adult literature, the novels I have chosen for analysis range in time, setting, and causes and effects of mental health issues that may or may not depict accurate representations of the Three Ps: John Neufeld's *Lisa, Bright and Dark* (1969), Emily M. Danforth's *The Miseducation of Cameron Post* (2012), and Ned Vizzini's *It's Kind of a Funny Story* (20006). While publication of the books is not placed in chronological order, the time periods in which the books take place—the 1960s, the 1980s, and early 1990s, and the early 2000s, respectively—are of critical

focus. Looking at these novels in chronological order based on their setting allows for an analysis of the sociocultural study of mental health issues based on the known and developing ideas surrounding mental illnesses in the setting of each text.

Noting the various mental conditions and disorders depicted and defined throughout the texts will allow for a broad, prospective study of the way in which young adult literature is keeping up with medical and scientific studies, as well as determining whether the Three Ps are being accurately represented in the texts based on cultural studies and secondary evidence. One issue this research will touch on when looking at the idea of "accurate" representations of mental health is the notion that, while the representation of the symptoms and causes of mental health is important, it is also pertinent to recognize that "accuracy" does not reveal itself in the same way for everyone. Mental health issues should be looked at on a case-by-case basis as one person's experiences may not be the same for others, but it is imperative for readers to witness

> "…mental health disorders on the printed page, being struggled with, surmounted, lived with and accepted, and examined in empathetic and enlightening ways…[T]hey don't always need to be center-stage – but they do need to be well-researched, acknowledged, and treated with respect… Most of all, though, they need to be there." (Williams)

While this research looks at the causes and symptoms of each patient, it should be noted that we will focus on those symptoms as they relate to their specific characters and will refrain from over-generalizing these conditions and their respective patients.

This thesis analyzes the texts by Neufeld, Danforth, and Vizzini to categorize information based on the Three Ps of patient, practitioner, and population within each individual work. From there, I have pinpointed key topics of discussion based on their correlation to the Three Ps to make critical connections between written literature on those topics and what is presented in the main texts. Many of the sources utilized for this study derive from interdisciplinary academic

articles in fields such as education, nursing, psychology, psychiatry, and social work. With this study, several questions will be considered relating to the Three Ps: How, and in what ways, do practitioners take a role—either active or passive—in helping the patient. What roles do the populations in these texts play in helping or hindering the patient in finding reliable resources for mental health? And, as there is an overwhelming stigma associated with mental health and illness, do the populations surrounding the patients follow and believe in those stigmatizing stereotypes, do they break them by offering help, or at the least, do the populations make for an open and welcoming discussion of the issues surrounding mental health and illness?

It is the hypothesis of this study that in recognizing the representations of the Three Ps in young adult literature, and in considering those representations with the sociocultural resources associated with them, utilizing these texts in secondary and post-secondary classrooms can aid students in becoming more understanding and empathetic resources to their peers and community members diagnosed or considering themselves to have a mental illness. As an individual who has dealt with issues of high-functioning anxiety and depression for the past decade, I attest that my love for reading and interest in young adult novels centered around these same issues brought about a kind of catharsis in reading about others in similar situations. Knowing that the representations of these characters do not fully equate to those I have experienced, but are in relatively the same vein, allowed me to internalize the notion of help that accurate and inaccurate representations of mental health issues play in others.

Conducting this study in which the representations of mental health are portrayed in following current medical understandings of the signs and symptoms of mental health helps to reveal whether these young adult novels, and possibly upcoming and future novels, will continue to be recognizable resources in helping to identify and destigmatize the ideas surrounding mental

health in young adults. Unfortunately, one issue that remains to be seen from this study is how the representations of the Three Ps affect more diverse young adult populations. The characters of Lisa, Cameron, and Craig are all Caucasian and come from well-off families who have the ability and resources to help in these situations. However, these books do not include much intersectionality in terms of characters from different races, religions, communities, and especially not people of color. This is not to say that there are currently no young adult texts that deal with a more complex system of intersectionality by means of mental health—consider Francisco X. Stork's *The Memory of Light* or Benjamin Alire Saenz's *Aristotle and Dante Discover the Secrets of the Universe*—, just that those texts were not utilized in this study. This remains to be a jumping off point to the overall conversations of mental health issues in young adults as shown by their corresponding novels. It is in my greatest hopes to find and show that the stigmatization of mental health in young people is being addressed properly and with the utmost care as well as showing the negative and positive effects of their surrounding communities through their representations in young adult literature.

The following chapters will cover the texts of Neufeld's *Lisa, Bright and Dark*, Danforth's *The Miseducation of Cameron Post*, and Vizzini's *It's Kind of a Funny Story*, respectively. Chapter two considers the 1960s views on mental health as relating to the patient, Lisa Schilling, who has developed schizophrenia and is unable to gain the attention of her parents in receiving professional help. This chapter will look at medical and scientific views of mental health during this time, as well as the ways in which mental health was severely misunderstood and psychiatric help mistrusted. As the novel is told from the perspective of Lisa's friend Betsey, the population plays an integral role in the ways the mentally ill were left without positive resources for help. Chapter three takes a different turn in looking at Danforth's

eponymous Cameron who does not have a diagnosed mental condition but is punished for her budding sexual identity. This chapter will consider the idea of SOCEs (Sexual Orientation Conversion Efforts) as a debunked form of treatment for sexual orientation and identity variations that are not accepted by religious-based organizations. A brief history of the more impactful SOCEs is given in conjunction with the fictional facility of God's Promise created by Danforth, as well as the impact of the "Zach Stark Controversy" which influenced the novel's plot. This chapter further considers sociocultural differences between urban and rural areas of the country regarding alternative sexual orientations and the ways in which LGBT youth are ostracized within certain conservative communities.

Chapter four detailing Vizzini's *It's Kind of a Funny Story* will analyze the progressive changes that have taken place across the decades portrayed from Neufeld to Vizzini, 1960s to 2000s, respectively. With updates made to the ways in which individuals are encouraged to seek help and the positive views of mental health, mental health care, and mental healthcare professionals that are aiding in destigmatizing mental health, *Funny Story* will explore the roles of the Three Ps and how they fit into these sociocultural changes. Along with this, chapter three will consider the unfortunate passing of Vizzini and how it may impact readers who look to the novel for hope and guidance in dealing with their own mental health issues. Finally, chapter five will consider the ways in which young adult novels centered on mental health issues can be utilized within secondary and post-secondary classrooms, along with specifically designed mental health education lessons, to create empathetic readers. This development of empathy by young adult readers can, in turn, be used in real-life situations of understanding and acknowledging mental health issues in others and recognizing reliable resources of help for others or themselves. Overall, this study utilizes an interdisciplinary lens to analyze young adult

novels cross-culturally as a productive way to connect other literary texts to the real lives of adolescents and adults by means of explaining the representations of mental health as categorized by the Three Ps.

CHAPTER II

THE MANY DARK IDEAS OF MENTAL HEALTH IN 1960S AMERICA

Heath care in 1960s America was “already a massive enterprise” (Stevens 11), one in which hospitals employed far greater numbers than the steel, automotive, and railway industries combined, and which saw more than 70 percent of Americans in possession of some form of hospital insurance (11). This is very different today in which we find that health care is left to the highest bidder without real thought or care to those whose daily needs depend on it. Mental health in the 1960s saw growing pushback against the rising field of psychiatry, led by the publication of Thomas Szasz’s *The Myth of Mental Illness* (1961) which asserted that mental illness was nothing more than a “metaphor” for physical or biological illness or pain. In a short article of the same name published by *American Psychologist* in 1960 prior to the publication of the full text, Szasz claimed that mental health was not equivalent to a literal “thing”—ie. A physical object—and its manifestation could only “exist” “in some sort of way in which other theoretical concepts exist” (“The Myth of Mental Illness”). He goes on to explain his beliefs that mental illnesses are nothing more than everyday feelings and emotions that cannot be controlled by the individual. It is in practice of psychiatry and psychotherapy that enables those individuals who seek help for their mental illnesses that perpetuate this “myth.” While there are some older generations who may still believe Szasz’s reasoning, it has become prevalent that mental health is now a leading cause for concern not just for adults, but for children and young adults, as well.

Mental health was in its infancy during the 1960s frame of Neufeld's novel, and it shows within the confines of its pages. Lisa, who is found to be suffering from schizophrenia and manic depression, does not know what is happening to her but knows that there is something wrong. She seeks the aid of her parents with literal cries for help, but they do not understand, nor do they want to find out what is really happening to their daughter's mental health. Even by today's standards, schizophrenia is a widely misunderstood mental health disorder. Taking on the task of looking at mental health policy and treatment for those living with schizophrenia in *No One Cares About Crazy People,* Ron Powers and his wife set themselves on a personal mission to learn more about mental health policy and how the United States has continually failed those individuals with mental disorders. With the point of origin for schizophrenia still widely disputed and unknown, Powers describes "schizophrenia" as being not of "a single disease, or a 'categorical illness,' but a rare clustering of several distinct malfunctions in the brain" (22) detailing, in further depth, consensus ideas about how, why, where, and in what ways the disorder originates.

Lisa's disorder is never truly validated. Even at the end of the novel, with Lisa receiving some notice by her parents and finally obtaining psychological help, there is no real answer given as to where her disorder derived from and why. As schizophrenia was so widely obscure and its causes and effects even more so, Lisa is never given a solid answer to explain her mental condition. While this may be a let-down to some by today's standards, the remaining mystery of the origins of the disorder, by 1960s ideals, makes sense. It may not be the ending that present audiences want or agree with, seeing as many modern novels within the sick-lit and problem-novel genres typically tie off loose ends by their conclusions. However, the fact that Lisa is now

being taken notice of and is receiving medical help says a lot about mental health care during this time.

While this chapter will be looking at John Neufeld's *Lisa, Bright and Dark* (1969) and the role of Lisa as a patient, it will also consider socioeconomic disparities within the context of practitioner use during this time and the ways in which population takes on the role of practitioner. The focus of population itself will consider the roles of youth versus adults in recognizing the patient's imperative need for help. The chapter will consider the whole of Neufeld's text and the way in which the Three Ps fit into the confines of mental health evolution within American culture. Looking first at *Lisa* and its pros and cons in describing and identifying mental health issues will lead to the larger conversation of how young adult novels that focus on mental health issues can help develop empathy for both those with and without mental health issues, as well as within student-teacher settings. The context of Neufeld's story is important to the history of mental health based on its publication date seeing as there was much disbelief and mistrust in psychiatry and psychotherapy. These myths and harmful beliefs of those with mental health disorders like schizophrenia allow for a jumping-off point for analysis.

"Daddy, I think I'm going crazy…": An Early Cry for Help

Fifteen-year-old Lisa Schilling is going crazy. That's what she believes, and her friends agree. Her family, not so much. In John Neufeld's *Lisa, Bright and Dark*, Lisa has been going through changes, but they aren't your everyday teenage changes. She's acting erratically, behaving oddly, speaking in a strange British accent—considering she resides in 1960s Long Island, New York—, and has been caught hiding under her school teacher's desk poking holes in her wrists with a straight pin. A young adult novel tantamount to an easier-to-read, less literary,

and slightly less harrowing "little sister" to Sylvia Plath's *The Bell Jar* (Wolitzer), the story of Lisa shows the critical lack of understanding towards mental health in 1960s America.

Neufeld's novel is brought to life not by Lisa herself, but from the perspective of her friend, Betsey Goodman. Using a third person limited narrative perspective, the novel can show the varying sympathetic or, in the case of many of the adults in the text, unsympathetic feelings towards the patient. While the novel is set in the late 1960s, many of the depicted ideas surrounding mental illness from these points of view have changed over the last four decades following education and understanding of mental illness conducted through studies and research. At the time of publication, reviewers praised the book's portrayal of mental illness while also condemning the lack of care, attention, and understanding of mental health issues shown by the adult characters. Reviewing *Lisa, Bright and Dark* in 1970, Zena Sutherland sums up the novel's patient versus population issue and the altogether implausibility of the novel's premise: "Although Lisa's condition as it develops is convincingly pictured, and her parents are so characterized that their obtuseness is believable, it seems dubious that the entire faculty of the school…would refuse to take action and that only Lisa's friends do so." Well-meaning and genuinely concerned for Lisa's well-being, friends Betsey, M.N., and Elizabeth set off on a personal mission to help Lisa. Their main concern is how to convince the Schillings of their daughter's mental deterioration. As problematic as it may be for three young girls to attempt their version of amateur psychiatry on their friend, Dorothy Broderick raises the true question: "what are the alternatives?" This early review of the novel admits the problem the girls face is, "To stand by and see a girl damned to live a life of terror or, worse yet, to see her succeed in committing suicide?" (Broderick). With best intentions at heart, the three friends set off with a plan to perform personal research on mental health, to find a name to Lisa's behavior and

actions, to talk to her on a one-on-one level in hopes of finding the root of the problem, and to convince the oblivious adults in their lives that Lisa is in dire need of medical and professional attention. While her friends are the most concerned for Lisa, she herself has tried her best, in as many ways as possible, to gain the attention of her parents.

Lisa, Bright and Dark depict a desperate plea for help from a girl suffering from mental illness in a time that was not understanding nor willing to admit that mental disorders were real treatable illnesses. For Lisa, handling the daily dealings of schizophrenia was not as easily achieved as it can be for individuals living with this disorder today. According to the National Alliance on Mental Illness (NAMI), symptoms of schizophrenia can be reduced with medication, psychosocial rehabilitation, and family support ("Schizophrenia: Treatment"), all of which could have been at Lisa's disposal had her parents not ignored her cries for help. Taking her life into her own hands, Lisa reaches out to her family to no avail. Luckily, her friends hear her. Unfortunately for the other girls, Lisa has reached her limit in reasonably voicing concern to her parents and her symptoms take center stage.

For individuals like Lisa, the beliefs of those like Thomas Szasz who believe in the "myth" of mental illness can cause more harm than perceived good. Even with the forty plus years that have passed since the novel's publication, very little is known about the specifics of schizophrenia, the leading psychological disorder exhibited by Lisa in this text. Ron Powers, American journalist, novelist, non-fiction writer and author of *No One Cares About Crazy People: The Chaos and Heartbreak of Mental Health in America* (2017), attempts to shed some layman light on the known origins and causes for those who develop the disorder. With a personal appeal at stake—that of finding some reasoning as to why both his sons developed the disorder—Powers penned the book to find his own answers and share them with others as to the

United States' inadequate support for those with mental health disorders. From his own research, Powers describes some of the basic symptoms of schizophrenia as falling into three categories: positive, negative, and cognitive (22). Positive symptoms are the "most dramatic" as they lead the patient into an "imaginary world…of shapes and presences and, most commonly, voices" (22). In extreme cases, the schizophrenic patient with positive symptoms act outs delusions brought on by hallucinations. Many times, these delusions can become "violent, deadly, and self-destructive" (22). Negative symptoms, on the other hand, can seem to be nothing more than general withdrawal and look to be standard depressive symptoms. There is a general decrease in motivation, inability to emote or feel emotion, "a passive turning away from friends, and listlessness" while cognitive symptoms include memory loss, lack of focus, and "a diminished ability to process information and take useful action based on it" (23). As one gets to know Lisa, a variance of these three symptom types grows prevalent.

According to the latest edition of the *DSM*, published in 2013, schizophrenia is no longer considered based on a generic definition like those given in the 1968 edition but is now regarded as a disorder "spectrum" based on the five domains of delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms (DSM-V 87). With the generalized explanations of how patients fall into these domains, the *DSM-V* includes diagnosis guides using "Clinician-Rated Assessment of Symptoms" (89) to further aid in identifying a patient's official diagnosis, an inclusion that the *DSM-II*, published only a year prior to the publication of Neufeld's novel, does not include. At the time schizophrenia was far less known than it is today, thus causing disparities in the ways in which Lisa would have been able to obtain help for herself.

In looking at Lisa as a patient within the confines of the Three Ps, her story reflects the early years of clinical psychiatry and the pressures to find help for herself when the adults in her life don't care to give her the time of day. Richard G. Frank and Sherry A. Glied's *Better but Not Well: Mental Health Policy in the United States Since 1950* gives a wide overview of the changes to mental health beliefs and policy spanning a forty-year period, one that begins in the general vicinity of the time in which Neufeld's novel was both written and set. Frank and Glied note that there are three general constructs, or a variation of the three, that define those who have a mental illness: (1) those exhibiting overt signs and symptoms of mental illness, (2) mental-health related difficulties when faced with functioning at school, work, or at home, and (3) whether a person has sought treatment or help with their mental health (Frank et al. 9). In analyzing Lisa as a "patient," she exhibits all three of these constructs and clearly emotes the signs and symptoms of someone needing mental help as her behaviors become more unpredictable. In working with Lisa, the girls soon learn that they may be in over their heads. Lisa's symptoms and erratic behaviors are far from anything they could have imagined. Upon Lisa's return to school from her "rest," Betsey notes her apparent changes, claiming that if given a second look, Lisa's calmness could be hiding a wild, hysteria just under the surface (Neufeld 33).

As the patient, Lisa exhibits erratic moods and behaviors that her friends come to call her "dark" and "light" days based on her manic-depressive moods. Together, Betsey and M.N. realize that it should have been obvious that there was something wrong with Lisa, "Hindsight, that's called," Betsey reflects (20). They soon can recognize a distinct sequence of Lisa's mood swings. On the *bright* days, Lisa is seen as her "old self: confident, clever, open with everyone" (21), where on *dark* days, "she would withdraw, speak in a whisper, avoid meeting people in the

hall or at lunch…she wore dark clothing…stooped over, with her shoulders hunched in toward her chest and her head down" (21). Today, these descriptors may be characterized as typical teenage behavior, not so for the 1960s. A review of the novel 32-years post-publication explains ways in which teens of the early 2000s deal with "alcohol, drugs, school violence and guns," none of which are mentioned within the confines of the 140-page novel, noting that

> presumably if a girl had serious psychiatric problems these days, she would either end up in the emergency room of a local hospital, she would make an appointment at a community mental health center, she might join a group of other troubled teens for some kind of therapy, or she would have enter [sic] into the maze of managed care treatment. It's very likely that she would early on receive a prescription for some medication, such as an anti-anxiety drug or antidepressant. (Perring)

Unfortunately for Lisa, these options are not readily available at the time of setting nor its publication. With this, the girls turn to their next best avenues of help: self-regulated research and adult authority figures who may be able to better pressure the Schillings to actively seek help for their daughter. The girls soon come to realize that, "adults—real ones—insist on thinking 'soft'" (Neufeld 26). After Lisa is found beneath a teacher's desk poking holes in her wrist with a straight pin, the girls see that not only do adults know just as much or little about mental health as they themselves do but are far less likely to reach a helpful alternative aside from merely ignoring Lisa's present condition.

Following this last episode, the Schillings, speaking to a resident doctor in what appears to be a hesitant effort to help Lisa—possibly to dissuade the rising concerns of others—they omit the occurrence under Mr. Milne's desk, mentioning only "Lisa's 'tension' and need for a change of scene" (34). This is reminiscent of early 19th century attitudes towards mental health as described in Charlotte Perkins Gilman's "The Yellow Wallpaper" which prescribes the remedy for post-partum depression and psychosis as a need for nature, fresh air, and a change of scenery. Despite the referral of mental conditions being severely different, as Lisa suffers from paranoid

schizophrenia and not post-partum psychosis, there remains the notion of women's mental health treatment and the inability to correctly diagnose or recognize a need for professional help based on exhibited symptoms and behaviors.

Returning from her "rest," Lisa falls into a continuous stream of "dark days," and begins to act withdrawn and quiet, dressing entirely in black with "dark lines beneath her eyes, and coal-black about them" making her face "longer, paler, and just plain scarey [sic]" (Neufeld 45). While this type of "emo" look may in 2018 be considered typical for "depressed" youth, or even a style choice, it was atypical for 1960s Long Island. Lisa even begins to speak in an "out-of-nowhere English voice" (49) that is surprising to the girls but becomes a common trait for Lisa on "dark days.".

In their research through books free for their perusal by M.N.'s minister father, they begin to piece together a definition and generalized understanding of Lisa's condition. Recognizing Lisa's paranoid behaviors, her strange instances of speaking in a British accent at whim, the ups and downs of her "bright" and "dark" days, they come across several viable answers: paranoia, schizophrenia, and manic depression. Within the first edition of the *Diagnostic and Statistical Manual: Mental Disorders* (DSM-I), published in 1952 by the American Psychiatric Association, mental disorders such as manic depression and schizophrenia are categorized as "Disorders of Psychogenic Origin or Without Clearly Defined Tangible Cause or Structural Changes" (5) which lists disorders under each category and is only briefly defined with a vague mention of typical symptoms and behavioral traits for each.

Although it is not specifically stated whether the girls had a copy of the *DSM-I* (or the follow up second edition) it can be surmised that with either of these editions at the disposal of three teenaged girls, their understanding of what Lisa is going through would be extremely

limited and likely unhelpful. The *DSM-II*, a second edition published in 1968, "reflects the growth of the concept that the people of all nations live in one world" and applies "the rapid integration of psychiatry with the rest of medicine" to address "psychiatric nomenclature and classifications closely integrated with those of other medical practitioners" (vii). While schizophrenia and manic depression are still listed as "Psychoses Not Attributed to Physical Conditions" (7) and as "Major affective disorders" (8), respectively, the definitions of each add slightly more useful information for the researcher.

As these conditions are not a one-size-fits-all representation, the girls become confused at how Lisa can show varying degrees and combinations of symptoms and focus on the definitions they come across to help them gain a better understanding of what their friend may be going through. Despite the girls' young age, the definition of schizophrenia they encounter is easy enough for them to decipher. Armed with this new information, the girls come to terms with the fact that Lisa is not going to be an easy fix, nor are their self-led efforts going to be easy. In helping Lisa, the girls recognize that they will need adult direction, one they have not yet had success in acquiring.

As the patient, Lisa can get help, though not soon enough. As the NAMI website states, it is early detection that can aid in reducing the severity of schizophrenic symptoms. As recovery from severe schizophrenic symptoms can take time, it is possible to live a full and functional life with the patient taking on the factors of "self-learning, peer support, school and work and finding the right supports and treatment" ("Schizophrenia: Treatment") Lisa's symptoms were not recognized by her parents and were ignored when brought to light. If they had acknowledged their daughter's feelings and taken these issues to a real practitioner, Lisa may have had a chance for a full recovery. Not to say that a full recovery for Lisa would be deemed impossible but given

the early stages of psychiatric treatment and psychopharmaceutical drugs to aid in treatment, recovery would still be considered difficult. With the open-ended nature of the novel's finale, in which Dr. Donovan is revealed to be taking Lisa on as a patient following her walking through a pane glass door, he explains that treatment will be a long and arduous process. However, it is still unknown how Lisa feels about this help.

Despite constant cries for help throughout the novel, the revelation that Lisa will now be working with a proper practitioner does not seem to elicit the type of reaction one would think. As Dr. Donovan introduces himself to Lisa and lays out his plans to help her, she lets a single tear fall from her emotionless face, "then another, and then, without moving still, a whole torrent started" (Neufeld 138). The other girls take this as a good sign and begin to cry as well, removing themselves from the room to "celebrate" the success of their mission, but is help really what Lisa wants now? It is possible given the severity of her psychosis in these later chapters of the novel—in which Lisa is unable to emote and lies nearly motionless as though "she could have been dead for all the motion left in her body" (137)—that she no longer wants help and truly does wish to end her life. The question will remain since Lisa, as the patient, is not given a say in any of the text's final events. While it is Lisa that continues to be Neufeld's focus of the novel, it is through Betsey's eyes that the reader understands everything that has taken place. Perhaps it was Neufeld's intention to have the novel read by the Betsey's of the world to be of help to the Lisa's they may encounter. While it is a happy occasion for the girls, as they have found help for Lisa—finally!—Lisa gives no say of her own at how she feels towards her own mental care and how she wishes to repair herself.

“We have to do it ourselves…” : Unqualified Professionals and Amateur Psychotherapists

The two versions of practitioner—that of professional practitioner and population as a practitioner—found in *Lisa, Bright and Dark* shows a socioeconomic schism that breaks down into wealth versus what most patients must work with when receiving medical treatment for their mental health disorders. On the one hand, you have Mr. Jeremy Bernstein, the school “psychologist” who should have some common sense and basic empathy to help Betsey and M.N. when they initially come to him over their concerns for Lisa. On the other, there are actual professionals like Dr. Neil Donovan who can only be summoned so long as the patient has money for care. Wealth and middle-class systems have continually exacerbated a divide when it boils down to health care and insurance options that will cater to many individuals’ most basic needs, which should include mental health services.

Since 1950, the number of specialty-trained psychiatrists, psychologists, nurses, and social workers has risen from a mere seven thousand practicing psychiatrists to a small army of over two hundred thousand (Frank et al. 2). Mental health communities, in turn, have witnessed an unprecedented increase among mental health professionals, along with primary care physicians and pediatricians, who have become more interested and willing to treat patients with mental health conditions (4). The problem is not in the lack of practicing professionals who do not know how to diagnose and treat mental health disorders, but in the policyholders who decide how to subjugate American insurance policies and who control those decisions, making it difficult for everyday individuals to take advantage of mental health care. While there are mental health advocates looking to aid in the integration of mental health care into the mainstream health care systems, their goals of attempting to end discrimination against mental illness within

health insurance are far from won. As there have been raised concerns over placing mental illnesses on an equal level as other health care concerns, there can be cause for a cease to the segregation of mental health, allowing it to become fully integrated into the policies geared towards individuals with mental health conditions (7-8). Mr. Bernstein and Dr. Donovan straddle that bridge in Neufeld's novel.

As narrator, Betsey informs the reader that adults tend to consider events like Lisa's outbursts and odd behaviors to be nothing more than a phase while musing that adults "feel there are some things from which 'children' should be shielded" (Neufeld 28). She recognizes that "adults are in many ways simply chicken: by protecting us, they protect themselves, which means that no one ever gets to the truth" (27). Betsey sees that this cyclical system of adults sheltering children to shelter themselves from truth is "not a good system" (27). The adult authority, who should be their best bet, school psychologist— "counselor" rather—Mr. Jeremey Bernstein is far less of an authority on mental health than the girls themselves. Considered by the Three Ps to be a "practitioner," Mr. Bernstein is lacking when it comes to aiding the girls, and by proxy Lisa, in finding ways to help. Despite having some empathy towards the girls and their efforts in helping Lisa, Bernstein's well-meaning remarks are lost in his notable insecurity and timid nature that makes him "both ineffective and pathetic" (Gillespie et al.) and of little help to the girl's overall efforts. Tacking Lisa's behaviors down to "tension" from exams and problems with her boyfriend, Mr. Bernstein suggests the Schillings take Lisa out of school to "rest," where she would have the ability to "relax and think and pull herself together" (Neufeld 28).

Dr. Donovan, the first noteworthy practitioner to come to Lisa's aid, plays such a minute role in the novel that his presence feels forced and out of place given everything that has transpired. While Elizabeth has asked for Dr. Donovan's help, this meeting could have happened

much earlier in the novel and would possibly have spared Lisa from acting out such a traumatizing event. Upon meeting the other girls, Dr. Donovan asks that they fill him in on Lisa, aside from what information Elizabeth has already divulged, so that he "may be able to reach her" (125). He gives acknowledgment and appreciation to the girls' efforts in trying to figure out what is wrong with Lisa and enlists their help in gaining a general picture of Lisa as a patient: "since you have all worked so hard…I think it's only fair to be working *with* you, rather than after you" (125). The girls, as noted, are not trained practitioners, but were merely a couple of kids with a dictionary and some semblance of common sense. Given today's standards of psychiatry and psychotherapy, catering to the girls and acting as though what they have done was helpful would not be tolerated. Their help could have done more harm than good. Regrettably, the finale of the novel does not follow Lisa after Dr. Donavan's employment, thus readers are left unaware of the positive or negative outcomes of the girls' help.

Taking Matters into their Own Hands: Population as Practitioner

As teen-aged children in a time when information is not as readily available as for twenty-first century teens, the girls find themselves armed only with their best intentions in helping Lisa, and the information on mental conditions at their immediate disposal from libraries and encyclopedias. Narrator Betsey depicts young populations and a small sampling of their feelings towards mental health and mental illness, as well as brings into question the notion of the population taking on the role of practitioner. Early on, Betsey gives the reader a superficial definition of Lisa and her mental health:

> What you don't have yet is a very complex, very simple—clever as can be but scarey [sic] as hell—sometimes cheerful and often so depressed you wanted to lock her up until the mood passed—girl named Lisa Schilling.
>
> Lisa is crazy.

> But not like 'crazy, man!' I mean, out of her skull. Sick, psychologically. Insane. (Neufeld 16)

Despite this generalized idea of mental illness, considering the time frame of the story and the notion that mental health education is still within its early years, Betsey's thoughts on Lisa's condition are not altogether unwarranted. The upside to this early definition is that the girls, recognizing that they know little to nothing about mental disorders, begin their own research to better understand what they may be dealing with in helping Lisa recover and return to "normal." Taking on the role of practitioner, given that actual practitioners are not so readily available, the girls take on the daunting task of (1) figuring out what is wrong with Lisa, (2) finding ways to help her, and (3) making sure she will be accepting of their help.

Inviting Lisa over after school, M.N. and Betsey relay their concerns to her. M.N. explains to Lisa that "what we thought of doing was trying to help you ourselves. A kind of group therapy thing, where we could talk and try to learn and understand, and maybe beat whatever the thing is" (Neufeld 48). Betsey, falling in line with M.N., lets Lisa know that their plan meant to show her that "we cared and were concerned, you could talk to us about it and take some of the pressure off. It would give you a way of getting away from it, of looking at it and trying to figure out exactly what's going on and what is going to go on" (48). Despite that the idea of teenaged girls performing a kind of pseudo-psychiatric practice on their own seems to be hazardous to the patient, they are led by well-meaning intentions and a hope to find ways in helping Lisa through this difficult period, a task no one else seems to care about.

Since neither of the three girls knows exactly what they are dealing with in terms of mental disorders, they continue to refer to Lisa's condition as "it," showing just how underrepresented and misunderstood mental health disorders are during this point in time. By today's standards, when one has a mental illness, they tend to describe it or refer to it by name.

Seeing as the girls are not trained medical practitioners and do not have the training to diagnose Lisa's schizophrenia, calling it as such would feel forced. Referring to Lisa's condition as "it" takes the professionalism away from the girls, reducing them again to a population status.

Elizabeth Frazer, the third girl enlisted to help in Lisa's "recovery," does not come into play until Betsey and M.N. recognize that she and Lisa have an unspoken connection despite their non-vocal school relationship. Betsey notices this relationship as she comments on school peers' reactions to Lisa's odd behavior. Where other classmates could have poked fun at or bullied Lisa, they instead kept their distance as she was "allowed to behave as she wished, without snickering or catcalls or cruelty" and "were as careful as they could be around her" (Neufeld 36) as though afraid of what Lisa was and what was plaguing her. Elizabeth, on the other hand, is the only person unafraid of Lisa. Lisa drifts to Elizabeth's side, using her "in an odd way, as a shield from the rest" despite Elizabeth seeming to ignore Lisa's presence (37). Lisa personally asks the other girls to enlist Elizabeth's help as she is "actually, the one person who might understand" and "who might very well know" (49) how to find the answers to the questions they seek. At first, Elizabeth seems unsure of Betsey and M.N.'s efforts and relays to them that they are, in fact, correct to assume that something is wrong with Lisa, warning them that, "You can't even begin to imagine how sick she is" (58). The girls express their concern for Lisa, explaining that they wish to "therapy-ize" her by "talking to her…by letting her know [they] care" (58). Knowing that there is a difference between "caring" and "understanding," Elizabeth agrees to help in their efforts, adding an element of empathy rather than just sympathy to what they will be dealing with in helping Lisa. Even though she does not admit straight away to her own personal dealings with a mental illness, Elizabeth eventually shares to Betsey and M.N. that she, too, had previously undergone a sort of psychological break in dealing with

schizophrenia. Giving them a new perspective on the troubles and “rough play” that might arise in working with Lisa’s mental condition, Elizabeth and the girls join forces and create, as Betsey deems it, the “Fickett-Frazer-Goodman Psychiatric Clinic” (38).

Betsey, M.N., and Elizabeth take on the role of “practitioner” for most of the novel, only in that the one viable practitioner at their disposal—Mr. Bernstein—is barely qualified for the position he has, at least by today’s standards. Mr. Bernstein, in his position as a counselor, typically deals with “dropouts, or kids who are having difficulty staying in school even though they want to because of family reasons or something” or, at the very least, gives guidance to graduating seniors (Neufeld 27). When pressed to take more affirmative action in facing the Schillings about their daughter, Mr. Bernstein claims the Schillings would not be willing to listen either way as “No one likes to have their lives intruded upon” (41) and that criticism by an outside force would not be welcomed. Betsey pleads that an adult voice giving way to reason and an eye for the problems exhibited by Lisa would be better than nothing, because “none of us cares whatever else you tell them, as long as it works” (41). Halfheartedly, Mr. Bernstein somewhat gives in to the girls’ pleas and promises “that if I find a way to do something, I’ll do it” but quickly adds that the girls “must not depend on” him (42). Despite the rise in pro-psychiatry movements around this time, Mr. Bernstein seems to have missed the boat completely. While his heart may be in the right place in giving the girls an ear to listen, the fact remains that he is not able nor willing to put forth a helping hand for Lisa. For lower and middle-class Americans, this is a problem seen all too often as their ability to afford reasonably priced health care is slim to none, with the future of healthcare policy at a very unstable unknown at this present time of the Trump Administration. It is only after Elizabeth, wealthy by 1960s standards

and far wealthier than any of the other girls in the novel, employs the help of her own previous psychiatrist, Dr. Neil Donovan, that it appears that Lisa will gain any type of worthwhile help.

Elizabeth, towards the denoument of the novel, simply asks her rich father—away for a majority of the novel on business—to contact Dr. Donovan and hire him as Lisa's psychiatrist. Readers might ask, why didn't she contact Dr. Donavan sooner? And why allow the other girls to continue with their personal research if a real mental health physician is only a phone call away? The answers to these questions are not answered in the book and cannot be answered here. Instead, the focus is placed on the socioeconomic disparities that allow for proper professional help to be utilized by everyday individuals who need mental health care. According to Bannon et al. in "Engaging Families in Child Mental Health Services," the engagement in care starting with "the recognition of a child mental health problem by parents, teachers, or other adults within a child's context" will address these problems and find ways to help the child in need (906). By acknowledging the problem, the family can be met with proper resources, as well as allowing the child to be brought to "a mental health center or being seen by a school-based mental health care provider" (906). Elizabeth invites the other girls over some time after Lisa's hospitalization and introduces them to her "friend," Dr. Neil Donovan, who she says she has known for the last four years. Described as an "analyst" and a "psychiatrist" by Elizabeth, the group plus Dr. Donovan begin to discuss Lisa as the patient to give the doctor an idea of who he will be working with.

Betsey, realizing that doctors don't come cheap, asks who will be paying for Dr. Donovan's care of Lisa. Elizabeth admits that it is being done as a favor from her father. As a parent who has also had to find a way to "fix" a mentally ill child, Mr. Frazer recalls when Elizabeth was "sick" and agrees that "Lisa should have help now, even if her own family was unwilling to give it to her" (Neufeld 128). As noted by Turner et al. in "Children's Adjustment

and Child Mental Health Service Use: The Role of Parents' Attitudes and Personal Service Use in an Upper Middle Class Sample," it is typical of parents who have negative attitudes towards mental health issues and services to instead turn to advice from other family members, friends, media "experts", religious leaders, or self-help books and resources (232), but as the novel is narrated by Betsey, the reader is not entirely sure of the lengths in which Mr. and Mrs. Schilling did seek help, even be it unprofessional or unreliable help. Mr. Frazer is the sole adult who sees the absolute need to give professional help to Lisa based on his experiences with Elizabeth. This makes a clear statement of socioeconomic standards compared to the general, middle-class level that Betsey, M.N. and the Schillings live.

"You're doing this to her!" : Parental Denial and Lack of Empathy for Mental Health Issues

Within the genre of young adult literature, the element of the population tends to be the driving force for the protagonist to push forward or stand back from their overall end goal. When it comes to young adult literature that pertains to mental health issues, the population surrounding the protagonist motivates the character to seek professional help, find a way to deal with their mental health issues on their own or to ignore the signs and symptoms altogether. When it comes down to mental health, it is stigmatization, discrimination, social constructs, and cultural beliefs brought on by the population that bring about the main notions of how the patient will deal with their mental health situations.

According to the Mental Health Foundation, founded out of the United Kingdom, individuals facing mental health issues claim that the social stigmas associated with mental illness worsen it and lead to harder efforts of recovery. Discrimination against individuals with

mental health issues plays a role not only on young adults but also on adults who may find it difficult to find work, to retain steady, long-term relationships, live in decent housing, as well as be socially included in what is deemed as mainstream society. Those dealing with mental health issues may be stereotyped as violent or dangerous, an issue that has become prevalent in the United States due in large part to violent actions that have become talking points in the last three decades involving mass shootings and home-grown terrorism.

Having discussed Lisa as a "patient" and the "practitioners" associated with her story, we now turn to the "population" that plays an integral role in defining the overall representations of mental health in John Neufeld's *Lisa, Bright and Dark.* While the views of the populating characters take precedence within the text, the focus of population is placed on that of Lisa's friends Betsey Goodman, M.N. Fickett, and Elizabeth Frazer as well as Lisa's own parents, the Schillings. As the novel is narrated by Betsey rather than Lisa herself, Neufeld's novel plays a major role in showing the varying sympathetic or, in the case of many of the adults in the text, unsympathetic feelings towards the patient. If Neufeld had chosen to write the story from Lisa's point of view, the result would have been very different in giving Lisa her own voice and her thought processes during her mental downward spiral, allowing the reader an empathetic view rather than the second-hand account of Lisa's mental deterioration. Despite the story being told by the unreliable narrator of Betsey, it does help in showing a divide between youth and adults and what they consider to be important and help-worthy efforts in terms of young adults and mental illness. As the populating group within *Lisa, Bright and Dark* is told from the side of teenage Betsey and her friends, Betsey gives valuable insight into the motives and actions of the adults around them.

Neufeld's novel opens with a scene in which the reader becomes privy to dinner at the Schillings' where Lisa's friend Mary Nell—referred to in the text and here as M.N.—witnesses the nonchalance of Mr. and Mrs. Schilling as Lisa brings up her worries that she is "going crazy" (Neufeld 9). This disturbing scene becomes the catalyst for the entire novel as M.N. brings her concerns to Betsey explaining that there is something "wrong" with Lisa, and her parents are not going to be of any help to her. Witnessing Lisa plead to her father for help, M.N. and friends take on a mission to help Lisa while facing pushback from the adults within her population. It isn't until Lisa takes a final plunge into exhibiting her mental troubles that her parents finally realize she needs professional help. With only little effort and interest in their daughter's mental health, the Schillings would have been able to get her the help that she needed. Much as described by Szasz in *The Myth of Mental Illness*, the Schillings can only accept Lisa's behaviors and actions as her inability to handle the everyday stresses of teenage life. Even with Betsey's narration of 1960s teen life, in which Betsey is preoccupied with school, watching and listening to Paul Newman on the television, and taking on the hefty role of helping Lisa, there does not seem to be any social reason for Lisa's symptoms. The girls recognize this, but the adults continuously ignore it and express their belief that Lisa will "grow out of it."

While the 1960s began a cultural revolution in terms of mental health discussion, the idea that adults would be far less convinced of the overall implications of mental health, particularly in children and adolescents, makes sense. The Schillings, despite Lisa's vocal claims that she feels something within her body and mind are wrong, ignore her pleas for help: "What is it you're crazy about?" Mr. Schilling asks, while Mrs. Schilling uncaringly rebukes, "We heard you, dear" (Neufeld 9). Even with this conversation, it becomes clear that this is not the first time Lisa has voiced her personal mental issues as Mrs. Schilling says, "You've mentioned this

before, but you never say what you want to do about it" (10). This statement alone recognizes the "egocentric world" that the Schillings live in which "contains no room for a mentally ill daughter" making their inability and refusal "to recognize the truth" standout (Broderick). On another note, it seems to be the regard of both youth and adult populations in Neufeld's novel for Lisa, as the patient, to help them by helping herself first. But seeking professional help in the 1960s was not as easy as now, thanks in large part to policy change and government subsidies placed on medical and insurance coverages. Lisa has not said what *she* wants to do about the issue, rather than her parents asking what *they* can do to help.

As Grob mentions in "The Attack of Psychiatric Legitimacy in the 1960s: Rhetoric and Reality," the 1960s saw a major pushback against the legitimacy of psychiatry and its use in dealing with mental health issues. This push, claiming belief in mental illness as a pseudoscience specialty area rather than a legitimate scientific topic of discussion, was done by Thomas S. Szasz through the publication of his book *The Myth of Mental Illness* in 1961. Szasz believed that "there was no such thing as mental illness" and led the movement for an attack on psychiatry through social and intellectual circles (398). For the girls in Neufeld's novel to know little about mental health in general, and receive their own pushback from adults, leads to the possibility of Szasz's unfortunate influence seeping its way into the population surrounding Lisa's story. Reading like a social media rant one would find today, Szasz's Preface to the second edition (1974) of his 1961 book *The Myth of Mental Illness: Foundations of Theory of Personal Conduct* asks questions that sound relevant to the attitudes put forward by Mr. and Mrs. Schilling when confronted with their child's mental health:

> Has a person the right to call himself sick? Has a physician the right to call a personal mentally sick? What is the difference between a person complaining of pain and calling himself sick? Or between a physician complaining of a person's misbehavior and calling him a mentally sick patient? (viii)

The Schillings' ignorance and inability to see their daughter's deteriorating mental health take on this same attitude throughout the novel, even as they are faced with the concerned voices around them. As Lisa has brought up, more than once, her concerns for her mental health, she must come up with her own remedy because no "real" physician at this time would be able to help her. As Szasz describes in his 1960 article, "the notion of mental illness…serves mainly to obscure the everyday fact that life for most people is a continuous struggle, not for a biological survival, but for a 'place in the sun,' 'peace of mind,' or some other human value" and in allowing individuals to continue to believe in the "myth of mental illness" only "allows people to avoid facing this problem" where it is really "the making of good choices in life that others regard, retrospectively, as good mental health!" ("The Myth of Mental Illness").

M.N., in a last-ditch attempt to get the attention of prevalent adults, heads to Lisa's house and speaks with Mrs. Schilling. Mrs. Schilling defends herself by stating that she knew Lisa "was a little on edge" (Neufeld 43) and discredits the concerns of "a presumptuous sixteen-year-old-child" who has no right to "tell [Mrs. Schilling] about her own family and how to run it" (44). Mrs. Schilling disregards the girls' concerns and offers no form of help or support. Faced with other adult opinions on their daughter's mental health, the Schillings remain oblivious to Lisa's needs. The school "psychologist," Mr. Bernstein, who seems to have no real professional training to be given the title, confides in Lisa's friends that her parents have made no effort to understand their daughter's condition and "don't want to know anything about sickness" (41). Feeling that adults are going to continue to ignore them, the girls turn to the only people they feel they can trust: themselves.

The girls' next source of help comes from that of their own parents to send a concerned warning out to the Schillings, yet again. Turning to M.N.'s father, Mr. Fickett decides, "what had

to be said would count more coming from real-er, more serious and responsible people than from dopey teen-agers" (76). While this statement angers Betsey, she admits that "it wasn't who did the trick that counted, it was whether the trick was done at all that could help Lisa" (76). Mr. Fickett meets with Mr. Schilling and school teacher Mr. Milne to discuss Lisa's troubles. Mr. Schilling's first assumes that Lisa has gotten herself into trouble, or worse yet, become pregnant. Debunking these assumptions, Mr. Fickett discloses that Lisa is "ill…mentally" (78), bringing up the girls' attempts at reaching out to Mr. Schilling and his wife. Mr. Schilling angrily retorts that "Your daughter said the same thing to my wife not long ago… no doubt at my daughter's urging…. [N]either my wife nor I was much impressed by their logic" (78). Mr. Milne, adding that he is witness to Lisa on a daily basis during school hours, says that her behavior has been "anything but strictly rational," citing her appearing to have "separate personalities" and noting the "ups and downs" that Lisa shows (79). Mr. Schilling, continuing to ignore the voice of reason, readily admits that he would get help for Lisa if he "thought [she] were really experiencing a trauma of some terrible kind" (79). This again ties to Thomas Szasz's argument in attempting to invalidate the causes of mental illness. As there is no physical or biological reason for Lisa to be "depressed," the Schillings feel it be typical teenage angst, nothing more. With this admission, Mr. Schilling claims to have seen no such instances in his daughter, leading he and his wife to feel there is no need to seek out professional help. Another lost cause, Mr. Fickett and Mr. Milne can do nothing more to convince Mr. Schilling otherwise.

While it has already been mentioned that the Schillings were far less concerned with Lisa than any of the other parents, it still should be reminded that even though Betsey and M.N.'s parents tried to convince the Schillings, they pushed as far as they could without trying to step on any toes. Once the parents reach the point of "parenting" other people's children and telling other

adults how to run their families, it marks a line that none are willing to cross. The girls, doing everything in their power to help Lisa, seem to be the only ones willing to try the unthinkable—providing therapy-centered discussions for Lisa. The young girls are called nosey, pretentious, and spoiled by the Schillings without giving them a turn to speak. Their own parents don't necessarily come to their children's defense when taunted by Lisa's parents and instead, turn around and chastise their own daughters for getting involved in something that is beyond their control.

The turning point in the Schillings' view of Lisa's mental condition does not occur until there is a violent and near-deadly incident involving Lisa's walking through a pane glass door at Betsey's house in full view of Betsey's father, Mr. Goodman. With Mr. Goodman, M.N., and Elizabeth coming to the aid of a bleeding and unconscious Lisa, Betsey thinks "This would be it… [they] had an adult witness now and her [Lisa's] parents couldn't help but see her now as we did" (112). The girls, knowing that Mr. Goodman may just be Lisa's saving grace, prompt him to disclose the situation to Mrs. Schilling once she arrives at the Goodman residence:

> "You have to tell Mrs. Schilling, Dad," [Betsey] said. "She wouldn't listen to any of us, but she will listen to you."
>
> "After all," M.N. added, "what kind of girl would purposely walk through a wall of glass? It's suicide."
>
> "Someone who badly needed help, I guess," Father admitted…" (114)

Faced with a new adult perspective of the horrible occurrence, Mrs. Schilling essentially plays dumb and rebukes any claims that her daughter is ill. First placing blame on M.N.— "You've tried twice to tell us Lisa is going crazy. It's your doing, Mary Nell. Your imagination is working overtime" (115-116)—, before being so bold as to admonish her own daughter as being "a spoiled selfish girl who is showing off for some absurd reason" (116). Elizabeth, emboldened by her own anger at the woman's words, stands up to Mrs. Schilling, reinforcing that her daughter is mentally ill, "She needs your help *now*! Give it to her and stop thinking about yourself for just

one fraction of a second. Take a look at Lisa. She is screaming for help!" (116). Mrs. Schilling strikes Elizabeth, to which Elizabeth reciprocates the action, leaving Mrs. Schilling livid and warning them to stay away from Lisa from that point forward.

While these exchanges may seem to have little to no effect, other than angering Mrs. Schilling further, the remainder of the novel shows how much time and effort the girls have input to get help for Lisa. They realize that life seems dull and stagnant without the act of researching definitions and "cures" for Lisa's condition, class days feel long and pointless, but their worry for Lisa's mental health continues despite their inability to see or speak to her without disobeying Mrs. Schilling's misplaced wishes. Lisa, they come to learn, has been hospitalized for her injuries and, subsequently, to evaluate her mental condition. Elizabeth enlists the help of her father, Mr. Frazer, to pay for Lisa's medical bills and to refer her own previous psychologist, Dr. Neil Donovan, to help Lisa.

As mentioned previously, the sociocultural objections to mental illness and the workings of psychiatry as a means of helping those with mental disorders may have played an underlying role in why the Schillings were so unreceptive to seeking help for Lisa, although it was more likely pure ignorance to what kinds of troubles their daughter could personally be facing. Following Lisa's hospitalization, Mr. Goodman reveals that he has finally reached a heart-to-heart with Mr. Schilling who is willing to discuss the traumatic events of the night Lisa walked through the glass wall, given a more recent suicide attempt involving the ingestion of her mother's sleeping pills. The Schillings, Betsey reports, have been "beaten down" to understand that "their resistance, their objections, their fears had all given way finally to concern that they might lose their daughter to a kind of living death far worse than any sudden cutting off naturally might have" (Neufeld 139). Constantly, describing the Schillings as wanting to look like high

society members of the community when they were, in fact, nothing but an ordinary, middle-class family, Betsey recounts Mrs. Schilling's way of dressing and her husband's business trips aided in playing the image they wanted to present to the community. However, having a daughter who was in true need of professional help was well beyond the means of their perfect family façade. If it had not been for Mr. Goodman's presence at Lisa's suicidal action, and the pressures of qualified medical professionals, there is no saying what could have come of Lisa Schilling had they continued to ignore the signs and voices telling them to take notice of what was right in front of them.

Throughout the novel, Lisa is pressed by her population to get help for herself, an idea that appears to derive itself from a cultural idea associated with help-seeking behaviors but that is not altogether validated nor spoken of. Ignoring her requests for psychiatric help, Mrs. Schilling scoffs and asks Lisa how many of her friends receive psychiatric help. Lisa answers that she is unsure considering that "I don't imagine it's the kind of thing people talk much about" (Neufeld 10-11), obviously expressing her sarcastic opinion on the direction the conversation has taken. Not taking her daughter's cues, Mrs. Schilling blindly answers, "I think it's exactly the kind of thing people do talk about, dear" (11), despite having just ignored the topic as it has been brought up. Even at the beginning stages of their "therapy group," M.N., becoming frustrated with Lisa's vague answers and unwillingness to reciprocate their help, tells her, "You're not making this very easy" to which Lisa simply answers "It wouldn't be easy in any case, darling…No matter what *you* decide to do, *I* won't be able to help you very much" (48).

This response correlates with the idea proposed above in thinking that Lisa must, in some way, make things easier for everyone else simply because she is a willing participant. Because Lisa has voiced her need for help, her parents relay that she should have brought them a plan

rather than a suggestion. Her friends, because they are taking time and effort away from their own lives to help Lisa, should be allowed some type of reciprocal help from her. As Lisa says, she won't be of very much help, and she isn't for a majority of the novel. Having a mental illness in the 1960s was kept secret or generally ignored by the communities surrounding them, much like what has happened to Lisa in Neufeld's novel. The Schillings have ignored the signs, symptoms, and concerns for her condition for as long as possible, but it is the last thoughts of losing their daughter to mental illness that makes them understand neither they nor Lisa herself can help what is happening to her.

Given the overall nature of Neufeld's *Lisa, Bright and Dark*, we can assume that Lisa's troubles have been created to warn parents to listen to their children about mental health concerns and not to give an insight into what it's like to be a sixteen-year-old struggling with undiagnosed schizophrenia. Given the changes to mental health care and policies set in place over the last forty years, as well as the views enlisted by the reader the answer to these questions can still be further debated. For now, Lisa remains an example of early mental health care for adolescents as well as gives a small look into population beliefs on these issues and how they have changed over time.

The following chapter continues the trend of following the texts chronologically in looking at the cultural changes to mental health issues. By analyzing Emily Danforth's *The Miseducation of Cameron Post* the subject of mental health turns from genuine misunderstanding and insecurities of community views on schizophrenia to the highly debated uses of Sexual Orientation Conversion Efforts (SOCEs) to "convert" sexual orientation to that which is socially accepted: homosexual to heterosexual. In this chapter, the focus of mental health will be given to these pseudo-science facilities that claim homosexuality should be deemed a mental illness.

CHAPTER III

"THE DEAL WITH ICEBERGS:"

THE MISDIAGNOSIS OF CAMERON POST

(CONVERSION THERAPY DURING THE CONSERVATIVE 80S AND 90S)

Where in the 1960s setting of Neufeld's *Lisa, Bright and Dark,* mental health faced challenges against psychiatry and psychotherapy treatments, as well as the popularly held notion that mental health as an illness was nothing more than a metaphor, where the 1980s and 1990s also faced adversaries against mental health and illness from a very different standpoint. During this new generation, any change from the ordinary was considered a mental illness, none so much as the widely held claim that anything other than heterosexuality meant the individual in question was not mentally sound and needed to be "fixed" of their biological diversions. These practices are commonly known as "conversion" or "reparative" therapies used to "correct" one's sexual orientation and gender identity based on religious and bigoted beliefs of socially constructed gender roles. Along with news of the "Zach Stark Controversy," and taking account of her own experiences growing up lesbian in a small Montana town, author Emily M. Danforth penned the 2012 young adult novel *The Miseducation of Cameron Post*. Where Neufeld's Lisa dealt with proving her condition to her parents, Danforth's Cameron comes of age as a lesbian while having to prove her sexuality is not a mental condition as she is sent away to a religious "camp" set on "converting" her back to the social constructs of heteronormativity.

This chapter, dealing with the cultural influences used in writing *Cameron Post*, will first concentrate on author Danforth's own coming of age in rural America, how those experiences influenced her to bring awareness to Sexual Orientation Conversion Efforts (SOCEs) and LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) rights, and how growing up in a rural community forced the character of Cameron to hide her sexuality until being outed. In looking at how rural communities view the idea of homosexuality or same-sex attraction, along with gender stereotypes impressed on people in that community, I have analyzed how Cameron fits into this uncomfortable role, as well as how her character highlights the importance of these texts in showing the changes, or lack thereof, within our culture based on gender and sexual identity and orientation. The chapter looks at the original *Diagnostic Statistical Manual* (DSM) definitions of "homosexuality" and their role in psychology and psychotherapy, considering early understandings of sexual orientation and the beliefs that same-sex attraction or desire is based on chosen behavior and conditioning, and can, therefore, be changed with "reparative" training and therapies. Defining a brief history of "curative" methods for homosexuality, this section will look at the influences of the American Psychiatric Association's deletion of "homosexuality" from the *DSM* and those who opposed the decision. The practices and cases protesting SOCEs are next discussed, dealing more in depth with the "Zach Stark Controversy" and the changes that followed involving two of the most prevalent SOCE programs, Exodus International and Love In Action (LIA), that were both used an influence for Danforth's novel. Finally, the chapter addresses the downfall of both organizations and what has become of their "ex-gay" members.

Twelve-year-old Cameron's life changes in an instant the night she kisses a girl for the very first time. Feelings of guilt for kissing Irene, do not come close to the guilt she develops in thinking her first intense romantic experience happened on the same night as her parents' death.

Danforth's novel follows Cameron as she comes into puberty and begins to secretly explore her budding sexuality after moving in with her Grandma Post and her Aunt Ruth. Broken into three parts, the novel follows Cameron's coming of age from the summer of 1989 until her sophomore year of high school prior to her entrance into the SOCE camp known as God's Promise Christian School & Center for Healing. Part three of Danforth's novel deals specifically with Cameron's enrollment and participation at God's Promise, giving an inside look at the fictionalized thoughts of young LGBTQ individuals forced into organizations like Exodus International and Love In Action. An important concept that will weave through this chapter in its analysis of the Three Ps is that of the "iceberg" utilized by God's Promise Practitioners Reverend Rick and Lydia March to help Promise's "disciples" uncover the root of their sexual orientation.

Using the "iceberg" metaphor enlisted by God's Promise, the Three Ps in this chapter consider the breakdown of these representations in connection with the stigmatizing beliefs of homosexuality as myth or mental illness. The tip of the iceberg coincides with the patient in that the traits visible to the population, those above the surface of the water, are both damaging and damning to an individual's spiritual well-being. Where Cameron has "same-sex attraction disorder"—which is not necessarily diagnosed but pressed on Cameron by Rick and Lydia—this affliction originates from underlying causes for her affliction. Beneath the surface, the issues that make up the patient and the "body" of the iceberg are the issues that God's Promise is trying to correct and "cure" in converting patients to heteronormativity.

In looking at the life of Cameron Post, and exploring gender and social constructs set by the small-town population of Miles City, Montana in the late 1980s and early 1990s, this chapter will discuss how Cameron's character exemplifies the above-mentioned issues. It is my firm stance that homosexuality is not a mental illness, nor should it ever be considered as such, but it

cannot be without saying that there has been a rocksteady stance against the opposite. While against the claim of homosexuality as a mental condition or defect, it is important to look at the topic regarding the challenges faced by Cameron within this young adult novel and how those challenges have brought light to a wide-ranging discussion on mental health and what should be considered as such.

The Tip of the Iceberg: "Homosexuality" as Supposed Mental Condition

The character of Cameron does not have a mental illness or condition, although an argument could be made that after the sudden death of her parents she was symptomatic of post-traumatic stress disorder (PTS or PTSD). Based on her sexual identity and deriving from a rural area where religion holds its own weight within the community, social constructs and gender identities lead to her being considered "mentally ill" and being subjected to cognitive "conditioning" at a place like God's Promise. As Aunt Ruth is driving Cameron to the God's Promise school (compound), she makes clear her thoughts on Cameron's sexuality:

> Ruth: …I just can't understand why anyone would want to stay like this if they knew they could change.
> [Cameron]: Stay like what?
> Ruth: You know exactly what.
> [Cameron]: No I don't. Say it.
> Ruth: Stay in a life of sinful desire. (Danforth 264)

Ruth does not believe that Cameron should continue to "be" homosexual when there are ways to "help" her. Finding help for curing her of "sinful desires" comes at the hands of the religious clergy of the community who, in turn, recommends a program rooted in pseudo-science and proven misrepresentation of client's progress. In the documentary, *This Is What Love In Action Looks Like* (2012), several "ex-gay" participants of LIA's sexual conversion therapies came forward denouncing the program and admitting to feelings of guilt and shame that were pressed

on them by LIA "counselors" and "faculty." The programs were considered not so much as "camps" but as "schools" who were teaching their clients—throughout the films *One Nation Under God* and *This is What Love In Action Looks Like*, participants of the program are referred to as "clients" rather than "patients"—how to be spiritually right with God in that "any sinfulness of any sexual act [is] outside of the spiritual context of Holy Matrimony between a man and a woman" ("About Restoration Path").

Not until the fourth edition of the *Diagnostic Statistical Manual* (1994) was homosexuality fully removed as a mental condition or defect that occurs alongside other disorders like manic depression and schizophrenia. Both the first and second editions (1952 and 1968, respectively) include homosexuality under the category of "sexual deviations" according to paraphiliac subcategories without giving a proper definition of homosexuality itself. Despite the *DSM's* exclusion of homosexuality as a general condition, the third edition (1980), instead, takes on the topic of "Ego-dystonic Homosexuality" defined as "a desire to acquire or increase heterosexual arousal, so that heterosexual relationships can be initiated or maintained, and a sustained pattern of overt homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress" (DSM-III 281). This definition shows the ideation of homosexuality to be something abhorrent that causes physical and emotional distress to the individual afflicted as such.

Places like God's Promise use a definition along these lines to validate their reasoning for using a false practice of psychotherapy to help rid the client of these feelings. "Ex-gay" founders of Love in Action Michael Bussee and Gary Cooper, in the documentary *One Nation Under God: Investigating Historical Efforts to Help "Cure" Homosexuality* (1993), admit that the above definition of heterosexuals who take part in homosexual desires is misleading. Both men

considered themselves to be “ex-gays” until falling in love with each other and realizing that their love and desire for one another was not something to be abhorrent towards but to be embraced and accepted as God’s plan.

In *The Miseducation of Cameron Post*, where Aunt Ruth would believe Cameron is confused about her sexuality in her hetero/homosexual desires, it is Coley who takes on the defined role of “ego-dystonic homosexual.” After Cameron leaves Coley’s apartment following an evening of sexual experimentation, Ty, Coley’s brother, drags an explanation out of his sister in which she admits to having sexual relations with Cam in the reasoning that Cam was “the pursuer” and she was “the innocent friend.” The blame in not altogether placed on Cameron as Coley also places blame on Cam’s friendship and association with Lindsey Lloyd (Danforth 248).

During her time at God’s Promise, Cameron expectedly receives a letter from Coley. Unexpected are the sentiments that Coley expresses. Admitting to Cameron that she was encouraged by the church congregation to write, Coley uses their sexual encounter to place complete blame on Cam, expressing how “angry” and “sick and ashamed” she is with Cameron because of it (333). Acting out that ego-dystonic homosexual definition, Coley declares it was Cameron’s adverse influence that took over Coley’s mind and body that intimate evening. She admonishes Cameron, suggesting that Cam’s homosexual desire is something “you already had… in you. I didn’t” (333). While Coley is viewed as the victim, it is Cameron instead who is told by Gates of Paradise Pastor Crawford that she can be “cured” and “saved” (249). Promoting the practices and success of God’s Promise, Pastor Crawford explains “…how it wasn’t at all too late for [Cameron], about Christ’s ability to cure these impure thoughts and actions, to rid [her] of these sinful impulses, to heal [her], to make [her] whole” (248).

Aunt Ruth and Pastor Crawford agree that Miles City, Montana may not be the best place for spiritually delicate Cameron as there are "too many unhealthy influences" (249). As I mentioned in the chapter on *Lisa, Bright and Dark*, there is a strange connection here with Perkins Gilman's *The Yellow Wallpaper* in assuming that mental and spiritual clarity can be found by changing venues. As the narrator in *The Yellow Wallpaper* is plagued by a mental condition that, even now, has some form of stigmatization—that of Post-Partum Depression and psychosis being merely an inability for a woman to take on the duties of new motherhood—Cameron, who is accused of being mentally ill based on her same-sex attractions and actions on them, is now faced with the same argument in that a change from Miles City will help her to become a better, more stable person. This seems ridiculous and counterproductive as the rural town is overrun with homophobic and gender-based constructs of how people should be. It would make more sense, given the argument being raised, that someone like Lindsey Lloyd who lives in a more liberal, progressive area of the country would be asked to take on a change of scenery to help "cure" her homosexual tendencies than would Cameron.

It wasn't until 1972, with Dr. John E. Fryer taking a stand, that the American Psychiatric Association voted in agreement that "homosexuality" should not be considered a mental disorder, thereby removing its inclusion from the forthcoming editions of the DSM (Kirby 674). With the help of psychologist Evelyn Hooker in 1952, inspired by the work conducted on human sexuality by noted "sexologist" Alfred Kinsey, the inclusion of homosexuality within the category of "sexual deviation" was questioned with Hooker publishing "The Adjustment of the Male Overt Homosexual" in 1956. It often rejected the APA's original stance that homosexuality was a pathological affliction (675). After some debate, the APA discontinued the use of "homosexuality" as classified under "sexual orientation disturbance" thanks in large part to

critics questioning the use of the term "disturbance" in citing it confined those conflicted over their sexual orientation and "wished to change" (675) as having something fundamentally wrong with them. These instances led to the DSM's removal of the category altogether, aside from the slight changes that allowed for the sub-category of "Ego-dystonic Homosexuality."

This win was not just for those dealing with questions of sanity versus sexuality but for the National Gay Task Force (NGTF) and other gay activist movements at the time who noted the event as being "psychiatry's great 'turnaround,'" a "defining moment in gay politics," and "the greatest gay victory' to date" (Lewis 83-84), a moment comparable with the Supreme Court ruling, passed in June 2015 with a 5-4 decision. This ruling declared that same-sex couples were constitutionally protected from being denied a legally recognized marital union (Chappell). Despite much praise and celebration, the decision to remove "homosexuality" from the DSM was also met with "an outpouring of sarcasm and indifference" in which gay students voiced "I think it's really nice of them…it's meaningless that they've done it, cause like, who cares what category the American Psychiatric Association puts us in?" (Lewis 84). The meaning here is that, while the APA and the *DSM* are used by medical professionals for diagnostic purposes, individual sexuality should not, and cannot, be determined by a definition within the pages of a book. Like Cameron, who comes from a small town with outdated ideas on gender and sexuality, an APA definition was not the reason she ended up at God's Promise. Instead, it was by the moral bias of her Aunt Ruth and the community they lived and interacted with. The DSM-III (1980) finally met the demands of psychological reform for "better science' by emphasizing new standards of empirical rigor" (86). On the contrary, studies have shown that it is not so much that "homosexuality" itself should be classified as a mental disorder but, in being stigmatized for

their sexuality, homosexual individuals have a higher risk for developing emotional problems such as suicidality, major depression, and anxiety disorders (Bailey 883).

Although it might sound in favor of homosexuality being removed from the DSM, Dr. J. Michael Bailey wrote a commentary essay refuting the reasons that the above psychoses would, or could, be caused by homosexuality and rebukes the initial studies proving such. Bailey claims that these result can be predicted based on three reasons: (1) it allows those who opposed the removal of "homosexuality" by the APA to feel vindicated, (2) social conservatives will use these results to show the "consequences" of choosing to live a homosexual lifestyle, and (3) there would be a general consensus that "widespread prejudice against homosexual people causes them to be unhappy or worse, mentally ill" (883). Following these reasons, Bailey discourages the reader to take any of the three into account for the rest of his commentary. Considering the connection between homosexuality and increased instances of depression and suicidality, Bailey admits the hypothesis is reasonable and adds that "Surely it must be difficult for young people to come to grips with their homosexuality in a world where homosexual people are often scorned, mocked, mourned, and feared, and there is considerable anecdotal evidence that the 'coming out' process is emotionally difficult" (884), which he counters with his belief that this should not make homosexuals any more suicidal than heterosexuals who deal with the same types of stress factors. Offering a second possibility, Bailey adds that homosexuality is representative of deviations from normal development which, in turn, would lead to the development of mental illnesses. He claims that homosexuality does not need to be considered a "psychopathologic trait (ie, a behavioral or emotional trait that necessarily creates problems for the individual or for society)" but as an evolutionary trait developed in homo sapiens to ensure heterosexuality in showing that homosexuality is a "developmental error" (884). Bailey's commentary continues to

run in this vein showing a well-developed opening for the hypothesis before tearing it down with unwarranted observations and remarks. Where Bailey first seems to be in favor of removing homosexuality from the DSM, he counters his own points in explaining why homosexuality should still be considered “unnatural” and “divergent” from the norm.

As mentioned in the previous section, homosexual traits take precedence when the individual’s outward appearance does not reflect their socially determined gender identity. Aunt Ruth buys Cameron more feminine clothes despite Cam’s interest in taking on the actions and demeanor of the boys and men around her, a sign of sexual deviancy and homosexuality, according to some scholars and studies. Jack Drescher’s “Out of DSM: Depathologizing Homosexuality” breaks down those social constructs that connect gender and sexuality in saying these gender beliefs play into “powerful cultural myths” on what “real men” and “real women” should be (567). Drescher continues by stating that individuals express their gender based on their own personal culture as well as those around them, within the everyday language they utilize as they “indirectly or explicitly accept and assign gendered meanings to what they and others do, think, and feel…[that] touch upon almost every aspect of daily life” (567).

These beliefs derive from gender binaries found in anthropology and sociology, which split living beings into the binary categories of male and female. These binaries continue into other areas of our lives as we continually split and separate everything into categories: cat/dog, black/white, day/night, summer/winter, gay/straight, etc. At God’s Promise, Reverend Rick and Promise Psychologist/Assistant Director Lydia March enforce these binary ideas on Promise “disciples.” Participants are neither referred to as “patients” or “clients,” but rather “disciples” as each of them should consider themselves “disciples of the Lord and not just fucked-up students” (Danforth 292). In using the analogy of disciples as “icebergs,” the elements hidden beneath the

surface of the water are the reasons that cause homosexual desires and variances in sexual/gender identity and orientations.

During her first one-on-one session, Rick and Lydia explain the iceberg analogy to Cameron. Where she first is confused on the concept and how a picture of an iceberg will help to "cure" her, she soon recognizes the words and phrases that show the practitioners that the disciples are really digging deep into the roots of their "sins" to uncover the larger issues underneath the surface. Memorizing the icebergs of other God's Promise disciples, she starts writing "similar kinds of things" that Rick is "looking for [Cameron] to say" (Danforth 295). Other disciples' icebergs cite "too much masculine bonding with dad," "lack of (stable and singular) masculine role model," "inappropriate gender modeling," and "weakness of character" (293-295). Cameron's iceberg lists "too much emphasis…on sports," "incorrect and unhealthy bonding patterns with boys," and "resentment of Ruth as 'replacement' parent" (296) as some of the reason behind her "same sex attraction disorder." While the listed reasons for homosexuality would be accepted by the God's Promise practitioners, Cameron uses her real experiences to cater to the program's need for Cameron to "fix" herself.

Much like that of Lisa in the previous chapter, Cameron, in so many words, is told that in order to get the help she needs, she must first help herself. Discussing the purpose of the iceberg and her being at God's Promise, Cameron asks if Reverend Rick and Lydia will be helping her to "melt away my tip?" (289). Rick laughs before explaining that *they* are not going to be doing the "melting," instead it will be Cameron who needs to "focus on all the things in your past that have caused you to struggle with unnatural same-sex attractions" (289). Seeing as it is "the stuff that came before" her awareness to her sexuality that they are interested in, Cameron needs to be the one to "cure" herself (289).

One Nation Under God: Investigating Historical Efforts to Help "Cure" Homosexuality (1993) details the history, participants and procedures, and after-effects of places like God's Promise from the 1970s to the early 1990s. Within the film, several interviewees, mainly those associated with Sexual Orientation Conversion practices, suggested that the homosexual's dress—for men, femininity, for women, masculinity—and their upbringing of being raised or having too close a relationship with a parent of the opposite sex—girls raised by fathers, boys raised by mothers—was the reason for their sexual abnormality and deviation. Joan Nestle, co-founder of Lesbian Herstory Archives, interviewed for the film claimed to have been a witness in the 1950s and 60s of police officers going into gay bars actively searching out "butch"-looking lesbian women. These officers would drag the women outside and forcefully disrobe them to determine if they were men or, in fact, women in masculine clothing. Along with this, Nestle recounts the overwhelming need to conform socially to gender stereotypes of marrying into a heterosexual relationship where the consequences for those who did not adhere to social constructs were doomed to a life of unhappiness and desperation as they were not able to achieve the prescribed relationship of "normal" heterosexual couples.

It is possible that Aunt Ruth feels conversion therapy will benefit Cameron in that, by finding out her niece is homosexual, she not only loses what little control she may have held, but in causing Cameron to be devoid of a happy future considering she has already suffered so much in the sudden loss of her parents and growing up without their influence. This step towards control stems from Ruth's own guilt at having changed Cameron's life so drastically upon welcoming Cam into her home after the deaths of her parents. Speaking their goodbyes, Cameron becomes upset at Aunt Ruth for assuming her parents would be okay with sending their daughter to "a fucked-up place" like God's Promise (Danforth 282). Ruth, in turn, claims to have

an "obligation" to Cameron that she cannot possibly understand. It was not long after the funeral of Mr. and Mrs. Post that Ruth voices her dislike of Cameron's family church and relocates Cam to her own Gates of Praise. Ruth makes it known to Cam that she should be hanging out with a different crowd of people, ones "…who carried their Bibles class to class… [wore] T-shirts of Christian rock bands and go to the summer camps, the rallies, to talk the talk and walk the walk" (64). Even Grandma Post lets Ruth know that these minute, but sudden changes are unwarranted: "*It's her first year without them, Ruth. Let her keep her traditions*" (65). As Ruth finds out about Cameron's same-sex attractions, she may, too, consider herself the reason behind them, which Cameron angrily verifies: "Did you ever think that maybe it was you coming that made me this way? Maybe I would have been fine, but then every single choice you've made since they died was the wrong one?" (283). Ruth is visibly upset by Cameron's allegations, and it is from this overwhelming guilt that Ruth has employed the help of God's Promise to revert the "damage" already done to Cameron. Her niece, recognizing that her stay at God's Promise is more to help Ruth than herself, lashes out once more: "…you let me down. And now you have to send me here [to God's Promise] to try and fix me, quick, before it's too late. Before I'm fucked up for good" (283).

Despite the challenges faced by the LGBTQ+ community in having to legitimize their role in society as not being "mentally ill" and in proving that their outward appearance or demeanors should not lead to face-value judgments, another major issue came into play during their harsh history, one that Danforth takes advantage of in *Cameron Post*. This next section of the chapter will discuss the role of conversion therapy efforts and the ways in which they have been disputed and opposed, along with their role in Danforth's novel.

Practitioners and God's Promise to Melt the Iceberg

As the first half of Danforth's novel takes place during the early years of Cameron's adolescence, the last half follows her enrollment and forced participation at the Christian conversion camp: God's Promise Christian School & Healing Center. Here, Cameron meets the designated practitioners of this text, Reverend Rick and Promise Psychologist/Assistant Director Lydia March. Using language emphasizing the "support" of patients, rather than "counseling" (Danforth 286), these practitioners become reminiscent of those mentioned influencing Danforth.

In several online interviews, Danforth confesses that, while the character of Cameron and her residence in Miles City, Montana was based on personal, real-life experiences, it was the uprising of the "Zach Stark Controversy" that gave inspiration to the remainder of *The Miseducation of Cameron Post* (Sittenfeld). Morgan Jon Fox's documentary *This is What Love in Action Looks Like* (2012) details the beginnings of the case in which sixteen-year-old Tennessee native Zach Stark posted a MySpace blog stating that after coming out as gay to his parents, they forced him to enroll at the Love in Action (LIA) ministries conversion therapy center aimed at ridding individuals of homosexual behaviors. LIA held the strong belief that homosexuality was not a choice but a behavioral issue that could be changed with extensive "reparative" and talk therapies.

At God's Promise, Lydia reinforces these notions to Cameron by claiming there is "no such thing as homosexuality," but it is instead a "myth perpetuated by the so-called gay rights movement" (Danforth 290). Implying that all of God's children suffer from internal struggles, Lydia regards homosexuality as a struggle with "sinful desires and behaviors" that Cameron and some of the other disciples "must contend with" their "sin of same-sex attraction" (290). Cameron is told that the first step in removing her homosexual sins from herself is to simply

"stop thinking of yourself as a homosexual" because there is "no such thing" and being homosexual does not make any one person's "sin special" (291). Fox, an activist who protested outside of the LIA ministries for the release of underage minors from their care, interviewed other "ex-gay" converts like Brandon Tidwell and Peterson Toscano, both having had participated in LIA "therapies" and "graduating" from the program only to later recognize that their homosexuality was not a behavioral problem but a part of who they are as individuals. They have since denied the program and its supposed positive results.

Fox's film is not the first that has covered the issues raised by organizations like Love in Action. In the documentary *One Nation Under God*, the origins of Love in Action are discussed as well as the creation of an even larger, debunked program known as Exodus International. Luckily for those forced into this program, after 37 years of running, Exodus International shut its doors for good while also issuing an apology declaring "years of undue judgment" and taking on "a worldview that's neither honoring toward our fellow human beings, nor biblical" (Payne). *One Nation Under God* chronicles the different types of reparative "cures" that Exodus and LIA enlisted to convert homosexuality, where Fox's film looks specifically at LIA's history and programs that led to the protests held after Stark's blog posts went viral. Danforth admits that "it was that story that made me think, 'Ok, I know I want to do this story about a girl in Montana. I know it's going to be a coming of age story, and now I know that I want to explore conversion therapy and see how that's going to become part of Cameron's story" (Sittenfeld).

Historically, "cure" therapies are not unheard of. Early instances of "curing" homosexuality such as electroconvulsive/shock therapy, hypnosis, exorcism, and simply "praying-the-gay-away" (Queer Voices) have been utilized and are the major points of contention for conversion therapy disputes. The satirical film *But I'm a Cheerleader* (1999)

follows cheerleader Megan Bloomfield, starred by Natasha Lyonne, as she is sent away to a camp of this caliber known as "True Directions." At True Directions, Megan is made to adhere to stereotypical gender roles and social constructs such as acting as a homemaker and mother, while male participants take on more "masculine" roles of working on cars and chopping wood. Group therapy, individual therapy, along with the gendered roleplaying and personally induced genital electroshock—done only when the individual is plagued with homosexual thoughts or desires—portray practices believed to take place at facilities like LIA. While the campy comedy takes on a satirical, over-exaggerated tone, its contents continue to show the ways in which many believe conversion camps to be. Exodus International and Love In Action's practices are not well-known aside from first-hand accounts given by so-called "ex-gays" who have participated in these programs but are still few and far between in detailing the specifics of said conversion therapies.

In a 2005 MySpace blog post, Stark left the following message:

> Somewhat recently, as many of you know, I told my parents I was gay. This didn't go over very well, and it ended with my dad crying, my mom tearing and me not knowing what I'd done – or what to do…Well today, my mother, father and I had a very long 'talk' in my room where they let me know I am to apply for a fundamentalist Christian program for gays. They tell me that there is something psychologically wrong with me, and they 'raised me wrong.' I'm a big screw up to them, who isn't on the path God wants me to be on. So I'm sitting here in tears… ("Documentation")

Included with this message, Stark attached a copy of the rules and regulations set by Love In Action's *Refuge* program for teens. These rules, posted to Zach's now deleted MySpace account, detailed everything from client's dress and behavioral expectations rooted in overly stereotyped gender roles and ways to be held accountable by oneself and by other clients as upholding the program's rules. The rules express the notion of "False Image (FI)"—the ways in which clients

can renew their selves for God by means of putting off their old self and focusing on the new—and how it would be withheld throughout the program. LIA's policies also limit ways in which the client's family members should discuss therapeutic progress and general topics with the client.

As Danforth has admitted to conducting in-depth research (Sittenfeld) on this case and the variables surrounding it, it is without a doubt that she took what she could gather about conversion therapy and replicated it on the page. With *Cameron Post*, Danforth takes the deliberate time and effort to create a program pamphlet for God's Promise rather than having the reader understand their rules, regulations, and mission statement through Cameron's exposition. Much like the rules and regulations posted by Stark, Danforth's own God's Promise describes itself as a place "for adolescents yearning to break free from the bonds of sexual sin and confusion…while nurturing students' spirituality and personal growth through one-on-one and group support sessions, appropriate gender-modeling activities, constant spiritual instruction, and rigorous academics" (Danforth 256). This wording, again, sounds as though it is rooted in satire, like *But I'm a Cheerleader*, when it, in fact, mimics the roles and beliefs of organizations like LIA and Exodus.

Like LIA clients, Cameron is purged of her past-life objects ("False Imaging") before being taken to God's Promise. Ruth and Pastor Crawford raid Cam's room, confiscating "snapshots…prom-night pictures; notes written on lined paper…the thick wad of rubber-banded movie tickets…" (263) and other objects significant to her relationships with both Coley and Lindsey. In Fox's film, ex-LIA client Brandon Tidwell recalls this process upon entering the program of which he says a *Beauty and the Beast* musical CD was confiscated from his possession as being a triggering object that could serve as a reminder to his past gay lifestyle.

John Smid, "ex-gay" minister for Love In Action since 1982, has since recanted his stance on reparative therapy after the events depicted in *This is What Love In Action Looks Like*. Resigning as director of LIA in May 2008, Smid began his own ministry in December of that year catering a promise of God's love for all known as "Grace Rivers." The Grace Rivers website promotes the mission of providing ministry to "the gay community that reveals the message of an authentic relationship with Jesus Christ and genuine community with His followers – because every person deserves to know that Jesus loves him" ("Vision and Mission"). A heartfelt apology by Smid featured on the site, as well as discussed in Fox's film, documents his history as a minister and promoter of God's word. This apology marks the events that he deems "The Famous Protest," his role in Exodus International and LIA's *Refuge* Program, leaving Love In Action, and how Grace Rivers came to be. In this letter, Smid promises to not be focused on the identity of being an "ex-gay ministry" but in starting "grace groups for people impacted by homosexuality" ("A Letter of Apology"). On the other hand, Love in Action, following Smid's exit, changed its name to "Restoration Path" while continuing to promote the notion of homosexuality as a behavioral issue that could be resolved with reparative therapy. Their Christian discipleship claims to be aimed at restoring "those trapped in sexual and relational sin through the power of Jesus Christ" ("About Restoration Path").

Despite its continued influence within religious circles, Sexual Orientation Change Efforts (SOCEs) remain to be a disputed issue among social and political circles. In 2012 legislature passed S.B. 1172, "which prohibits mental health practitioners licensed by the state from engaging in SOCE with persons under the age of eighteen" following the State of California's recognition that LGBTQ+ youth who were subjected to these practices should be given a "voice in the room" (Cella 114-115). SOCEs are known by several aliases including

“sexual reorientation,” “reparative therapy,” and, most commonly known, “conversion therapy” in which a “non-heterosexual” attempts to convert to a heterosexual lifestyle, advocating that homosexuality is a conscious choice that can be changed with regular and aggressive conditioning (SexInfo Online). SOCEs, or conversion therapy, can include more modern practices such as violent role play, a reenactment of past abuses, and exercises involving nudity and intimate touching to “reprogram” the mind to a heterosexual state. Many cases now exhibit the harms done to these clients causing them mental distress such as increased feelings of anxiety, depression, and suicidal ideation, leading to their disavowal by most major America medical, psychiatric, psychological and professional counseling organizations (SPLC).

So much has changed in SOCE actions that “Conversion Therapy Survivors” groups and websites are developing as a way for the survivors of the methods used to change their sexual orientation and gender identity are forming to warn others of the dangers and harmful practices of those organizations still in existence. In a joint statement signed by hundreds of SOCE survivors, they address the ways in which they felt or were told their sexual desires were wrong and should be “cured,” the trust held by those who willingly sought treatment and the fact that a large number were placed in these programs against their will. This group raises a single voice of strength and awareness that these practices are still taking place and claim that “As survivors of conversion therapy, each of us has experienced harm from these practices. To prevent increased victimization and to empower ourselves in our recovery process, we join together in calling for a ban on conversion therapy” (“Conversion Therapy Survivors”).

Others, like Garrad Conley, have taken to mainstream publishing by recalling in personal memoirs their experiences as being a client of SOCEs. Conley, after being raped by a male college friend, was shamed into silence about his sexuality. When found out by his parents,

Conley was sent to LIA in Memphis, Tennessee. Focused on memories of reparative practices, along with therapy and counseling, Conley's memoir discusses his growing up homosexual in the Ozark Mountains to a deeply religious family, as well as what it was like being told that his lifestyle was a sin and needed a forced change (Ufberg). John Smid takes a major role in Conley's memoir as he, at the time, was director of Love In Action and worked closely with the clients they employed. While Smid has since recanted his harmful practices in LIA, Conley's memoir does not paint him in a favorable light. Smid now admits that during this time he "was so entrenched in religious doctrine that [he] just couldn't hear anything else" to which Conley has countered that he sees Smid as "a good Christian in the sense that he believes that forgiveness should be offered and granted… I think that his life is not going to make sense unless he can also bend the narrative to fir [sic] this weird development of his" (Ufberg). Like Conley, other survivors have reverted to homosexual lifestyles despite having "graduated" from these programs. Peterson Toscano, in *This Is What Love In Action Looks Like*, claims to have woken up one day some years after his experiences at LIA, realizing that he was gay and there was nothing wrong with that. He overcame a realization that his experiences, even as an adult self-initiating into LIA, were not mentally or emotionally beneficial and caused him more harm than good. In that realization, he understood that it must be even harder for young LGBTQ+ individuals to be placed in SOCEs like LIA against their will by their families.

The practices of SOCEs have been and continue to be a point of contention between religious and constitutional rights. Many of the arguments for SOCEs lies in the matter of parents having the ability to force their children into SOCE programs because, as parents, their intentions are for the betterment of their child. Activist groups, like those shown in Fox's film, feel that these actions cause more harm than "reparative" good. As with the Stark Controversy, the

subject of SOCEs has come under fire time and time again with small victories rising above the harmful factors of reparative therapy. It is with novels like *The Miseducation of Cameron Post* that readers, young and old alike, can take an alternate point of view on these matters as readers view them from the perspective of young Cameron Post who is only trying to find her place in the world as she grows older.

The Scary Iceberg and the Fearful Passengers: Growing Up Homosexual in a Heterosexual Ocean

Emily Danforth's 2012 debut novel *The Miseducation of Cameron Post* has been heralded as a gay coming-of-age story dealing with the controversial topic of sexual conversion therapy, where the novel could be split into two books: "one a sprawling tale of coming of age as a lesbian…in the early '90s…the other a gripping, ripped-from-the-headlines drama of teen life in a pray-away-the-gay camp" ("*The Miseducation of Cameron Post"*). In several interviews, Danforth admits that a significant portion of her true self as a young lesbian in a small Midwestern town has transcended the page in the shape of Cameron Post. In this way, Danforth has spoken several times on the challenges she faced in living as a closeted homosexual in rural 1990s America. Publishing a short essay with the Huffington Post entitled "Growing Up Gay in the 1990s: Has That Much Changed for Today's Gay Youth?" she not only describes her experiences living in "the middle of cowboy country" of Miles City, Montana and her want to leave in order to be her true self, Danforth also discusses the hardships for LGBTQ+ individuals during this time, mentioning the incremental changes that have been made in the country for these same individuals. Nevertheless, Danforth points out, despite the progressive changes that have taken place since her youth and well beyond that, there are still issues at hand for LGBTQ+

individuals because, as Danforth dejectedly admits, "at this point, still just making progress, inch by inch, feels like not nearly enough." She goes so far as to call out a few names in politics who, at the time and still today, have stood in opposition to queer rights and representation like Rick Santorum who "…is telling his followers that a child is better off having a father who abandons him or her and goes to prison than being raised by a lesbian couple," and Michelle Bachmann who calls "anything other than heterosexuality a form of 'sexual dysfunction,' a perversion, a sin…" ("Growing Up Gay").

In this same essay, Danforth addresses her reasons for writing *Cameron Post* and the ways in which using this story so closely related to her own self was a means to "get at" and bring needed attention to issues that continue to be a factor in the lives of many young teens. As she explains in an *Autostraddle* Book Club interview, *Cameron* was used to "honor" the characters that her readers have come to fall in love with, one who was not meant to be used to "pander to a certain ideal of type, or to use her as a puppet serving my plot." Instead Danforth, in an "attempt to honor Cam's humanity on the page," crafts a type of humanity that is shared by many young adults who identify with Cameron's coming of age story (Riese).

One of the great things about Danforth's novel is the fact that she does not constantly and aggressively enforce that this is an "LGBT"-genre novel with a typical lesbian character. With Cameron still growing into her own identity, still being unsure of what that necessarily means, she never questions herself as being "lesbian," rather the label is pressed upon her when she finds herself at God's Promise. Danforth does play with the stereotypical notion of lesbian dress as Cameron is missing her summer fling, Lindsey Lloyd who has moved back to Seattle for the school year. Lindsey, who has immersed herself in the alternative and modern lifestyle of a more urban area, returns to Miles City having "chopped off the ponytail she used to tuck into her swim

cap and she'd bleached what was left of her hair a bright white…She also had an eyebrow ring, a little silver thing that the stroke judges made her remove before she could compete" (Danforth 84), leaving Cam to imagine Lindsey's time in Seattle "chock-full of flannel-clad, Doc Martens-wearing, out and proud lesbians" (98). When lesbianism is mentioned throughout the novel, it is typically associated with a negative stereotypical homophobic comment said by the small-minded population of a small-minded town.

While explicitly stating that she did not use the novel of *Cameron* as a political ploy, Danforth does counter that taking any sort of topic that goes against heteronormativity quickly makes it into a political stance or act. In writing *Cameron*, Danforth set out to create the "big coming-of-GAYge novel" that had the ability to represent the traditions and tropes of American coming of age novels while also giving exploration to queer identities (Riese) and the ways in which those identities develop within individuals by means of using the character of Cameron to give only a small indicator of the challenges queer teens face time and again. Where Cameron is dealing with "those adolescent rites of passage," so was Danforth while also attempting to satiate a hunger "to find queer representation" (Taylor). In writing *Cameron Post*, Danforth hopes that it can be that base of queer representation that some young adults need.

A major pressure for Cameron within the novel is that of gender and social constructs that have bled their way through time and have become a constant focus in the novel's rural community, an issue Danforth cites as being a problem within her own life experiences. In an interview with Lambda Literary, Danforth recalls the "near-constant undercurrent of homophobic jokes and attitudes" that surrounded her by people in her community (Taylor). While not all those making the remarks were overtly homophobic, Danforth concedes, the reason for this generalized undercurrent of bullying LGBT individuals was because "there wasn't an out

target to direct it toward" (Taylor). In Keys et al.'s "Queering Rurality: Reading *The Miseducation of Cameron Post* Geographically," they explore certain themes at play within Danforth's novel that holds a direct correlation between what she has said about growing up queer in a rural Midwestern town and the types of experiences young queer-identifying individuals deal with today. This study looks at the academic literature already written on rural sexualities and finds that there are three prevalent themes in discussing life for queer rural youth as depicted in Danforth's novel: (1) rural spaces, like that of the novel's Miles City, are discriminatory, hostile and a space of marginality and repression for lesbian youth, (2) rural space is seen to be representative of a transgressively erotic space for queer youth, while they (3) examine Cameron's role of "placelessness," taking into account reader responses to the ideas of "movement and fluidity" within the novel (362-363). While, here, we will not be discussing all three of those themes, we will take a few of their ideas into consideration.

As depicted in *Cameron Post*, there has been a focus within scholarly literature based on rural sexualities that claims these communities to be the "ubiquitous uncontested nature of heterosexuality" in that, as Danforth reiterates in her 2012 essay, the notion of "everyday homophobia still exists" within these types of areas due in large part to growing visibility of gay and lesbian populations in non-urban areas (Keys et al. 363). Throughout Danforth's novel, Cameron is faced with sexist and homophobic remarks and actions based on her being more like "one of the boys" rather than the proper feminine Western lady that her Aunt Ruth tries to force her to be as she is "most intent on regulating Cameron's femininity" (366). The slightest notion of Cameron being different—aside from the fact that her parents died in a terrible accident has already made her "different"—places a bullseye, not only on Cameron but on Aunt Ruth and her

abilities to raise and care for her niece. Ruth finds the fastest and possibly, in her mind, the most persuasive way of dealing with Cameron's differences: sending her to God's Promise.

Unfortunately for Ruth, Cameron has never felt girly or feminine. Early in the novel, as Cameron is at swim practice, she reflects on her desires to be as physically strong and capable as Coach Ted, wistfully thinking on the type of independence and leadership role he is afforded as a man. Where other girls had crushes on the swim coach, Cameron "wanted to be like him, to drink icy beers after meets and to pull myself into the guard stand without using the ladder, to own a Jeep without a roll-bar and be the gap-toothed ring-leader of all the lifeguards" (Danforth 13). She relates more to the boys she hangs around with but cannot completely integrate into their clique because of the mere fact that they are boys, and she is not. Cameron's guy-friend Jamie Lowry, even though considering her to be more like "one of the guys" than anything, still uses her female gender against her. As Cameron and the guys are smoking and drinking inside an old abandoned hospital, Jaime annoys her by speaking to her in a "mocking sort of baby-talk tone" when asking if she wants to leave the spooky setting. She admits to herself that it irritates her that "he didn't ask it the way he would have one of the guys…like it would be okay if I wanted to go, since I was just a girl and should be expected to be scared" (79). It is with these notions that Keys et al. highlight the importance of "the ongoing gendered regulation of Cameron's body and bodily practices" (366).

Living in a small town, there is the perceived fact that everyone knows everyone, this is proven true in Danforth's novel as Cameron is faced with the notion of "surveillance" and tries to find ways to "stay in the closet" before being found out—*forced out*—by her Aunt Ruth. Danforth shows how difficult finding places away from prying eyes in a small town can be for queer youth. If not gathered secretly in the halls of abandoned hospitals or throwing late-night

bonfire parties in more secluded areas of town, individuals like Cameron are forced to live in fear and anxiety of being "outed" by even the most insignificant of instances. It is through a small handful of homosexual relationships, each a degree more complex physically and emotionally than the last, that Cameron learns these lessons.

Through Cameron's short-lived adolescence, she comes to experience growing feelings of same-sex attraction through her relationships with Irene Klauson, Lindsey Lloyd, and Coley Taylor. With each of these relationships, Cameron learns something new about herself, her identity among the population of Miles City, and her sexuality. Danforth's novel opens with the almost innocent relationship between Cameron and Irene the night of their first kiss with the same sex. Their youth and naivety have them unafraid of showing their bodies with each other as they soak and freeze their t-shirts on a hot summer day, shimming into them to keep cool, and daring each other to do handstands where their shirts fall over their faces exposing their bare chests to one another. Irene casually brings up their upcoming turn to teenagers and their never having kissed anyone before. "You're gonna be a teenager and you won't even know how to kiss anybody" (Danforth 8), Irene muses, and Cameron replies, "Who's there to kiss, anyway?'…knowing exactly how she would respond, and holding my breath a little, waiting for her answer" (9). Their relationship is immature and significant in that Cameron is beginning to understand who she is and where her desires lie. Cameron describes the act of kissing Irene as "all action and reaction" noting "the way her lips were salty and she tasted like root beer" and the way she "felt sort of dizzy the whole time" (10). The act of kissing another girl, for Cameron, is overwhelming but wholly satisfying, especially given that Irene kisses her again, moments later, without having to be dared, but the moment is broken as Mrs. Klauson calls the girls in for dinner.

The girls' second romantic rendezvous plays out in an almost dreamy haze as narrator Cameron recalls watching the stars from the barn loft, blowing bubble gum bubbles, and kissing that leaves Cameron "drunk on our day together, our secrets" (23). Lost in the rose-colored glasses of young romance, the sudden announcement of Cameron's parents' accident bursts the beauty of that hot summer night. Where Cameron should have been left with the memories of Irene and her life as a twelve-year-old who "still had mostly everything figured out" while the things that weren't "seemed like it would come easy enough," her youth and her sense of self are taken away from her. As a patient, Cameron can be assumed to take on Post-Traumatic Stress Disorder (PTSD or PTS), given her sudden change of lifestyle from having open and accepting parents—when one considers the relationship Cameron's mother has with her best friend Margot—to living with her grandmother, as well as her conservative and religious Aunt Ruth. Following the changes in her life, Cameron begins to ignore Irene, feeling a sense of guilt over the relief she experienced in realizing that, because her parents were dead, she wouldn't have to explain her actions with Irene to them:

> I just kept thinking, *Mom and Dad don't know about us. They don't know, so we're safe*—even though there was no more Mom and Dad to know about anything…I felt a wave of heat prickle across me, and then the nausea, all-consuming, as if I was taking it in with every breath, like my body was reacting since my head wasn't doing it right. How, if my parents were dead, could there still be some part of me that felt relief at not being found out? (28-29).

They do not meet again until Mr. and Mrs. Klauson gets the girls together to spend time at the Custer County Fair. Where once the girls walked the grounds as though they owned the place, they are now awkward and insecure, as though they are strangers with nothing in common. As they ride the Ferris Wheel in silence, Irene loses control and takes Cameron's hand in hers, saying nothing until she breaks down crying, wanting Cam to know that she was sorry for what happened. Cameron is unable to accept Irene's plea as "Irene hadn't connected those dots

herself…that everything happens for a reason, and that we had made a reason and bad, bad, unthinkable things had happened" (45). As Cameron is unable to admit that they were even doing anything remotely wrong, not wanting to admit her same-sex desires, she instead lies, saying that they're "too old for all of that kind of stuff" (46). After this, the girls pretend to be friendly at school but soon drift apart. Irene takes a more extroverted avenue in which she begins to adhere to socially conscious heteronormative ways. Cameron, on the other hand, becomes more introverted and attempts to take control of her homosexual feelings by watching films where she has subconsciously learned to "read the codes for gay content" (46).

Cameron's next relationship with part-time Montanan, part-time Seattleite Lindsey Lloyd follows that of Irene. Lindsey, who has been a long-time friend of Cameron's as they have both been on the Miles City summer swim team since their early youth, turns into the sophomore relationship that allows Cam to delve deeper into the notion of what it means to be "queer" in the 1990s. Keys et al. makes the point to define the term "queer" as more than a shorthand for LGBT, but "radical (re)thinkings, (re)drawings, (re)conceptualisations, (re)mappings that could (re)make bodies, spaces and geographies" in which, like Danforth's *Cameron Post*, "challenges the normative and in turn points to more inclusive ways of constructing places and constituting identities" (367). Lindsey brings with her stories of Seattle "where everything sounded edgy and cool, stories about the concerts and parties she had been to, [and] all the crazy friends she had" (Danforth 84). Cameron, in turn, has uneventful stories about hanging out with the same group of boys in an abandoned hospital.

Lindsey also brings a more physical and intense relationship compared to that which Cameron shared with Irene where "Lindsey was the expert…She pulled off [Cameron's] tank top in a couple of jerky moves and took off her own T-shirt even faster…Her hands pulling

[Cameron] into her until there was no space between [them]" (97). Together, the girls take on the task of exploring one another as Lindsey explains to Cam the urban-learned roles of being gay:

> She started me on the language of gay; she sometimes talked about how liking girls is *political* and *revolutionary* and *counter-culture*, all these names and terms that I didn't even know that I was supposed to know, and a bunch of other things I didn't really understand and I'm not sure that she did then, either… (99)

Living in a rural area has made Cameron skeptical of how integral queer culture was becoming to more urban areas of the country. She is not convinced that she could fit into such a niche group as she "just liked girls because [she] couldn't help not to" and "certainly never considered that someday my feelings might grant me access to a community of like-minded women" (99), considering she is not like the typical Miles City girl. As the summer winds down, so do Cam's moments with Lindsey as she heads back to Seattle for the new school year. With Lindsey heading back to a more progressive area, Cameron is left with the whispers and rumors that have begun circling Miles City about her sexuality.

Finally, Cameron begins a relationship with Coley Taylor, the popular country girl that Cam can only aspire to be to make her Aunt Ruth proud. During a church event, Coley appears to make the first move, winking at Cameron from across the room. Cam notes this would have been annoying and predictable coming from the typical ranch hand or community-college boys that member Gates of Praise, "but the way Coley did it made me feel like we already had some sort of secret between us" (122). The attraction between Coley and Cameron is palpable causing Cam to become awkward and nervous around her. The two get closer, sharing classes together and hanging around in sort-of similar circles, but there is still something that separates the girls from one another.

Coley Taylor, unlike Cameron, can get away with being a tomboy in that she "didn't need to cowgirl-up her persona. She was the authentic version" (120) who lives on a large piece of ranchland owned by her father, rides horses and drives pick-up trucks, wears boots and jeans and cowboy hats, but is never seen as non-feminine or overly masculine. Even Aunt Ruth comments to Cameron on Coley in that "she seems like a very put-together young lady, and maybe if you get to know her, you won't have to spend so much time with Jamie and the boys, you know—" (127). Why does this characterization of, essentially, the same type of character as Cameron not face such harsh judgment and ridicule at being less-than-feminine? Could it be, perhaps, that Coley, unlike Cameron, plays into the heteronormativity around her? During the annual Miles City Bucking Horse Festival, after finding out that Jamie has gone off with another girl, Coley acts consolingly as she tells Cameron, "We can find you a cowboy in no time. Or two cowboys. Twelve cowboys…" (159), but cowboys are not what Cameron wants. She wants a *cowgirl*, with a specific one in mind.

As Coley develops a friendship with Cameron, so does she develop a hetero-relationship with Brett Eaton, causing confused feelings in Cam as she begins to have feelings for both Coley and Brett. As she updates Lindsey in Seattle about her predicament in "cattle country," Lindsey grows frustrated with Cameron: "…this is not healthy progress for a dyke in training. Pining after straight girls—straight girls who are, by the way, in happy relationships with good-looking straight boys—when you live in a town filled with angry, Bible-pounding, probably gun-toting cowboys is a total no-win" (138). Despite the distance and the differences in culture and community, Lindsey is not far off the mark. Where the reader might assume that Aunt Ruth would catch Cameron and Coley in the act, it is Coley's brother, Ty, that comes across the girls in an intimate moment.

Ty Taylor was “one of the local, authentic, good-looking, and good-for-tourism twentysomething cowboys” (160), the epitome of a country boy that Cameron envies. One evening a drunken Ty aggressively enlists Cameron to keep an eye on the teen boys that hang out with his sister. “Cameron, I’m putting you on Coley patrol…I can’t trust the jester or the boyfriend, for obvious reasons. It has to be you—you have to keep her in line” he says taking a victim-blaming attitude and insinuating that any promiscuity would be faulted on Coley as he adds not to “let my sister ruin the good family name” (162). Ty takes on the persona of uber-masculine older brother set on preserving his family’s honor—and gender roles. As the girls take their friendship to the next level in the privacy and isolation of Coley’s new apartment, their euphoric experience comes to a grinding halt as Ty and his friends rudely interrupt. As they are all drunk, they have no real clue as to what had been happening, but Ty seems to catch on as the girls begin to act awkwardly and Cameron makes a quick exit. As she’s leaving, Cameron notes the feeling of someone watching her and hopes its Coley, knowing its probably Ty. After their near-exposure, the girls don’t speak for several days, Cameron taking on the assumption that Coley is upset with her awkward exit, only to find out that they have been outed by Coley and her brother.

With Cameron, Danforth not only looks at her own upbringing and coming of age in a small, rural town during a time that was not altogether accepting but also shows the inner thoughts and reaffirmations that, while things were bad at one point, they have and continue to get better. It is with novels like *The Miseducation of Cameron Post* that readers visualize “how rurality and age can intersect to marginalize young people” and allows them to focus attention “on the ways in which other social categories such as sexuality and gender may lead to additional exclusions for rural youth” (Keys et al. 370). In using Cameron as narrator some 3-4 years past

the concluding events of the novel, Danforth, like Cameron, uses these experiences growing up gay in a small town to sort through, make sense of, and develop a retrospective of said experiences ("Growing Up Gay"). But, it is without hindsight, that Danforth wholly admits that she wishes

> that the whole of Cam's world felt dated to readers…it would be nice if a teenager could read the book and say, "Wow, things really were so much worse then. What a bunch of homophobes." And maybe some can. But what's absurd, what's unthinkable, is that there are plenty of teenage readers today who can fully relate to Cam's experience…just change the fashion, switch mixtape to iPod, but keep the culture of hate and fear. That's just not "progress" enough. ("Growing Up Gay")

CHAPTER IV

IT'S KIND OF A SERIOUS PROBLEM: PROGRESSIVE POLICIES AND PRACTICES IN MENTAL HEALTH FOR A NEW CENTURY

Prior to the new millennium, mental health issues were debated, questioned, and redefined following decades of studies promoting the advancement of mental health care in the United States, as well as worldwide. Throughout this thesis, I have followed the cultural trend of mental health covering a forty-year span that exhibits the progressive changes to policies and practices in addressing mental health issues. With this new wave of healthcare initiatives came an upsurge of young adult novels that delve into real-world issues like the statistics showing a rise in mental health conditions presenting themselves amongst young people. While young adult literature has long been classified within literary circles as "the problem novel," young adult novels began to take on highly specific problems that many readers, young and old, can relate to. The 1960s "teenage novel" was forever changed with the publication of S.E. Hinton's *The Outsiders.* Depicting socioeconomic class differences, teens living without adult supervision, and violent gang fights, Hinton's novel was so ahead of it's time that she, herself, stated the need for YA to catch up with society as the books in publication aimed at teenagers were at least fifteen years behind the times and focused too much on themes of romance (Cart 28). The already discussed Neufeld novel *Lisa, Bright and Dark* was also ahead of its time in dealing with a teenager going through a series of schizophrenic episodes. Neglected topics in literature included

frank discussion or inclusion of narcotics, addiction, illegitimacy, alcoholism, pregnancy, discrimination and retardation (28) despite those issues having relevancy towards its readers. As mental illness has been ignored by mainstream YA, it is plausible that mental health or illness would be included in this list of neglected, but needed, topics.

A mainstream readership of stories like Hinton and Neufeld's brought about the "problem novel" of the 1970s. Not all authors and publishers agreed with the subject matter of the genre and argued the problem-novel focused too strongly on controversial topics—most of which were considered too "adult-oriented" for young readers (Cart 35). Unlike young adult novels from the previous decade, these centered on topics of divorce, drugs, separating or disappearing parents, desertion and death, all of which typified the rapidly changing cultural lives of the young people the books were geared towards. If young adult literature was to remain relevant to its readers, "[it] must keep pace with the ever-changing and ever-sophisticated ingredients of their daily, real-world lives" (35).

Out of the problem-novel evolved a new young adult subgenre known as "sick-lit" which follows teen or young adult characters dealing with illnesses ranging from cancer to mental illness (Monaghan 2). Sick-lit generally deals with issues that are not easily reparable and tend to center on characters with terminal illnesses. Often called "10-hankie-novels" or "tearjerkers," books under this subgenre of YA literature—like John Green's *The Fault in Our Stars* or Jay Asher's *13 Reasons Why*—are typically written by female authors for young female readers (Elman 175-176). As seen with popular authors like John Green and Nicholas Sparks, one does not need to be a female author to attract female readership to these tragically moving love stories. With stories like these, sick-lit has created a readership of young people who "consume these novels because the narrative engages them…they can relate in some way to the illness

experience addressed therein, or both" (Monaghan 2). Where the 1970s problem novel critiqued issues of racism, sexism, and homophobia, teen sick-lit "largely reaffirmed conservative political and sexual values and reconsolidated traditional heteronormative gender roles that had been 'disrupted' by post-1968 identity movements" (Elman 176). Some may argue that mental health is not necessarily an illness, much like its categorical inclusion as a disability is constantly debated, but Monaghan argues that mental illness would classify as an invisible illness compared to diseases like cancer or Parkinson's which manifest themselves "through physical—and visible—symptoms" (3). While mental illness, at times, does manifest itself through physical, visible symptoms, they can be disregarded by the patient until they can no longer be ignored. This may hold true for those novels depicting illnesses like cancer, autoimmune disorders, and physically debilitating conditions. For mental health-related sick-lit, this genre allows teens experiencing depression, anxiety, OCD, schizophrenia and other disorders to see "a novel about another teen going through a similar situation [and] may be all that that reader needs to feel less alone or to convince him to confide in a friend or parent" (Monaghan 3). Young adult novels like Ned Vizzini's *It's Kind of a Funny Story* take on this challenge and make for a more realistic, positive, and honest approach to telling stories of young people with mental health issues than their literary predecessors like those of Neufeld and Danforth.

With each passing decade come cultural changes in both the dynamics and general understanding of mental health issues. These changes reflect the ways characters with these issues are portrayed in young adult literature. Where Neufeld's patient was ignored and misunderstood, and Danforth's was forced to "correct" issues that did not need correcting, Vizzini's patient recognizes that they have a problem and actively takes on the task of getting help. A major shift that occurred over the 40-year span of the culture of mental health in

promoting help-seeking behaviors is depicted in *It's Kind of a Funny Story*. Protagonist Craig Gilner can no longer handle the high-stress environment at top-rated private school, Executive Pre-Professional High School. Beginning to develop symptoms characteristic of anxiety and depression, Craig stands on the precipice of acting on his suicidal impulses before reconsidering and actively seeking help through a suicide hotline, who advises him to head to the nearest hospital for psychiatric evaluation. From this advice, Craig begins a journey of self-discovery and understanding in voluntarily admitting himself into a nearby hospital.

This chapter, in looking at Craig as the patient, will discuss how cultural changes to mental health perceptions, and the rise of destigmatization, has prompted a positive influx of help-seeking behaviors for those with mental health conditions. In looking at the twentieth-century patient, compared to those in Neufeld and Danforth's works, I will consider how Vizzini's own experiences within a mental facility have transferred to the character of Craig, and how Vizzini's tragic death now influences the text and its readership following the hugely popular success of *It's Kind of a Funny Story*. Looking at the practitioners in Vizzini's novel will bear examination of newer, more relevant depictions of mental health practitioners, changes to the ideas of hospitalization for mental illness, and the all-around progressive changes in mental healthcare and policymaking. These changes will lead to the interpretation of acceptance and destigmatization of mental health and illness by populations like those in *Funny Story*.

"I need to be admitted…" : The Patient and Help-Seeking Behaviors

Craig Gilner worries about his grades and participating in school activities. He enjoys hanging out with his friends, drinking, smoking, and having a good time. He has a crush on the cutest girl in school. He's also dealing with anxiety and depression to the point of suicidal

ideation. The protagonist of Vizzini's *It's Kind of A Funny Story*, Craig is a character Vizzini claims is based extensively on himself and his experiences as a young adult admitted into a hospital's psychiatric ward. Craig, like Neufeld's Lisa, deals with mental health issues, his range of symptoms, the ways in which he takes his health into his own hands through help-seeking behaviors. This chapter also covers how Vizzini's person relates to his protagonist and the translation from real life to fiction.

According to a 2010 study, help-seeking attitudes towards mental health are typically utilized by adults whose attitudes influence the population usage of mental health services. Adversely, negative attitudes towards help-seeking for mental health issues dissuade children and young adults from keeping appointments with professionals or specialists. Findings show a 49% decrease in the chances of young adults keeping mental health appointments if the parents showed negative and skeptical attitudes towards the amount of helpfulness the appointments could procure through these types of services (Turner et al. 232). Although parents skeptical of mental health services do not press their children to keep appointments, they tend to seek help in other ways. Bypassing professional psychotherapy, individuals will turn instead to "family members, friends, media 'experts,' religious leaders, or from self-help books and resources" (232). In the case of Craig Gilner, going through the motions of mental health care does not feel like the best solution. Unlike patients who utilize therapy for issues of trauma or abuse, Craig admits "things would be simple" had he "a reason for being in shrinks' offices…a justification and something that [he] could work on" (Vizzini 10). Many times, individuals do not seek professional help, claiming they have no "real" issues that warrant psycho- or talk-therapy.

Stigmatization of mental health, as well as mental health services, plays a key role in understanding negative perceptions of help-seeking actions. Three forms of stigmatization of

noted importance in help-seeking behaviors are those of public stigma, self-stigma, and courtesy stigma (Turner et al. 232). Public stigma is associated with public views and reactions to a specific group based on the stigmas of that group (232). While mental health can be a good example, maybe a better one would be that of the public-stigma associated with HIV/AIDS-positive individuals in that stigmatizing beliefs (ie. They are “infected,” unhealthy, disgusting, etc.) play a negative role on public views of the group. Self-stigma happens when an individual’s reaction turns against themselves because they are a part of a stigmatized group (232). Much like Craig, individuals self-stigmatize to rationalize why they do not need to seek out professional help. Despite Craig having already become accustomed to the ins-and-outs of therapy, he still does not believe his needs surpass those with “legitimate” issues deserving therapy. Courtesy stigma, also considered stigma by association such as through kinship, is linked to individuals with a close relationship to others who have been diagnosed with a mental health condition (232). Many times, parents of mentally ill children will be “blamed, rebuffed, and stigmatized” for allegedly causing these “mental disturbances” in their children (232). Adversely, parents will be less likely to seek help “for fear or shame of being perceived as having poor parenting practices” (232), as well as fearing the “labeling effect” in which advocating for mental health services for their children may lead to the child being “labeled” by the community and their peers, much like that of the Schillings in Neufeld’s novel. Their ignorance of Lisa’s condition may stem from fear of being labeled “bad” parents, or word spreading of Lisa’s mental condition, which could tarnish their squeaky-clean, upper-middleclass image. Labeling of children brings about negative influences for both parent and child as it can lead to “negative parent-child interactions, peer rejection of the child, and parental guilt” (233).

Despite having professional help, Craig's self-stigmatization gets the better of him. At the end of his sessions with Dr. Minerva, Craig's therapist, she asks "What are you going to do when you leave, Craig?" (Vizzini 28). Craig puts on the façade of a can-do attitude and optimism while inwardly, Craig continues to "freak out" (28). Craig acting against better judgment, takes himself off his medication, which leads to his suicidal ideation before reverting to help-seeking actions. Having developed anxious and depressive tendencies, narrator Craig's inner thoughts allow the reader an inside look at the anxieties that disturb his mind. Inside Six North, the adult psychiatric floor of nearby Argenon Hospital, Craig is asked about his hobbies, to which his mind begins to "cycle": "…I freak out about work, and I think about how much I think about work, and I freak out about how much I think about how much I think about work, and I think about how freaked out I get about how much I think about how much I think about work. Does that count as a hobby?" (Vizzini 274).

As the patient, Craig becomes an embodiment of the views of late-20th century mental health and mental health services. His parents have already employed the help of trained professionals to aid Craig who then takes on the role of doubter as he self-stigmatizes the reasons for and against professional therapy. But throughout the novel, the reader is privy to the conflicting thoughts associated with Craig's conditions as, from the start, Vizzini does not shy away from the mental issues, symptoms, and the subject of mental illness. Acting as narrator, Craig explains the difficulties of discussing one's mental state:

> It's so hard to *talk* when you want to kill yourself…it's not a mental complaint—it's a physical thing, like it's physically hard to open your mouth and make the words come out. They don't come out smooth in conjunction with your brain the way normal people's words do; they come out in chunks as if from a crushed-ice dispenser; you stumble on them as they gather behind your lower lip. So you just keep quiet. (Vizzini 3)

As seen with patients Lisa and Cameron, discussing one's mental state is not easy because the idea of mental illness is not always accepted by surrounding communities.

In November 2004, Vizzini, like Craig, found himself at the point of complete suicidal ideation. Craig decides to wait until his parents are asleep before sneaking out of the house, riding his bike to the Brooklyn Bridge and jumping to his death. As he whiles away the hours in his bed, doing pushups to keep his brain occupied, he begins to *feel* for the first time in a while. Basking in the feel of the blood pulsing through his veins, Craig thinks to himself: "Screw it. I want my heart. I want my heart but my brain is acting up. I want to live but I want to die. What do I do?" (140). At this realization, Craig picks up a self-help book on bereavement and finds the information for a suicide hotline. Craig, just like Vizzini did in 2004, calls the number and takes his first steps towards recovery.

Vizzini's *It's Kind of a Funny Story* has "become a treasured friend to young adults grappling with mental health problems and to their families and friends who want to understand their experiences" (Cohn iii). Unlike Neufeld, who shows a population-centered view of the patient, and Danforth who focuses not only on population-fueled stigma but gender-based biases forced upon the patient, Vizzini places strategic emphasis on the patient and the ways in which mental illness affects them. Cohn, in a forward to *Funny Story*, adds that Vizzini "spoke openly and honestly about his own mental health issues, and constantly strived to educate and help others" by means of speaking at high school and college campuses on ways in which to seek help when dealing with mental health issues and, especially, suicidal ideation (iii). This is present in the text by means of the ways in which Vizzini describes Craig's symptoms and mental state derived from his depression and anxiety.

Contrasting between what Craig calls "tentacles" and "anchors," Craig explains how tentacles are the "evil tasks" that take over his mind in an anxiety-driven stream of consciousness:

> Like, for example, my American History class last week, which necessitated me writing a paper on the weapons of the Revolutionary War, which necessitated me getting in the subway, which necessitated me being away from my cell phone and email for 45 minutes, which meant that I didn't get to respond to a mass mail sent out by my teacher asking who needed extra credit, which meant other kids snapped up the extra credit, which meant I wasn't going to get a 98 in the class, which meant I wasn't anywhere close to a 98.6 average…, which meant I wasn't going to get into a Good College, which meant I wasn't going to have a Good Job, which meant I wasn't going to have health insurance, which meant I'd have to pay tremendous amounts of money for the shrinks and drugs my brain needed, which meant I wasn't going to have enough money to pay for a Good Lifestyle, which meant I'd feel ashamed, which meant I'd get depressed, and that was the big one because I knew what that did to me: it made it so I wouldn't get out of bed, which led to the ultimate thing—homelessness. If you can't get out of bed for long enough, people come and take your bed away. (Vizzini 14-15)

Craig's spiraling thoughts reach his idea of hitting "rock-bottom" where he envisions being family-less, jobless, and ultimately homeless. Craig, however, notes that things run differently at Six North, where Craig feels "no pressure" from the tentacles that consume his overwhelming need to work hard and be successful. To counter the tentacles, the "anchors" are the thoughts that occupy Craig's mind and allow him to temporarily feel good as they are "simple and sequential" and don't require "any decisions" (15).

At Six North, Craig participates in an art therapy session. Dealing with a mental block, Craig is unsure what to draw until fellow-patient Noelle suggests he draw something from his childhood. Craig reverts to the maps he used to make as a child, now referred to as "brain maps" (290). At four years old, Craig's anxiety issues were already prevalent as he grows frustrated in attempting to draw a map of Manhattan. Craig recognizes that his brain maps have become an anchor. In creating them, the brain maps aid in settling the tentacles. Craig feels that, in making

the maps, "I do them and they're done…I do it; it's successful; it feels good; and I know it's good. When I finish one of these up I feel like I've actually done something and like the rest of my day can be spent doing whatever, stupid crap, e-mail, phone calls, all the rest of it" (390).

While at Six North, Craig undergoes several mental and emotional changes that allow him to be successfully discharged from the facility after the minimum five-day observation period. Meeting with Dr. Minerva, Craig admits that his suicidal ideation has passed, although she warns Craig about being overly anxious in reaching recovery. In having those thoughts again, Minerva cautions, "you know you have to come back here [to Six North]" (309). Reaching a point where he can let go of many of his constant worries and after a five-day stay, Craig is able to leave Six North. Stepping out onto the sidewalk after reanalyzing his mental state, Craig begins to "feel my brain on top of my spine and I feel it shift a little bit to the left" (443) and realizes that the open, free thoughts and feelings that are flowing through him are signaling the "shift" he has been waiting for. For Craig, a "shift" happens when his brain "slide[s] back into the slot it was meant to be in" (17).

Not only do Craig's symptoms feel real to the reader but are similarly based on the real mental health issues that Vizzini went through prior to and during the time of writing *It's Kind of a Funny Story*. Vizzini claims that up to 85% of the novel is based on his experiences dealing with his mental health condition as a young adult (Blasingame 607). In an interview with Focus Features, Vizzini admits that his experiences within the psychiatric facility prompted him to compose *It's Kind of a Funny Story*. A week after being discharged, Vizzini experienced "the Shift" that had him realize that "suicide was stupid" and was not an option for him any more, seeing how much pain and suffering he had put his family through during his institutionalization.

Taking only about a month to write ("FAQ"), Vizzini crafted the almost-true story of his experience with mental illness that many readers have come to love and appreciate.

Unfortunately, in December 2013, at the age of 32, and just under 10 years following the publication of *Funny Story*, Vizzini lost a life-long battle with mental illness and took his own life (Yardley). Like Craig, Vizzini took medication for depression, which helped with many of the "cycling" and "shifting" symptoms, but he discontinued its use. At the point of no longer eating or sleeping, Vizzini developed suicidal ideations leading him to the New York Methodist Hospital emergency room (Yardley). With adequate help and care, and "through individual and group counseling, medication management, therapeutic activities on the unit, sincere care from the people who worked there, and some very eye-opening conversations with…fellow patients," Vizzini claimed to have "made it" past the point of suicidal ideation (Yardley). Despite continued years of success following his discharge from the facility and writing his experiences as *It's Kind of a Funny Story*, Vizzini relapsed into a depressive state, jumping from the roof of his parents' home to his death (Yardley).

Following Vizzini's passing, he has left behind a fanbase with a lifelong appreciation for the author's honesty and candor in writing about mental health and illness. A review in *The New York Times Book Review* notes that Vizzini's *Funny Story*, "is an important book, not only because it will help teenagers recognize unhealthy expectations and know there are alternative choices, but also because it could enlighten adults who are making their kids crazy" (Stone). A common complaint of the novel by readers, however, is how quickly Craig is "cured" and released from the psychiatric facility. Readers feel this notion to be extremely uncharacteristic of mental health diagnosis and treatment. If given close attention, Craig admits to the reader that he has not been "cured" (Vizzini 442) and will continue to struggle with these issues despite his

discharge from Six North. On his Frequently Asked Questions page, now run by an online archiving system, Vizzini touches on this topic stating that "Craig didn't get better as in 'his depression is cured.' He got better as in 'he's not going to consider suicide again.' He sorted out some (and only some) things in his life…like I did" ("FAQ"). In hindsight, his words feel morbidly ironic knowing that his continued treatment for depression, anxiety, and suicidal ideation was not successful. What could this mean for other novels based on an author's personal dealings with mental health, as well as other relatable issues? Vizzini's struggle with mental illness was not a private one as he continued to be open and honest about his experiences. Does the knowledge of Vizzini's death help or hinder readers dealing with similar issues? Where his words once stood for hope and successful healing, would they now be false claims of treatment and happiness? Overall, *It's Kind of a Funny Story* has become

> a treasured friend to young adults grappling with mental health problems and to their families and friends who want to understand what they're experiencing. The book throws a lifeline to those dealing with depression, as if Ned is there to reassure them: *Your pain is real. I understand. I'm with you. We'll get through this*. (Cohn iii)

Both Craig and Vizzini's role as patient in this study show that, given progressive changes to the role of parents' influence on their children through positive help-seeking behaviors and the slow but steady de-stigmatization of mental illness has led to better recognition of what it means to be diagnosed with a mental health condition and ways in which individuals can seek help for these issues. Unlike Neufeld's Lisa, who has been severely ignored thanks to undereducated adults and prominent mental health stigmatizations of the time, Craig continues to actively and openly receive help for his ailments, finding a positive resolution with himself, his diagnosis, and his treatment. Craig, unlike Lisa, is also able to receive urgent and helpful care thanks to the definite changes to mental health policy and practice, the subject of the next section.

"You did the right thing…" : Progressive Changes in Mental Health Care and Practice

As some forty years have passed from the time of Neufeld's *Lisa, Bright and Dark* to Vizzini's *Funny Story*, many changes have taken place to make mental health care visible to mass populations bringing it to the forefront of many healthcare initiatives calling for a reduction of stigmatization and an increase in general awareness. The first ever Surgeon General's Report on Mental Health (1999) released to the public by then Surgeon General David Satcher promoted two important messages never publicly discussed by government agencies: that (1) mental health is fundamental to overall health and must be given priority in "promoting mental health and preventing mental disorders" and (2) that mental disorders are real health conditions that should be acknowledged as they "have an immense impact on individuals and families throughout this Nation and the world" (Goldman et al. 5). This second issue has been discussed previously in this study regarding Thomas Szasz's *The Myth of Mental Illness* in conjunction with the Schillings' disregard for their daughter's mental state. Seeing as the Surgeon General found the need to publicly relate that mental conditions are *real* gives proof to the severity and prevalence of mental health care across the country.

While many communities have their own cultural reasons to dismiss mental illness, it was the Surgeon General's study of over three thousand research articles and first-person accounts of mental health and illness that Satcher found a kind of "quiet scientific revolution" in the well-documented cases of mental health and the wide-range of treatments in existence for these disorders. Through this report, Satcher recommended that individuals "seek help [for] mental health problems or [if you] think you have symptoms of a mental disorder" (5). As there is no

such thing as a “one size fits all” treatment approach to mental health, individuals who do seek treatment can “choose from a variety of helping sources, treatment approaches, and service settings” (5).

As seen through the example of Lisa in Neufeld’s novel, stigmatization played a key role in the 1960s and 70s distrust of psychotherapy and mental illness, causing a young girl to use harmful actions to bring attention to her deteriorating condition. For Cameron, the ideas of what constitutes mental health have been skewed to think that her sexual orientation does not fit into the socially constructed biases of gender and sexuality. This causes Cameron’s homosexuality to be the “cause” of her mental disorder even though homosexuality as a mental illness was disproven. As for Craig, mental health awareness and acceptance in the twentieth century have progressed so much that the idea of seeking and obtaining psychiatric help on one's own is the best option for successful treatment and recovery.

Since the release of Satcher’s report, a great number of organizations have come to fruition with the objective of bringing awareness, understanding, and education to public populations on mental health and illness. The National Alliance on Mental Illness (NAMI) names itself as the nation’s “largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness (“About NAMI”). By promoting education to communities, NAMI advocates for “public policy for people with mental illness and their families [while providing] volunteer leaders with the tools, resources and skills necessary to save mental health in all states” (“About NAMI”). Offering listening services provided through a toll-free helpline (NAMI HelpLine), NAMI responds to thousands of calls a year “providing free referral, information, and support,” as well as bringing community awareness in hosting and sponsoring public events and activities aimed at fighting stigma and

encouraging understanding ("About NAMI"). Mental Health America (MHA), the country's "leading community-based nonprofit" dedicated to encouraging the inclusive benefit of awareness, considers the wellness of individuals to be critically tied to mental health. By endorsing "prevention services for all" through "early identification and intervention for those at risk, integrated care, services" and support, MHA, like NAMI, advocates the initiatives of public policy, collaborating with affiliates and supporters backing peer support and services, education, and mental health outreach for communities and individuals ("About Us"). The National Institute of Mental Health (NIMH), one of 27 institutes and centers making up the National Institutes of Health (NIH), is "the lead federal agency for research on mental disorders" and envisions "a world in which mental illnesses are prevented and cured," with a mission to "transform the understanding and treatment of mental illness…paving the way for prevention, recovery and cure" ("About NIHM").

During the 1960s there was a push by the federal government to expand community mental health centers (CMHCs) by an additional two thousand across the country (Rosenheck 107). Despite shortcomings due to professional disinterest, disconnection from state agencies, and lack of accountability, establishing these centers aimed at providing individuals with mental health services, especially in urban areas, was a major accomplishment (109) that influenced productive growth and advocacy for the movement. Statistics for these growing consumer movements showed the importance of these organizations working as "advocates for expanded and improved services [with] development of empowering self-help programs and consumer operated services" (110). Progressive movements for change towards these issues, however, did not see "mutually supportive" affiliations where some denied the existence of mental illness, diagnosis, and treatment" (111), an issue previously discussed in Chapter Two.

With new organizations growing out of the urgency to educate and support mental health came ways in which practitioners admitted patients into psychiatric facilities and the procedures for doing so. Neufeld's patient Lisa, fighting tooth and nail to receive even the slightest acknowledgment of her mental condition, obtained help only after submitting herself to the dangerous act of walking through a glass door. Even as the reader finds Lisa receiving the first motions of treatment at the novel's conclusion, we do not see what becomes of Lisa as she undergoes psychiatric help. Cameron, in Danforth's novel, deals only with non-certified "counselors" working in conjecture with the pseudo-scientific practices of SOCEs (Sexual Orientation Conversion Efforts). Despite the tameness of Danforth's descriptions of conversion therapy camps compared to rumors of what goes on at these facilities, readers are still able to get a sense of the procedures at God's Promise. In Vizzini's *Funny Story*, the process by which Craig calls a Suicide Hotline, admits himself into the local hospital, and meets with the Six North resident practitioners goes well beyond that depicted in the other two texts.

As previously discussed, Craig's suicidal ideation comes to a halt as he begins to "feel" again. Looking through a book on bereavement, Craig finds a section marked for suicidal thoughts which recommend consulting one's local phonebook for a Suicide Hotline or Helpline number. Finding the hotline number busy, Craig's call is rerouted to a local facility, the Brooklyn Anxiety Management Center. Craig admits to Keith, the voice on the other end of the line, that he wants to kill himself. To better assess the situation, Craig is asked a series of questions like: "why do you want to kill yourself?" "are you taking medication?" "Do you have a plan for how you would kill yourself?" (Vizzini 144). Not altogether trusting of Keith's help, Craig imagines that Keith is "just getting started with this whole counseling thing" (144). In Craig's mind, the disembodied voice is a "thin college-age guy with wire-rim glasses at a desk lit up with a small

reading lamp, looking out a window, nodding at the good deeds he's doing" (144). While a volunteer from the Brooklyn Anxiety Management Center may not be a certified professional, this study notes them as practitioners that the patient can reach out to on a professional level. These practitioners have no relation to the patient on a personal level and can view situations on an objective level. As a counselor for this facility, he will have been trained in how to speak with and handle mental health situations on a base-level before referring patients to the local hospital or psychiatric facility. After going through a "five-step exercise for managing anxiety" (145), Craig is advised to contact the national 1-800-SUICIDE number to receive more urgent and relevant care. Maritsa, the woman who answers Craig's call, goes through the same motions as Keith, but as Craig is suicidal, the situation is considered a "medical emergency" and advises that he go to a nearby hospital (149). Talking him through the motions of getting dressed, Maritsa commends Craig on his willingness to actively seek help, with encouraging phrases like: "that's wonderful," "you're doing the right thing," "we don't want to lose you," "you're being very strong right now," "you're very brave," and "I'm proud of you" (150-151).

According to the National Suicide Prevention Lifeline (NSPL) website, individuals who call the toll-free number will be connected to a "skilled, trained crisis worker who works at the Lifeline network crisis center closest to you" who will "listen to you, understand how your problem is affecting you, provide support, and share any resources that may be helpful" ("What Happens When…"). Individuals are encouraged to call whether they are thinking about suicide, need emotional support, or are suffering from substance abuse, economic worries, relationship problems, sexual identity issues, or are recovering from abuse, depression, mental and physical illnesses, and loneliness ("What Happens When…"). NSPL crisis centers aim to help individuals dealing with personal crises to obtain help by providing state and local communities with mental

health and emotional support services. Crisis centers should be considered "the ultimate 'community mental health service,'" aimed at serving "the entire community, often at all hours and free of charge" ("Our Crisis Centers"). Unlike the decades previously discussed, community mental health movements of the 21st century have found themselves "armed with superior medical and managerial techniques" that open the possibilities of "generating a renewed societal commitment to improving the welfare of people with severe mental illness" (Rosenheck 121). Thus, unlike Lisa or Cameron, Craig encounters a far easier experience in reaching out for help and successfully locating those with positive views of mental health.

Arriving at Argenon Hospital, Craig meets a new set of practitioners enlisted to help him with his mental health. The E.R.'s triage nurse, learning that Craig has stopped taking his antidepressant medication, gives him some words of advice: "You really have to stop, right now, and think about how you feel. I want you to remember how you feel the next time you decide to stop taking your medicine" (Vizzini 158). These words have not been spoken to any of the patients in this study up until now. Where this sage advice may be odd to some coming from a nurse rather than a trained medical doctor or psychiatrist, they work on Craig who decides to commit to memory the feelings of being "dead, wasted, awful, broken, and useless" though he admits "it's not the kind of feeling you forget" (158).

Information on identifying and assisting persons at risk for suicide by the SPRC (Suicide Prevention Resource Center) shows many professional and medical centers, like Emergency Rooms and Crisis Centers, implementing the use of "gatekeepers"—those who interact with individuals or groups who may be at risk for suicide—trained to "recognize and respond to suicide risk" ("Identify and Assist"). The job of triage nurse itself entails a level of gatekeeping in their objective decisions on who may enter the E.R. for consultation and treatment based on a

set of factors used to evaluate passage. Typically, emergency room procedures give priority to the most at-risk patients from pregnancy complications and labor to serious injury, bodily harm, or unconsciousness.

So-called "suicide watch" is not a foreign subject to mental health culture and can play a key role in the stigmatization of mental health conditions, specifically that of depression and suicide. As Craig is taken into the E.R., a large police officer stations himself outside the curtained cubicle between Craig and another patient. Oblivious to the man's presence, Craig soon realizes that

> He's not there in general or for the ER; he's there for my *protection*. When you come into the hospital with a mental disability, *they put a cop next to you so you don't hurt yourself*. I'm on like, *suicide watch*. You want to commit suicide, you call 1-800-SUICIDE; you get suicide watch. (Vizzini 166)

According to the SPRC, Emergency Departments (EDs) typically have set procedures for working with patients going through episodes of suicidal ideation ("Emergency Departments"). Statistics show higher risk of suicide attempt or death by a patient within thirty days of being discharged from an ED causing many to utilize several key components to better the odds of suicide prevention ("Emergency Departments"). The SPRC lists the following ways in which EDs can act in addressing suicide prevention:

- Conduct universal or selective screening for suicidal risk
- Provide at-risk patients with a full assessment by a mental health professional trained in effective suicide care
- Provide brief interventions while patients are still in the ED (e.g., safety planning, lethal means counseling)
- Ensure careful discharge planning and safe transitions of care to outpatient services ("Emergency Departments")

As these precautious, preventative steps are taken a general stigmatization of seeking help at EDs remains. Long-time beliefs based on seldom enforced state laws regarded suicide as a crime and a felony ("Is Suicide Illegal?"). From these laws stem the generalized use of the phrase

"committing" suicide, implying that the act of suicide remains a punishable offense. Since the 1980s, 30 out of 50 states in the US have no laws set for attempting suicide—where the use of the term "attempt" utilizes negative connotations perpetuating suicide as a crime—but the act of "assisted" suicide is considered a felony by all fifty states ("Is Suicide Illegal?").

Fifteen-minute "safety checks" are implemented for more at-risk individuals where research shows 51% of suicidal patients received 15-minute checks or one-on-one observations by nurses or other designated practitioners (Jayaram et al. 46). Research shows the ineffectiveness of these "checks" with common problems being lapses in the documentation of the patient and symptoms, as well as successful suicide attempts taking place between "checks" seeing as "fifteen minutes is more than adequate for someone to kill themselves…it takes only two minutes for patients to suffer irreversible brain damage if they attempt to hang themselves, and around seven to eight minutes for them to die" (46). Craig is placed on a one-on-one watch with the police officer seeing as "the realistic time needed to check on each patient would require a full-time equivalent of nursing or more" (46). One hundred and fifty hospitals and facilities across the United States have implemented a "zero suicide" strategy, where patients—like those at Johns Hopkins University—are not given regular checks, but the facility "pays observers to sit and watch the most at-risk patients around the clock" (Carville). In managing at-risk patients, the practice of observation "is only as effective as the training, attitude, and skill of the observer" (Jayaram et al. 48). This "Zero Suicide" policy appears to have been implemented on Craig as the police officer stays within close view of Craig.

Visited by E.R. physician Dr. Data, Craig dishes the "rap," detailing his path from suicidal ideation to the present— "I wanted to kill myself; I called the number; I came here. *Blah blah blah*," recognizing that "it gets shorter every time" (Vizzini 163). Performing a more in-

depth assessment, Dr. Data commends Craig on doing the right thing in coming to the hospital. Dr. Data recommends Craig meet with Dr. Mahmoud, one of Argenon's best psychiatric doctors, to better assess his mental state. Meeting with both Dr. Mahmoud and his mother, Craig agrees to be admitted to the hospital's psychiatric ward despite truly understanding what this entails: "*Admitted*. That probably means to the special room where I get to talk with Dr. Mahmoud. A quick visit and then I'm gone" (176). It isn't until he passes through the doors of Six North that he realizes, "*Oh my God…I'm in the mental ward*" (181).

Only now realizing the kind of commitment he has made, Craig attempts to back out, reverting to his self-stigmatization: "I came in because I was really freaked out, you know, and I checked in downstairs, but I wasn't totally sure where I was going, and now that I'm here, I don't know if I really—" (186). Cutting him off, Nurse Monica of Six North reminds Craig that in signing the hospital's paperwork he is now obligated to reside at Six North until a doctor's discretion for discharge. She adds that, in the case that Craig really feels Six North cannot help him, he can write a "Five-Day Letter" giving reasons for discharge (187). The Mental Health Act of 2001 states that individuals admitted and receiving treatment at psychiatric hospitals or through inpatient services will have the patient's "best interests…considered before any decision about their care and treatment can be made" ("Admission"). Concerned over Craig's immediacy to leave Six North, his mother persuades him to stay, warning "You don't want to come out early and have to come back" (Vizzini 225). Dr. Mahmoud concurs with Mrs. Gilner, calling this type of occurrence a "fake recovery." Recognizing his symptoms in the terminology used by the doctor, Craig equates a "false recovery" to his own "fake shift" in that, as the patient, "you think you've beaten it, but you haven't" (239).

Under the assumption that he will be at Six North until he is "cured," Dr. Mahmoud explains that mental illness, like life, cannot be "cured," "Life is managed…we do not keep you here until you are cured of anything; we keep you here until you are stable" (239). His anxieties resurfacing, Craig admits to fears of being stigmatized by his peers and school officials as the reason why he no longer wishes to stay at Argenon. Comparing these anxieties to that of an insulin-dependent diabetic, Mahmoud explains, "You have a chemical imbalance, that is all. If you were a diabetic, would you be ashamed of where you were?... If you had to take insulin and you stopped, and you were taken to the hospital, wouldn't that make sense?" (240). Understanding that treatment at Six North will be beneficial to Craig's overall health, he agrees to remain at the facility for the minimum five days before deciding with the doctor whether he should continue on-going treatment or be discharged from Argenon.

Required to attend individual and group therapy sessions along with participating in recreational group activities—like art therapy and "musical exploration"—Craig rediscovers his love of creating "brain maps" and finds he can concentrate on something other than his constant anxieties. At musical therapy, Craig relaxes, thinking not about what is going on in his head, but in "shaking my hips" and "dancing as if I were one of those cool club guys with two chicks…" (Vizzini 335). Craig can think of the way his body moves and feels in that moment and is not bogged down by the "tentacles," feeling free and at peace with his body and mind.

In Vizzini's *It's Kind of a Funny Story,* practitioners are presented as positive, encouraging and optimistic to the help-seeking behaviors Craig has exhibited in comparison to the practitioners in Neufeld and Danforth's works, whose practitioners are more concerned with changing the patient's behaviors rather than helping them. Craig's choices are validated as he receives constant praise by practitioners for seeking help, for voluntarily admitting himself into

Six North, and for being fully committed to the end goal of mental recovery. Even Neil, the music exploration leader, adds to this positivity in telling Craig, "I'm glad you came here and got the help you needed" (339). While the optimism is welcomed, Craig understands that it must be a part of the facility's suicide prevention measures meant to keep him calm and clear of negative thoughts: "…he shakes my hand in that way that people do to remind themselves that you're the patient and they're the doctor/volunteer/employee…you feel that distance, that slight disconnect…[T]hey know you're broken…that you might snap at any moment" (339). Considering his own experiences in a psychiatric ward, Vizzini may have embedded these elements of praise, optimism, and positivity into his writing to encourage readers to seek help. Vizzini's novel promotes a sense of destigmatization concerning mental health that is worthwhile to his readers. In trying to enforce help-seeking behaviors, mental health facilities and practitioners face constant societal stigmas which Vizzini's novel battles by eliciting positive representations of progressive mental health movements.

"This is the bravest thing you have ever done…" : Destigmatized Reactions of Parents, Peers, and School Officials

Throughout Craig's ordeal, the notion of "population" remains an undercurrent to the general themes of mental health regarding social, personal, and community stigmatization. Three factions of the population that play a larger role in the stigmatization of mental health are those of (1) parents and family, (2) friends and school peers, and (3) school staff and officials. A product of four social-cognitive processes, mental health stigma looks at the cues (how the public identifies someone—e.g., physical appearance, impaired social skills, psychiatric symptoms, and labels—with mental illnesses), stereotypes (ideas of those with mental illnesses

to be incompetent, weak, or dangerous), prejudices (decisions made based on the stereotyping of individuals or groups), and discrimination (behaviors acted out against the stereotyped and prejudiced groups that can take on the form of bullying and social exclusion) of mental illness (Bulanda et al. 74). Research shows that young adults are not only stigmatized for having mental conditions but are devalued, teased, under-estimated, and socially excluded by peers, teachers, and at times family members for receiving psychiatric treatment (Moses, "Determinants" 26).

Stigmatization of young patients hospitalized for mental conditions tends to generate "emotional pain that adds substantially to the burden of illness" where "the anticipation of stigma from peersis [sic] very costly as it keeps youth from seeking help when needed" (26). "Negative views of services, and a lowered inclination to use them, associated with poor understandings of mental illness from peers, family members and school staff" (Moses, "Being Treated" 985) adds to this stigmatization. It is this kind of stigmatization that fuels Craig's anxieties regarding the social and academic repercussions of obtaining treatment at Six North. These negative stigmas associated with the public's view of mental health services and facilities combined with ignorance, prejudices, and discrimination (Goodwin et al. 636) generally intensifies the patient's inhibitions in seeking help for their problems. Likewise, stigmatization of mental health services can lead to negative emotions and the refusal of treatment which lowers the chances of successful recovery by the patient (Bulanda et al 74). Fortunately for Craig, he is surrounded by positive perceptions of mental health, like his parents who persuade him to stick with his treatment.

Research shows stigmatization of parents by family members to be minimal as they tend to be less judgmental allowing the patient to rely heavily on family for support (Moses, "Being Treated" 986). Mr. and Mrs. Gilner understand the delicate nature of Craig's health as they have

been providing him with the means for psychiatric help on a regular basis. Having already spent time and money in learning to understand their son's condition, the Gilners are able to judge what triggers Craig's good and bad days. Despite educating themselves, parents do not always notice the signs of suicidal ideation: "I knew you were bad, but I didn't realize…" (Vizzini 168). Parents who openly discuss mental health issues and help-seeking behaviors with their children generally raise children more likely to have positive views of mental health and available services (Goodwin et al. 642). Craig's parents, mainly his mother, show the most positive demeanor—compared to the Schillings or Aunt Ruth—in acknowledging Craig's situation. Finding out her son is in the hospital for suicidal thoughts, Mrs. Gilner grows relieved by Craig's choices:

> I am so proud of you… This is the bravest thing you've ever done…This is the most life-affirming thing you've ever done. You made the right decision. I love you…I thought I was a bad mother, but I'm a good mother if I taught you how to handle yourself. You had the tools to know what to do. This is so important… (Vizzini 169)

This is not to say that Mr. Gilner is not interested in being active in his son's recovery but does tend to be generally awkward in his interactions with Craig. Craig's young and immature sister, Sarah, on the other hand, falls into stereotyped perceptions of psychiatric facilities, asking if Six North is like *One Flew Over the Cuckoo's Nest* (219). Like Sarah, studies show a general belief in psychiatric facilities notoriously being compared to prisons fit with "padded cells" where patients "were never granted leave, or as a dark place where people '[scream] their heads off'" (Goodwin et al. 641). While Sarah has her own stigmatizing views of Six North, Mrs. Gilner optimistically feels the facility is "full of good people" (220) and will genuinely benefit Craig.

Where his parents are concerned with his recovery, Craig's friends, much like his sister, are more interested in life at Six North. Craig, however, fears the negative views that may follow

him upon leaving the facility. Largely social, the negative perceptions and stigmas from peers lead to patients being considered less popular, aggressive, and socially rejected (Moses, "Being Treated" 986). Afraid his friends will find out where he is, Craig's anxieties begin to cycle: "People on the outside world don't know what's happening to me—I'm in a sort of stasis right now. Things are under control. But the dam will break. Even if I'm just here through Monday, the rumors will start flying, and the homework will pile up" (Vizzini 229). Studies show Craig's fears stem from the views of mental health services as "a sign of weakness," with some peers being accepting, while most claim they would instead avoid mentally ill peers in the future (Goodwin et al. 641). Calling Craig at Six North, his friends Ronny and Scruggs laugh and joke about how "hot" the girls are and whether Craig can get them prescription pills. His best friend Aaron, however, puts the jokes aside, making a whole-hearted effort in asking Craig how he's doing.

Despite a brief falling out, Aaron leaves Craig a voice message with an apology and a realization of his own: "…I think I have some of that depression stuff, too. Lately, I've been like, unable to get out of bed sometimes and I'm just…y'know, really sleepy and I lose my train of thought. So like, I probably called you the other night like that because I was projecting…" (Vizzini 297-298). Studies show 38% of individuals denied stigmatizing attitudes and behaviors from their peers, where a number of participants found even fewer instances of stigmatization when friends admitted to also experiencing mental health issues as they were viewed as being "in the same boat" and "perceived as not being in a position to stigmatize" (Moses, "Being Treated" 989). Aaron retrospectively takes note of his own mental health and asks for Craig's advice. Suggesting Aaron seek out a general physician's referral for mental health services, Craig returns the words of optimism and positivity to a new patient in telling his friend "that it's nothing to be

ashamed of" (Vizzini 298) and encouraging him to take paths that will better his mental health. Craig finds that his situation has made its way around to his school peers after finding a voice message from another girl at school who showers Craig with words of praise for his strength in getting help.

In considering the reactions of his peers, Craig is also faced with the pressures of dealing with Nia, who has romanticized Craig's situation in a selfish manner. Finding out that Craig was going to act on suicide, Nia is flattered to know that his call to her was a final expression of his feelings for her: "You wanted to kill yourself over *me*?" (234). Attempting to clarify himself, and finding no joy in Nia's selfishness, Craig grows annoyed with her. Claiming to be having a hard time in dealing with Aaron's prejudices over Nia's prescription medication use, Nia visits Craig as Six North and admits that she has "been thinking about going to a place like [Six North]," to check in like a hotel and spend some time "re-centering" (343) herself. Seeing that she has the wrong idea, Craig tries to explain that being at the facility is not a vacation spot that can be "checked in to" whenever one wants and should be utilized in an instance of a medical emergency.

Later pushing herself on Craig and romanticizing his mental state, Nia claims to "know [Craig] so much *better*," citing his "maturity" and his being "really *screwed up*" (345). Making out in Craig's hospital room, Nia admits that she "always wanted to hook up in a hospital… This was totally on my checklist… Me and Aaron never did anything like this" (351). Taken aback by Nia's statement and, luckily, getting interrupted by Craig's roommate Muqtada, Nia leaves in a huff, telling Craig he will never have a girl want him because "what kind of girl is going to put up with this… crap?" (353).

Comparing Aaron and Nia as friends to Craig shows signs of the coming of age arc in having those friends that will always be by your side and those who will leave when things get tough. The start of Craig's story finds Aaron and Nia on the same level of friendship in Craig's mind, aside from a slight lean towards Nia thanks to Craig's crush on her. The balance is skewed in having Aaron, a boyhood friend, see the error of his ways and make amends with Craig, where Nia uses her sexuality to take advantage of Craig's situation in using the hospital to complete a sexual fantasy. A study on peer stigma shows many participants noting a shift of friendships involving the "negotiating acceptance with some friends, while dropping or being dropped by other friends" (Moses, "Being Treated" 898), which is shown through Nia and Aaron in Vizzini's work.

Where most of his fears lie in the ways his friends and school peers will look at him upon returning to school, Craig's other anxieties rest on the response he will receive from his teachers and principal at Executive Pre-Professional High School. As Executive Pre-Professional is a high-stakes, high-demanding school, Craig knows that missing five days to stay at Six North could ruin the rest of his high school career and, adversely, his changes at a good, stable future. Receiving a voice message from his science teacher, Mr. Reynolds, Craig's anxious tentacles return. During a session with Dr. Minerva, Craig explains his fears—and the root of his anxiety—culminate on the idea of failure, where "failing at school is failing at life" (Vizzini 385). Studies show that teacher-student relationships create an integral and influential role on young people in "shaping their sense of belonging, wellbeing, and success" (Moses, "Being Treated" 986). For Craig, however, the pressures of school have created a rift in said relationship, causing Craig to become afraid to speak to school officials in letting them know his present condition.

To help Craig, Dr. Minerva speaks to Principal Janowitz, explaining Craig's situation and their plan of action for recovery and discharge. To Craig's relieved surprise, Mr. Janowitz expresses his full support for Craig's recovery. In letting Craig know there are various options at his disposal to make up for his time at Six North, Mr. Janowitz adds, "we don't pass judgment on our students for being in the hospital" (Vizzini 312). Coinciding with previous studies, Mr. Janowitz's reaction adds to the results of 22% of participants showing positive interactions with school teachers and staff by demonstrating "support and flexibility in their attitudes and behavior" (Moses, "Being Treated" 990). Some students in this study noted "special behavior" on the part of teachers and staff, which typically showed a reaching out to students with a willingness "to be flexible or accommodating at times [in] implement[ing] practices that were conductive to their progress at school" (990), much like Principal Janowitz.

At the novel's conclusion, with Craig completing treatment and a change in outlook at returning to school, Craig explains to readers his follow-up plan of action in leaving Six North. In returning to school Craig will be allowed to visit the nurse's office whenever he is feeling particularly depressed. Despite stating that he will be starting school the day following discharge from Argenon Hospital, Craig admits that, according to school policy, he does not need to return until the following week. While optimistically encouraging Craig to return sooner, the school's official stance is in not wanting to "overwhelm" him (Vizzini 437) to the point of relapse. With the return of a "real" shift and the pressures of his population finally lifted from his shoulders, Craig feels ready and capable to take on life to the best of his ability in being better, but not well.

In rounding out this study of the representations of mental health in young adult literature, Vizzini's *It's Kind of a Funny Story* shows the significant changes to cultural ideas and norms of mental health and how they have affected both author and reader. Vizzini, as a patient

himself, characterized the cultural shift of the 20th century in positively leaning towards help-seeking behaviors, especially in young adults despite the stigmatizing stereotypes associated with mental illness. Unfortunately, Vizzini was not able to overcome his personal troubles and lost a long-time battle with his own mental illness. His works showcased mental health and show young people that help is available and should be taken advantage of when necessary.

Changes in mental health, like those shown through *Funny Story,* are now being written and published at a growing rate during this current, progressive generation. What exactly can these types of texts do for the upcoming generations? And how can or should we utilize older texts like Neufeld's *Lisa, Bright and Dark* showing outdated and severely stigmatized and stereotyped views of mental health, as well as controversial topics like those in Danforth's *The Miseducation of Cameron Post*? The concluding chapter to this thesis will discuss ways in which secondary and post-secondary classrooms can apply these types of texts in ways that will lead to decreased stigmatization of mental health, ways in which empathy can be produced by both teachers and students, and ways to grow awareness and empathy, starting in the classroom.

CHAPTER V: CONCLUSION

USING YOUNG ADULT LITERATURE TO CREATE EMPATHY WITH MENTAL HEALTH ISSUES IN AND OUT OF THE CLASSROOM

Mental health has been a rising topic in many fields of sociocultural studies while being met with both encouragement and stigma. In the literary field, topics of mental health have been present in literature, particularly in that of young adult (YA) literature as the number of books published for young adults in the age range of 13-19 has grown over the recent years (Koss et al. 563). While the topic of mental health has been included in the texts of *Lisa, Bright and Dark*, *The Miseducation of Cameron Post*, and *It's Kind of a Funny Story*, the notion of reducing stigma and encouraging empathy in its readers has continued to rise both in and out of the classroom as mental health education allows the chance for students to recognize the stigma placed on mental health in terms of a "lack of understanding of depression, anxiety, schizophrenia, bipolar disorder, and obsessive compulsive disorder (OCD)" that comes into play due to "frequent disparaging references to mentally ill individuals in film, television, and newspapers" (Richmond, "Using Literature" 19). This thesis culminates with exploring ways to utilize young adult literature for both secondary and post-secondary education. These texts encourage a greater rise in empathy when working in conjunction with classroom settings to discourage young adults from "othering" those with psychological differences (19). Creating lesson plans and student activities centered on mental health-themed texts can help to create a rise in understanding of

mental health issues, as well as allowing both students and educators to recognize mental health symptoms and issues in and out of the classroom. Research shows there is a one-in-four chance of young individuals between the ages of 18 and 24 developing or being diagnosed with a mental disorder (24). These statistics show the importance of having young people acknowledge and understand the meaning and symptoms of mental health to help them self-identify with others. This concluding chapter elaborates on these discussions in ways of teaching mental health-themed young adult literature to help garner empathy and understanding from students and educators. In considering examples used throughout this thesis, this chapter determines how the implementation of mental health education in conjunction with educator's lessons and assigned texts can create open, honest classroom discussions that can be transferred to the community (24).

The Inclusion of Modern, Relevant Texts to the Literary Canon

An important factor in promoting an educational shift towards the use of YA literature in classrooms is the inclusion of modern, culturally relevant texts into the literary canon. The traditional literary canon tends to be at least one generation behind the current literary trends (Perry et al. 15) where the "traditional" canon commonly refers to the so-called "classic" texts written, in the majority, by white men despite the small spattering of female writers (ie., Charles Dickens, Nathaniel Hawthorne, Sylvia Plath, etc.). while canonical texts are given "honored status" for their ability to meet the needs of readers at the deepest levels of spirituality, intellectual focus, and human emotions (15). Why, then, are young adult texts excluded from being eligible for the canon? As some YA texts have been identified as "problem-novels" which signifies a young person's transcending from childhood to adulthood (Koss et al. 567), these

texts allow young readers to self-identify with the stories to "make sense of all of the available information, judge what is accurate and what is biased, and [to] be selective in the information they accept" (570) and are believed to play a significant, central role in the literacy development of teenagers (563), becoming an important issues in classroom teachings.

By including young adult literature into the classrooms, students are presented with the voices of others "who currently have no place, or perhaps a quiet voice, at the table" (Perry et al. 15). Those quiet voices wish to produce a continued dialogue on issues like mental health that daily affects young adults. In extending the canon, the quality of literature is enhanced rather than diluted. Where "quality literature" is considered those works that have identifiable literary merit, other texts exist in multiple spaces and perspectives evaluated not only for literary qualities (16). Students who read YA literature can find a "mirror" of their own experiences (16) through mental health-themed literature—like those studied in this thesis. An important factor in using such texts within the classroom is that students can identify traits and qualities such as their own in the assigned readings and may have an easier time speaking on those issues, either from personal experience or from experiences of those in their communities and social circles. By utilizing more relatable and diverse texts in the classroom, educators help mold students who are more adept at "self-reflection" (16). With YA literature, students are exposed to diverse texts with inclusionary themes depicting different races, religions, genders, sexualities, and representations of disabilities, particularly those combined with mental health themes (Koss et al. 565). While some people still believe young adult literature is not of literary merit, consideration should be given to the ways today's teens reach self-discovery through new media and textual mediums seeing as young student's lives are becoming more complicated with the ever-changing

sociocultural elements of the world in which we live. As the world changes, "so too does the literature written for [young people] that reflects their lives" (569).

School systems placing continued emphasis on "required" texts typically nominated and implemented by department chairs creates a rift in the variety of texts being applied in the classroom by individual educators (Applebee 28). A 1992 study showed that three main reasons alternative texts are not being utilized by educators into the everyday curriculum are that:

1. Teachers remain personally unfamiliar with specific texts
2. Teachers are uncertain about the literary merit and appeal to students
3. Teachers are worried about possible community reactions (31)

As these findings are slightly outdated, this thesis remains to see whether said issues remain or have been changed, allowing educators greater freedom in the use of the texts they apply in their classrooms. In many cases, the sampling of canonical texts in classrooms typically include "some plays by Shakespeare, some poems from the Augustans, some contemporary works of 'good' authors, some classical myths and legends, some prose and poetry of the romantic era, and some selections from United States tradition" (31). While these canonical texts have some influence on the themes of mental health, they are not nearly as relatable as modern YA texts that include prevalent societal topics and issues central to newer generations of readers. Young adult literature provides "rich literary material for exploring issues and dilemmas of the human experience as perceived by the young" while dealing with "sorting through and confronting the issue of being 'different,' [and] finding their place in a sometimes confusing and diverse world" (Koss et al. 569). As shown throughout this thesis, dealing with mental health issues can be a difficult and trying time, especially if individuals do not have any positive interactions or perceptions of said issues.

Many new texts within young adult literature deal specifically with mental health issues such as those studied throughout this thesis, as well as more recently published works like that of Francisco X. Stork (*The Memory of Light*) and John Green (*Turtles All the Way Down*) that showcase elements young adults face when dealing with various mental health issues. Integrating texts like those mentioned above into the literary canon would provide students with open opportunities to "see their potential through characters that speak to them as teenagers" while expanding these complex issues to all readers, not just young adults (Perry et al. 17). By finding a proper balance among the more traditional texts, using YA texts allows educators to "find better ways to insure [sic] that [classroom] programs are culturally relevant as well as culturally fair—that no group is privileged while others are marginalized by the selections schools choose to teach" (Applebee 32). The encouragement of empathy does not only benefit students but educators as well, seeing as teaching mental health-themed YA literature can help open dialogues within the classroom which can carry over into the everyday lives of students and educators.

Reasons for Empathy In and Out of the Classroom

Empathy allows individuals to relate to others by promoting cooperation and unity rather than conflict and isolation (Konrath et al. 180). While empathy is a subjective, abstract idea, many studies attempt to gauge empathetic views based on reader response experiments that measure empathy by focusing on the cognitive state of others "*or* a vicarious other-oriented emotional response to these states" (181). Results of such studies show that many young people are losing their empathetic viewpoints thanks in large part to the growth in technological advances and usage, differences in parenting styles, narcissistic trends in both adults and young

people (i.e. parents and their children), the lack of siblings for single-child households, and the advancement of high school students being accepted into colleges to focus on future personal achievements (181). While these findings are merely subjective, many hold precedence in understanding their relation to a slow and steady decline in empathy amongst young people. Dynamic relationships between personality and culture notes where societal changes feed back into the cultural beliefs and norms accepted by young people affecting their ability to empathize with others (187).

On the other hand, focusing on empathy in relation to literary works finds that there is a definite correlation of higher scores on self-report measures of empathetic understanding in young adults and their long-term exposure to literature (Kuzmičová et al. 138-139). Creating a baseline through fiction increases the odds of raising empathy in readers based on reader-response experiments that prompt a so-called "defamiliarization-feeling-refamiliarization cycle" where subjects acknowledge the experience of "novel feelings and worldviews," and align "their previous cognitive-affective grasp of the texts as well as the world beyond the text" (140). By utilizing mental health-based YA in secondary and post-secondary classrooms, students can learn to identify their thoughts and feelings towards the subject within their reading of the text and transfer those empathetic feelings to their communities.

To bridge the student-empathy gap, implementing programs, like the noted "Roots of Empathy" program, as early as elementary school aides in teaching empathy to children "through multiple structured interactions" with the result of decreasing "aggressive behavior" and increasing "prosocial behavior such as sharing and helping" (Konrath et al. 191). Through this example, while empathy has been decreasing in young adult populations, empathy is certainly

teachable—or at least “changeable”— to children and young adults through positive practices (191).

Applying YA Texts and Relevant Assignments to Produce Empathy in the Classroom

Where canonical texts can be marginally understood by young adult populations, YA literature reaches the target ages of 15-25, the same demographic as that of the MTV television network (Rybakova et al. 37). Educators know that many students do not fully connect with canonical texts. Instead, YA literature can help bridge the gap between students’ understandings of those more relevant texts. By teaching empathy through mental health-themed YA literature, one of the main goals of educators is to “examine texts focused on understanding the human condition” (Richmond, “Using Literature” 23). With statistics showing one-in-four young adults between the ages of 18-24 diagnosed with a mental illness, and 75% of lifelong cases beginning by the age of 24 (“About NAMI”), implementing empathetic texts remains imperative in teaching students to understand the human condition (Richmond, “Using Literature” 22).

CCSS (Core Curriculum State Standards) language that defines the common core curriculum standards asks educators to seek out literature with “textual complexity,” the definition of which “is ambiguous enough to provide plenty of rationale for the inclusion of a variety of textual genre[s]” (Eckert 41). Falling under the category of “unconventional texts,” YA literature includes elements of “figurative and ironic language, complex and sophisticated themes, and cultural and literary knowledge” (41) that can, and should, be taken advantage of in the classroom. Using modern text mediums such as YA literature encourages educators to take control of the curricula implemented in their classrooms by determining ways texts fall under the

category of “text[ual] complexity” rather than waiting “for a panel of non-educators to determine what texts will be ‘approved’ for inclusion in CCSS aligned curricula” (40).

With their need to teach students topics needed to pass standardized tests for graduation (“teach[ing] to the test”), many educators do not have the time to put together such information. Due to this issue, common classroom texts are not exclusively relevant to students’ sociocultural needs. Thus, a majority of texts used in classrooms remain to be canonical pieces such as Shakespearean plays, *Huckleberry Finn* (Twain), *The Scarlet Letter* (Hawthorne), *The Great Gatsby* (Fitzgerald), *Lord of the Flies* (Golding), *Fahrenheit 451* (Bradbury), and *Of Mice and Men* (Steinbeck), to name a few. While some of these titles do hold themes of mental illness—i.e., suicide in *Romeo and Juliet*; depression and suicide in *Hamlet*—(Richmond, “Using Literature” 20), students rarely find them as interesting or relevant as YA titles like *The Perks of Being a Wallflower* (Chbosky) or *It’s Kind of a Funny Story* (Vizzini). These YA texts tell real stories of mental health issues along with the everyday issues faced by modern young people and can help students “better understand—and confront the stigma of—mental illness” (19).

Educators with “strong leadership/teaching skills,” meanwhile, enlist empathy, comfort, and decision-making when choosing texts they bring forth in their classrooms (20). Empathy allows educators to gather “important and useful emotional knowledge about themselves” and develop the “emotional skills to guide and support lifelong emotional learning” to improve student achievement (20). Many educators teach literature with the belief that “a good story allows [students] to see people as individuals in all their complexity” (Rybakova et al. 39). Enlisting YA literature helps students better relate in their ability to see characters as “a person” in all their humanity, reaching beyond stereotypes that hinder personal advancement (39). Mental health-themed young adult literature, likewise, allows readers to see people as “complex, good,

evil, and sometimes contradictory in their words and actions" and helps to extend empathy despite current stigmatization (39). These texts "illuminate human nature" providing young people with "models of dignity and heroism" by helping them develop an understanding of the world around them (40), giving them ways to cope with difficult situations (43). For students, these texts help them deal with controversial topics by inspiring positive action in school and community settings (43). Utilizing YA literature in classroom curricula, along with the implementation of specifically designed mental health education, can help students to "reconsider preconceived notions about individuals with mental illnesses" (24), allowing for "improved understanding of mental illness" through increased empathy (23).

Connecting Mental Health Education with Young Adult Literature

Teaching empathy is crucial, but there is also a need for comprehensive mental health education considering many young people will encounter a peer with a mental health disorder (Weisman et al. 709). Despite changing sociocultural issues, there is still a major problem in fighting negative, stereotypical views about mental illness (Naylor et al. 1). Mental health education helps reduce stigmatization as well as allowing for the encouragement of help-seeking behaviors, social skills, and positive mental health practices (Weisman et al. 709), like those discussed in Chapter Four. Implementing specifically designed mental health education allows students and educators to gain a comprehensive understanding of the signs and symptoms of mental illness, along with ways to address and help individuals debilitated by stigmatization. Studies show children in as early as kindergarten are influenced by negative societal attitudes toward mental illness preventing young people from actively seeking help (709).

Although populations may have positive, helpful knowledge of mental health, stigmatizing attitudes towards mental illness are difficult to change (714). Experimental mental health education programs, such as Mental Health Matters (MHM), "utilizes language arts pedagogy to impact stigma reduction" (710). Volunteers from community-based agencies working with programs like MHM focus on offering "support, housing, advocacy, and education for…members and families affected by mental illness" and offer "personal and professional support related to the teaching practices and/or content of the program" (710). A major problem in identifying mental health issues stems from the trivialized stigmas comparing the issues of young people versus those of adults, where the mental health of young people is left unrecognized or denied by themselves and their families (Naylor et al. 1). Even if adolescents acknowledge and accept a diagnosis of mental illness, they and their parents tend to fail at making use of appropriate mental health services and professional help, turning instead to "non-psychiatric settings such as schools" and educators (1).

Mental health education, like that of MHM, focuses on lesson topics such as stress, depression, suicide/self-harm, eating disorders, bullying, and intellectual disability (2). Implementing the use of young adult titles housing similar topics promote educator lesson plans and class activities "based on a variety of age-appropriate resources" (2). Results from the MHM program shows an increased level of empathy in understanding "why some people become depressed; why some people think that life is not worth living; [and] how bullied people are affected," showing reduced prejudice and use of pejorative, stigmatizing terms (4). Using YA literature in conjunction with mental health education programs teaches students the causes and effects of mental health issues in a relevant, easily understandable way. Having educators

facilitate such programs in the classroom holds potential for cost-effective, sustainable, and ongoing partnership between the school and community agencies (Weisman et al. 710).

Mental health stigma can be reduced, even altogether erased, when populations, particularly young people, "know more about the origins and antecedents of mental illness and information about the help that is available and the approaches to recovery that can be accessed…through adults and peers at school" (Naylor et al. 5). While it can be difficult for schools to take on the task of providing academic, social, and emotional knowledge to their students, it is equally important for schools, and educators to "enhance students' personal and academic outcomes" (Weisman et al. 715). Comprehensive mental health education can help students with the "ability to learn and achieve academically" and allows them "to achieve their greatest potential…[by being] educated in a safe and emotionally healthy environment" (Richmond, "Using Literature" 19).

While empathy can be difficult to gauge, resources and methods mentioned in this final discussion could aid in open, honest dialogues about mental health. With the help of educators trained in facilitating mental health education, along with utilizing mental health-themed young adult texts, students may be able to lower the levels of stigma imposed by sociocultural influences. Students who engage with mental health-themed texts tend to be more interested and engaged in the text's relevance to real-world issues they daily face. These texts can be a prominent source in helping to develop classroom discussions aimed at empathetic views of mental health both in and out of the classroom and continue to maintain a critical role in the literacy development of young people (Koss et al. 563). While much of the information presented here continues to be merely speculative and experimental, it remains a starting point in

helping develop a comprehensive teaching/learning environment that can reduce the overall stigmatization of mental health among young people.

Utilizing texts, like those discussed throughout this thesis, reinforces this final discussion by exploring the sociocultural issues presented by each text based on generational beliefs and stigmas of mental health. As seen through Neufeld's *Lisa, Bright and Dark*, Danforth's *The Miseducation of Cameron Post*, and Vizzini's *It's Kind of a Funny Story*, the changes to mental health policy, practice and acceptance have progressively changed across the 40-year span studied here. Where mental health has continually been stigmatized due to negative sociocultural ideas born out of ignorance and misrepresentation of psychiatry and psychological services, society has, fortunately, witnessed a growing trend in young people's openness and acceptance of those who are deemed different than societal norms.

Beginning this study, Neufeld's *Lisa, Bright and Dark* discovers the ignorant origins of psychiatry and the negative stigmas associated with the practice rooted in a general lack of understanding and information about mental health and schizophrenia as a mental disorder. Whereas Danforth's *The Miseducation of Cameron Post* does not necessarily focus on mental health in general, instead the chapter looks at the negative and harmful practices of SOCEs (Sexual Orientation Conversion Efforts) that claim homosexuality as a mental disorder that can be "cured" through cognitive behavior reconditioning. Seeing as the practices of "conversion therapies" are highly regarded by scientific circles as pseudo-science, the issue in this novel pertains to the pressures of social constructs and gender/sexuality biases that prevail in rural communities. With Vizzini's *It's Kind of a Funny Story*, however, the negative, stereotyping stigmas of mental health in the use of professional services and utilization of help-seeking

behaviors depicts the highly progressive changes to mental health understanding and awareness that has been achieved in recent years.

By implementing a unique categorization of analyzing these texts, the Three Ps have helped this study break down the influencing cultural trends, beliefs, and stigmatizations that aid in recognizing the representations of mental health cross-culturally. Noting a trend in clearly progressive movements towards overall acceptance and preventative measures towards mental illness, the texts analyzed in this thesis show the gaps in patient, practitioner, and population understandings of mental health, as well as the positive changes that have developed over time. While this study focuses primarily on texts with mainly upper and middle class Caucasian characters, it remains to be seen how more marginalized groups fall into the categories of the Three Ps based on sociocultural advances and circumstances. Along with this, the study of the Three Ps does not consider newer texts, those released in years following Danforth's novel, to the present. While I am aware of mental-health themed YA texts that include marginalized, intersectional characters and situations—such as Stork's *The Memory of Light* or Green's *Turtles All the Way Down*—they remain areas for future research.

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BIOGRAPHICAL SKETCH

Christine Gonzales Severn has a Master of Arts in English (May 2018), as well as having received a Bachelor of Arts degree in English, with a minor in Anthropology, from the University of Texas Rio Grande Valley (May 2016) with a concentration in Literature and Film Studies. As a Graduate student, Christine has worked as both a Graduate and Teaching Assistant for the Department of Literature and Cultural Studies where she observed and worked closely with Introduction to Literature, Writing Cultural Studies, and World Literature classes at UTRGV.

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