



**Dead Houses, Snowflakes and Rose-Tainted Skies:  
Literary Frameworks for Female Mental Health in  
Contemporary British Young Adult Fiction**

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## ABSTRACT

This thesis seeks to examine the ways in which mental illness in female characters is represented in British Young Adult fiction through the use of genre frameworks and features associated with traditional children's literature. This thesis looks at how UKYA incorporates well-established conventions from children's books to introduce difficult or taboo topics in ways that are familiar or comforting. To exemplify this, the first three chapters of this thesis each follows one genre of children's literature and uses well-known examples from children's literature canon for comparison for the discussion of selected UKYA novels. The fourth chapter, which addresses horror narratives, also examines the influence of adult genre fiction upon YA.

Chapter One explores the use of family story tropes in *Under Rose-Tainted Skies* by Louise Gornall and *Finding Audrey* by Sophie Kinsella. Both novels follow agoraphobic heroines, making it necessary for much of the plot to take place within the family home. Chapter Two charts the way in which the structure of the psychiatric facility mental health YA novel can be mapped almost exactly onto the school story. This chapter uses *On a Scale of One to Ten* by Ceylan Scott and Holly Bourne's *Are We All Lemmings and Snowflakes?* Chapter Three focuses on the use of adventure story features in pre-psychiatric narratives. This chapter also examines a more diverse selection of representations of teenage girls' mental health, by focusing on novels that have British-Asian protagonists. The novels in question are *All the Things We Never Said* by Yasmin Rahman, Emma Smith-Barton's *The Million Pieces of Neena Gill*, and *The Girl in the Broken Mirror* by Savita Kalhan. The fourth chapter looks at YA novels that have taken a more traditional approach to representing female mental ill-health, through using aspects of Gothic Horror. Although children's literature does feature horror novels, this genre is more traditionally for adults, thus reflecting YA's position between children's and adult literature. *Whisper to Me* by Nick Lake and Dawn Kurtagich's *The Dead House* are the examples used here.

Scholarship surrounding YA literature is an interesting case in academia, given the fact that it rests immediately between the more solidly established fields of children's literature and adult literature. YA fiction has a reputation for at times being too simple in language use, or even simply badly written. This has created a largely problematic attitude towards YA fiction in academic scholarship, as explained by Steven Bickmore; 'scholars of this literature have been torn between the need to be cheerleaders for the novels and the authors in order to establish its legitimacy and to be critics who examine its scholarly merits and, by doing so, risk being interpreted as dismissing the whole field'.<sup>1</sup> This thesis will not act as a 'cheerleader' in this way, but will deliberately seek out works of UKYA that are perhaps not so well known, but are well-written pieces of realist issue-led fiction about mental health.

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<sup>1</sup> Steven T. Bickmore, 'Foreword: Coming of Age with Young Adult Literature through Critical Analysis', in *The Critical Merits of Young Adult Literature: Coming of Age*, ed. by Crag Hill (London: Routledge, 2016), pp. ix-xii, p. x.

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## Introduction

This thesis seeks to examine the ways in which mental illness in female characters is represented in British Young Adult fiction through the use of genre frameworks and features associated with traditional children's literature.<sup>1</sup> Children's literature and YA have a somewhat contentious relationship in the academic world; both are often referred to as genres within themselves, and even more frequently, YA is suggested to be a part of children's literature. Yet YA itself is too broad and varied to be a genre of its own, or a smaller part of the even broader genre of children's literature. In answer to this issue, Leah Philips has proposed that scholars of YA refer to it as a 'field', rather than a genre, due to the liminal position that YA occupies between children's literature and literature for adults.<sup>2</sup> This thesis accepts that suggestion and looks at how that liminal vantage point allows UKYA to incorporate well-established conventions from children's books to introduce difficult or taboo topics in ways that are familiar or comforting. This is a particular feature of the novels discussed here, which encourage the de-stigmatisation of mental illness; in drawing parallels between familiar features of much-loved children's genre fiction and narratives about those with mental illness, authors emphasise the vulnerability and relatability of the mentally ill YA protagonists. In particular, allowing the YA heroine to share similar features with the stereotypical children's literature heroine prevents them from being seen as overly different from neurotypical children. Moreover, using settings that are similar to those in children's literature, such as the psychiatric facility that closely resembles a boarding school, encourages readers to see mental health treatment as less intimidating than they may have previously believed. To exemplify this, the first three chapters of this thesis each follows one genre of children's literature and uses well-known examples from children's literature canon for comparison for the discussion of selected UKYA novels. The fourth chapter, which addresses horror narratives, also examines the influence of adult genre fiction upon YA, thus supporting Philips's concept of YA occupying a borderline position between children's and adult fiction.

Chapter One explores the use of family story tropes in *Under Rose-Tainted Skies* by Louise Gornall and *Finding Audrey* by Sophie Kinsella. Both novels follow agoraphobic heroines,

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<sup>1</sup> British Young Adult fiction is referred to as UKYA from here, and Young Adult fiction as YA.

<sup>2</sup> Leah Phillips, 'Part 1: What Is YA?', 2017 <<https://networks.h-net.org/node/2602/discussions/897613/part-1-what-ya>>.

making it necessary for much of the plot to take place within the family home. Chapter Two charts the way in which the structure of the psychiatric facility mental health YA novel can be mapped almost exactly onto the school story. This chapter uses *On a Scale of One to Ten* by Ceylan Scott and Holly Bourne's *Are We All Lemmings and Snowflakes?* Chapter Three focuses on the use of adventure story features in pre-psychiatric narratives. This chapter also examines a more diverse selection of representations of teenage girls' mental health, by focusing on novels that have British-Asian protagonists. The novels in question are *All the Things We Never Said* by Yasmin Rahman, Emma Smith-Barton's *The Million Pieces of Neena Gill*, and *The Girl in the Broken Mirror* by Savita Kalhan. The fourth chapter looks at YA novels that have taken a more traditional approach to representing female mental ill-health, through using aspects of Gothic Horror. Although children's literature does feature horror novels, this genre is more traditionally for adults, thus reflecting YA's position between children's and adult literature. *Whisper to Me* by Nick Lake and Dawn Kurtagich's *The Dead House* are the examples used here.

To be able to discuss YA critically, it is crucial to establish that it is written for and marketed at 'teenagers' between the ages of 12 and 18. The culture around being a 'teenager' is a decidedly 20<sup>th</sup> Century concept; prior to teenage culture being established, children simply graduated from being children to adults upon leaving school or the family home.<sup>3</sup> Teenage culture was popularised for the first time in the 1950s, upon the release of films and books such as *Rebel Without a Cause* (1955) and *The Catcher in the Rye* (1951). As such, YA fiction did not exist as a category until after this period, with S. E. Hinton's *The Outsiders* (1967) being a prominent example of an early YA novel. Prior to this, any literature that would now be considered YA was either categorised as children's literature, if intended for the younger end of the age bracket, or adult fiction, if read by an older reader. This is represented by some of the novels that are used for comparison throughout this thesis; for example, characters within the children's literature canon such as Jo March in *Little Women* (1868), Jim Hawkins of *Treasure Island* (1883) and Katy Carr in *What Katy Did* (1872), who are treated as children and then thrust into adulthood after experiencing difficulties throughout their narratives, can be interpreted as being 'teenagers' before the term really existed.

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<sup>3</sup> The *OED* dates the first use of the term 'teenager' as being in 1913, and in the United States.



The mental health YA novels that are examined in this thesis can be grouped alongside others under the umbrella term ‘sick lit’. Julie Elman defines sick lit as

A genre of adolescent fiction that fused illness and romance narrative to reinforce the interdependent norms of able-bodiedness, heteronormativity, emotional management, and maturity.<sup>4</sup>

Of course, sick lit does not only concern mental illness; other novels that fall under this umbrella may examine physical illnesses, such as John Green’s *The Fault in Our Stars* (2012) which follows two teenagers’ battles with cancer.

### **YA Fiction in Scholarship**

Scholarship surrounding YA literature is an interesting case in academia, given the fact that it rests immediately between the more solidly established fields of children’s literature and adult literature. YA fiction has a reputation for at times being too simple in language use, or even simply badly written. This has created a largely problematic attitude towards YA fiction in academic scholarship, as explained by Steven Bickmore; ‘scholars of this literature have been torn between the need to be cheerleaders for the novels and the authors in order to establish its legitimacy and to be critics who examine its scholarly merits and, by doing so, risk being interpreted as dismissing the whole field’.<sup>5</sup> This thesis will not act as a ‘cheerleader’ in this way, but will deliberately seek out works of UKYA that are perhaps not so well known, but are well-written pieces of realist issue-led fiction about mental health.

‘Well written’ mental health YA in this case is that which is considered to be sensitive, thought-provoking, and accurate in terms of representation, whilst paying attention to the conventions of a pre-determined genre. On a more general level, ‘well-written’ YA in the context of this thesis should contain depth of character and an authentic ending. Of course, this view on ‘authenticity’ regarding approaching certain issues is indicative of the didactic nature of issue-led YA. Although educational perspectives on YA are considered throughout this thesis, this study is primarily literary. As such, it is crucial to consider the added layer of complication regarding authenticity and authorship in YA fiction. Narrative voice in YA

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<sup>4</sup> Julie Elman, “‘Nothing Feels as Real’: Teen Sick-Lit, Sadness, and the Condition of Adolescence”, *Journal of Literary & Cultural Disability Studies*, 6.2 (2012), 175–91, p. 175.

<sup>5</sup> Steven T. Bickmore, ‘Foreword: Coming of Age with Young Adult Literature through Critical Analysis’, in *The Critical Merits of Young Adult Literature: Coming of Age*, ed. by Crag Hill (London: Routledge, 2016), pp. ix–xii, p. x.

fiction can be a contentious topic, given that the author is not themselves a young adult. Mike Cadden addresses this, stating that, due to this, YA narrative voices are ‘inherently ironic’.<sup>6</sup> Irony does not necessarily equate to inauthenticity, contrary to what Cadden indicates here, but the difference between the adult writer and the fictional teenager is important to address, particularly in texts that deal with difficult topics. Maria Nikolajeva draws attention to the fact critics take issue with the gap between the ‘cognitive and emotional level’ between author and character, which is important in light of texts about mental health.<sup>7</sup> So-called ‘authenticity’ in terms of the teenage voice itself is not necessarily required of YA fiction, although it may contribute to what would be considered the overall ‘literary quality’ that a large amount of YA is deemed to lack. This is because it is often considered that in order to write in what sounds convincingly like a teenage/young adult voice, texts require simple syntax, a lack of literary allusion, and a restricted, often highly colloquial, vocabulary. However, within novels that address difficult issues that require some kind of guidance, authenticity is required in relation to the conditions discussed. Furthermore, there is a level of ethical responsibility that comes with writing for young people, as these novels potentially affect the way in which teenagers perceive and interact with the world around them. Suzanne Reid and Sharon Stringer touch on this in their discussion around the nuances of dealing with censorship of YA fiction, establishing that

Many young adult novels do describe the long-term painful effects of "problems," yet usually offer hope, a sense that young people can be strong. For us, this window of light is a prerequisite for literature that we would recommend, because we feel that adolescents, without the buffer of longterm varied experiences, do run a greater risk of despair than adults.<sup>8</sup>

Thus, this cognitive and emotional space between character and adult author is important to create a balance between disseminating crucial information about mental health conditions, and managing to do so in a way that is sensitive to the age and potential lack of experience of the teenage reader. Certainly, as Reid and Stringer suggest, a sense of hope, even when

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<sup>6</sup> Mike Cadden, ‘The Irony of Narration in the Young Adult Novel’, *Children’s Literature Association Quarterly*, 25.3 (2000), 146–54, p. 146.

<sup>7</sup> Maria Nikolajeva, ‘Voicing Identity: The Dilemma of Narrative Perspective in Twenty-First Century Young Adult Fiction’, in *Modern Children’s Literature: An Introduction*, ed. by Kimberley Reynolds and Catherine Butler, Second Edition (London; New York, NY: Palgrave Macmillan, 2014), pp. 251–67, p. 254.

<sup>8</sup> Suzanne Reid and Sharon Stringer, ‘Ethical Dilemmas in Teaching Problem Novels: The Psychological Impact of Troubling YA Literature on Adolescent Readers in the Classroom’, *The ALAN Review*, 24.3 (1997) <<https://doi.org/10.21061/alan.v24i3.a.4>>.

dealing with difficult subject matter, is a good way to combat the issue of ‘appropriateness’ for young adult readers. An example of the importance of using the adult writer to approach these difficult topics can be seen in Alice Oseman’s *Solitaire* (2014). Oseman wrote *Solitaire* when she was 17, and the novel has since been edited to change some of the more difficult mental health elements, as addressed by Oseman’s official website.<sup>9</sup> This demonstrates the difference between the adult and teenage writer; whilst Oseman’s teenage voice may be argued to be more ‘authentic’ and less ‘ironic’, the way in which mental illness is written about can be seen on some levels as troubling and not conveyed in enough detail, with enough accompanying information. As an adult, Oseman chose to change her earlier text accordingly.

There is much to be said about using realism to approach the topic of mental health. In realist YA novels, the reader is effectively asked to read characters as real people, but this does not mean that these novels do not also deserve to be read as literature; indeed, this issue is not one that is levelled against more established ‘classic’ novels. This thesis, in exploring the literary influences upon a particular sample of UKYA, not only provides an understanding of the didactic elements of the texts but places a significant emphasis on the literary merit of these novels, as they employ many of the same techniques found in highly regarded works of children’s literature and indeed in adult fiction. It suggests that one way to cement YA novels as being of literary merit is to critique the use of frameworks found in children’s literature genres to examine topics considered to be ‘adult’. Essentially, the argument of this study is that many of the structural expectations that we think of as uniquely for children, or that evolve between children’s and adult’s literature, have a role to play in the transitioning field of YA literature. Just by looking at novels that focus on the theme of mental health, one may recognise their use of established elements of other sub-genres with children’s and adult fiction and that genre fiction is the logical way in which to approach difficult or taboo topics. As genre fiction is so reliant on set structures and tropes, the recognition of these elements, potentially employed subconsciously by the authors, may be a source of comfort to the teenage reader even when dealing with unknown topics. Thus, by using tropes of certain children’s genres to explore topics associated with literature for adults, UKYA finds a comfortable way in which to tackle difficult matters with a sense of familiarity. As such, this reassures readers, much as the sense that children's books should end with them all living

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<sup>9</sup> ‘Content Warnings’, *aliceoseman.com* <<https://aliceoseman.com/extras/content-warnings/>> [accessed 3<sup>rd</sup> May 2022].

happily ever after may comfort the reader in the middle of a potentially distressing episode of a children's book (such as the death of Beth in *Little Women*). This is not necessarily unique to novels that represent mental health issues; rather, the books discussed here form simply one small sample of British YA novels that demonstrate the use of recognisable tropes and formats within YA as a vehicle with which to introduce readers to difficult subjects. As mental illnesses often develop during adolescence, this subgenre is apt to use as an example of this trajectory, but further research may indicate that this is the case for YA as a whole.

### Why UKYA?

Despite the prevalence with which British teenagers read American YA, this thesis only considers novels that are written by British authors. There are several reasons for this: one being the small amount of previous scholarship on specifically British YA. The current scholarship surrounding YA fiction is mainly written on American literature, even by British scholars. YA is dominated by tales set in American high schools, and these only appear to be becoming more popular due to the trend for film and television adaptations, such as Suzanne Collins' *The Hunger Games* (2008), *To All the Boys I Loved Before* (2014) and *Thirteen Reasons Why* (2007), all of which are American novels.

British YA's style has its own voice that differs greatly from its American counterpart; despite exploring the same issues, and often having very similar plotlines, the writing around British issues is stylistically less sanitised. YA author Dawn Kurtagich has stated that.

UK YA is a little grittier. The UK tends to like and enjoy the darker side of the spectrum, and not really shy away from it. The US YA scene is so wonderfully diverse - they love fantasy, beauty and there is a real sense of polish to the books.<sup>10</sup>

Indeed, maybe this lack of 'grit' is the appeal of the USYA approach to writing about difficult topics such as mental health; in presenting a more 'polished' approach to the subject, there is potential for more distance between reader and subject. Of course, due to the prevalence of British writers that emulate the style of USYA, it is not always the case that there is more 'grit' in British writing. For example, in discussing her approaches to writing for teenagers,

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<sup>10</sup> Luna's Little Library, 'Interview With Dawn Kurtagich', *Luna's Little Library*, 2015 <<https://lunaslittlelibrary.wordpress.com/2015/07/05/interview-with-dawn-kurtagich/>> [accessed 11 September 2022].

British YA author Juno Dawson claims that she believes that for teenaged readers, books that explore issues require some ‘gloss’ to make the novel more palatable.<sup>11</sup> Dawson’s own issued YA novel, *Clean* (2018) clearly takes inspiration from USYA and does not embrace this ‘gritty’ approach. Melanie Ramdarshan Bold and Leah Phillips address the idea that UKYA is ‘a distinct, but related, market’ from USYA, and that this should influence the way that we as scholars engage with these texts.<sup>12</sup> Thus, focusing on the Britishness of the text itself may at times be an important strategy for analysis. It is important, then, to separate UKYA and USYA when thinking about realist fiction, as they are so directly linked to teenage culture and experience within their own contexts. An example of this is using school as a literary setting; the cultural understanding of routines, expectations and hierarchies within the school setting vary from country to country. This is perhaps most obvious in the fact that many American High School pupils drive themselves to school, whereas this is rare in the British system. Access to a car allows for more autonomy, which is important to the plot of some USYA such as Stephen Chbosky’s *The Perks of Being a Wallflower* (1999).

Another noticeable difference between British and American YA is the openness with which mental illness is discussed. This is probably related to the cultural norms of each respective country regarding diagnosis; in the UK, it is more difficult to attain a diagnostic label than in the US. Holmshaw and Hillier note that as well as having fewer people admitted for mental illnesses than in the US, ‘the labelling approach has been criticized for offering too general and all-encompassing an explanation for the development of mental health problems’.<sup>13</sup> It can then be assumed that because of these cultural norms, mental illness is generally less spoken about in the UK, not just because the culture is less open about it happening, but also because there is less specific terminology with which to explain it. In fact, this lack of explicit diagnosis is apparent in some of the fiction examined in this thesis, but it is often used as a deliberate strategy by authors to make a literary comment on the issues with the labelling approach. For the most part, however, to avoid confusion between conditions, the novels used in this thesis have been chosen because they do at some point have a doctor diagnose their

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<sup>11</sup> Dolly Alderton and Pandora Sykes, ‘Kanye’s Basic Tweets; and an Author Special with Trans Activist and Writer, Juno Dawson’, *The High Low Podcast*.

<sup>12</sup> Melanie Ramdarshan Bold and Leah Phillips, ‘Adolescent Identities: The Untapped Power of YA’ in *Research on Diversity in Youth Literature*, Vol. 1, Issue 2. March 2019, p. 5.

<sup>13</sup> Janet Holmshaw and Sheila Hillier, ‘Gender and Culture: A Sociological Perspective to Mental Health Problems in Women’, in *Women and Mental Health*, ed. by Dora Kohen (London; Philadelphia: Routledge, 2000), pp. 39–64, p. 49.

protagonist, even if it is speculative. As such, these are the diagnoses that are used when discussing the character.

Novels about issues such as mental health often urge readers to use mental health resources, such as speaking to their GP, and so British fiction featuring these issues is likely to improve British attitudes towards treating mental illness in the future. However, there are also generally fewer narratives about genetic mental illnesses, such as bipolar or schizophrenia, in the British canon. Instead, the novels tend to deal with traumatic issues related to the societal problems that the UK has, such as teenage drug use, and rape. These are also interspersed with issues such as racism, grief and domestic abuse or neglect. The type of issue that is approached has an effect on the way that the narratives are shaped; there are commonly used narrative structures that recur so frequently that it is often easy for the reader to anticipate a relapse or a downwards spiral, to the point that the inevitability of this almost becomes a trope in itself. However, as will be shown, these inevitable occurrences in the plot align with tropes and narrative features prevalent in children's genre fiction, such as the family story, the school story, and the adventure story, or from adult genre fiction such as chick lit or horror.

### **Women and 'Madness'**

The primary reason for focusing upon female characters in this thesis is that the representation of young women with mental illnesses in YA fiction is significantly higher than that of boys. In a survey conducted by Hill and Darragh looking at the role of mental illness representation in the depiction of poverty in YA literature, 64.3 percent of the characters portrayed as sufferers of a mental illness were female.<sup>14</sup> There are, of course, exceptions to this; for example, David Owen's *Panther* (2015) is a notable British YA novel about male mental health. However, the lack of mental health novels about and for boys reflects the problematic relationship between mental illness and masculinity, and therefore requires a study of its own.

Several studies have been produced on the fact that women may suffer from mental illness more than men in both literature and real life, including that by Jane Ussher who asserts that

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<sup>14</sup> Janine Darragh and Crag Hill, "The Worst Form of Violence": Unpacking Portrayals of Poverty in Young Adult Novels', in *The Critical Merits of Young Adult Literature: Coming of Age* (London New York: Routledge, 2016), pp. 73–91, p. 76.

the number of diagnoses of madness in women is vastly greater than in men.<sup>15</sup> Ussher attributes this to being ‘because women are subjected to misdiagnosis and mistreatment by experts’.<sup>16</sup> Whether Ussher’s assertions are true or not, there is a clear literary and real-life history of women with mental illness throughout time, and up until surprisingly recently, this was blamed on gender-specific issues such as ‘hysteria’. Hysteria, which stems from Ancient Greek beliefs about women’s madness, was ‘a (supposed) physical disorder of women attributed to displacement or dysfunction of the uterus’, with the earliest written use of the term being recorded as 1757.<sup>17</sup> Thus, women’s complex relationship to the state of supposed ‘madness’ has been in place for a long time. In terms of scholarship, this gender-specific phenomenon has been well-established in literary studies of fiction about madwomen, including Gilbert and Gubar’s *The Madwoman in the Attic* (1979) and Elaine Showalter’s *The Female Malady* (1985). Themes that are explored in 19<sup>th</sup> and 20<sup>th</sup> Century literature, such as Sylvia Plath’s *The Bell Jar*, Louisa May Alcott’s *A Whisper in the Dark*, and Charlotte Perkins Gilman’s *The Yellow Wallpaper*, still come up in contemporary YA literature. In particular, the ideas that these authors present about confinement, isolation and negative perceptions from others are pervasive in contemporary UKYA about mental health. The young adult characters featured in the contemporary novels examined in this thesis live in a very different social context from earlier female literary figures with mental illness, particularly as mental illnesses are so much more widely acknowledged in the 21<sup>st</sup> Century. It is interesting, then, to examine whether these characters are stigmatised for their mental illnesses in the same way that literary figures before them were.

Bearing in mind the time period looked at in this thesis (2000-2019), it is notable that women’s morality in relation to mental illness is key to public perceptions of madness. In the early 2000s, several female celebrities (including, but not limited to Lindsay Lohan, Amy Winehouse and Britney Spears) were repeatedly demonized for the deterioration of their mental health, something that was essentially exacerbated by their constant surveillance by the media.<sup>18</sup> This can be seen to have had an impact on the writing of the YA novels discussed here, not only because their authors would have been the target audience of these

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<sup>15</sup> Jane M Ussher, ‘The Madness of Women: Myth and Experience’, in *The Madness of Women: Myth and Experience*. (Hoboken: Taylor & Francis, 2011), pp. 1–14, p. 1.

<sup>16</sup> Jane M. Ussher, ‘The Madness of Women: Myth and Experience’, p. 1.

<sup>17</sup> ‘Hysteria, n.’, *OED Online* (Oxford University Press) <<https://www.oed.com/view/Entry/90638>> [accessed 20 October 2022].

<sup>18</sup> Wanda Little Fenimore, ‘Bad Girls: From Eve to Britney’, in *Mental Illness in Popular Media: Essays on the Representation of Disorders*, ed. by Lawrence C. Rubin (Jefferson, N.C: McFarland & Co, 2012), pp. 146–64, p. 153.

media stories, but also as these authors appear to be actively fighting this perception of madness as ‘bad’ in the media. Wanda Little Fenimore examines this link between media and madness in more detail, reporting that using these stereotypes in print media ‘ensures that news stories are comprehensible to readers, but repeatedly using these shortcuts ensures that stereotypes are not resisted’.<sup>19</sup>

Laura Colmenero-Chilburg has touched on these stereotypical representations of women’s mental health, noting that despite there being an array of examples of men’s and women’s madness in literature, ‘much of the discourse about madness has revolved around the condemnation of and an attempt to control women’.<sup>20</sup> Notably, not all literary ‘madwomen’ are necessarily mentally ill, so much as gaslit or oppressed by men due to their unconventional ways; examples of this include, but are certainly not limited to, *The Woman in White*, *The Yellow Wallpaper*, *Wide Sargasso Sea* and *A Whisper in the Dark*.<sup>21</sup> Despite the origins of this ‘mad’ label, there are still terms and stigmas that have carried over from this type of character. If we are to consider the representations of so-called ‘madwomen’, such as Bertha in Charlotte Bronte’s *Jane Eyre*, there is very much a sense that ‘mad’ women are ‘bad’ women. Even *The Bell Jar*, which is a semi-autobiographical account, indicates this relationship between madness and morality. Plath’s protagonist believes that a minister thinks her to be ‘crazy’ after informing him that ‘I believed in hell, and that certain people, like me, had to live in hell before they died, to make up for missing out on it after death’, suggesting that her mental health issues are in place of punishment in her life after death.<sup>22</sup> Lisa Appignanesi’s book exploring the history of the link between women and psychiatry since 1800 demonstrates the link between madness and morality before even being opened, in being titled *Mad, Bad and Sad*. In this history, Appignanesi uses each chapter to explore various terms or associations that have been attached to women’s mental ill health, including ‘hysteria’, ‘madness’ and ‘nerves’.<sup>23</sup> Though the derogatory language has changed somewhat, the stigma is something that remains, with all of the authors of these texts making several

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<sup>19</sup> Little Fenimore, ‘Bad Girls: From Eve to Britney’, p. 158.

<sup>20</sup> Laura E. Colmenero-Chilburg, ‘Women’s Agency as Madness: “The Yellow Wallpaper” to Penny Dreadful’, in *Mental Illness in Popular Culture*, ed. by Sharon Packer (Santa Barbara, California: Praeger, an imprint of ABC-CLIO, LLC, 2017), pp. 89–98, p. 90.

<sup>21</sup> ‘Gaslighting’ is a form of emotional abuse that is achieved by causing a person to doubt their sanity. The term stems from the film *Gaslight* (1944), which examines the manipulation of a wife by her husband, to the effect of disintegrating her trust in her own memories.

<sup>22</sup> Sylvia Plath, *The Bell Jar* (London: Faber and Faber, 1966), p. 195.

<sup>23</sup> Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (London: Virago, 2009).



references to the idea that the protagonist is a ‘bad person’ or even ‘evil’, because of their condition. This internal belief is evident in each YA text discussed in this thesis, but is demonstrated in different ways: notably, three of the characters mistakenly believe that they are the cause of a loved one’s death. *On a Scale of One to Ten*’s Tamar, *All the Things We Never Said*’s Cara, and Cassie in *Whisper to Me* are all capable of recovery only after having accepted that they are not at fault, which indicates the extent to which these deeply held beliefs can hinder the effectiveness of psychiatry. However, texts with less clarification, such as *The Dead House*, do not help this association; Dawn Kurtagich allows for some conflation between Dissociative Identity Disorder and supernatural possession.

The idea of the literary madwoman has been examined in detail by Elizabeth Donaldson. In her original work, *The Corpus of the Madwoman*, Donaldson examines the character of Bertha Mason in both *Jane Eyre* and Jean Rhys’ *Wide Sargasso Sea*. Revisiting the idea in a later work, Donaldson addresses an important aspect of the idea of ‘madness’ in literature; whether it should be read as simply a rebellion, or if it is indeed the case that literary madwomen have previously undiagnosable mental illnesses. In fact, Donaldson even observes the unbreakable bond between the literary madwoman and modern psychiatry, noting that ‘fictional representations of madness have a way of influencing clinical discourses of mental illness and vice versa.’<sup>24</sup> Citing Elaine Showalter, Donaldson’s assertion is confirmed by the specific example of the way in which Bertha’s condition is treated in *Jane Eyre*, influenced ‘even medical accounts of female insanity’.<sup>25</sup> As this thesis demonstrates, YA mental health novels directly address this bond, but some of the stereotypical features and tropes of the literary madwoman remain as references or influences on these novels.

Megan Rogers’ work on the madwoman in literature asserts that the ‘madwoman’ takes a different form in fictional works throughout different time periods; the 19<sup>th</sup> Century literary madwoman, for example, is associated with rebellion and their condition is manifested through representations of emotional distress.<sup>26</sup> 21<sup>st</sup> Century novels that depict female madness, however, do not specifically allude to the traditional gothic madwoman; they ‘do not employ madness as narrative rebellion so much as they use madness, or reference to the

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<sup>24</sup> Elizabeth J. Donaldson, ‘The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness’, *NWSA Journal*, 14.3 (2002), 99–119, p. p. 101.

<sup>25</sup> Elaine Showalter, ‘The Rise of the Victorian Madwoman’, in *The Female Malady: Women, Madness and English Culture, 1830 - 1980* (London: Virago, 2011), pp. 51–74, p. 68.

<sup>26</sup> Megan Rogers, ‘Who is the Madwoman in the Attic?’, in *Finding the Plot: A Maternal Approach to Madness in Literature* (Bradford, ON: Demeter Press, 2017), pp. 16–29, p. 19.

madwoman, as a genre plot device'.<sup>27</sup> There is also an element of choice associated with the madness represented in 21<sup>st</sup> Century YA. This is not as an anti-psychiatric choice, but as a demonstration of the idea that psychiatric help must be requested and accepted, in stark contrast to the forced psychiatric treatment and madness being seen as an end point of a narrative that is shown in earlier texts about 'madwomen'. For example, *The Yellow Wallpaper* ends with the protagonist believing that she has escaped from the confines of the titular wallpaper, implying that she will have to enter further treatment after the conclusion of the narrative. As a result, in these novels mental illness is not used as a means for representation of specific conditions which are then treated; severe conditions are instead at times misrepresented in favour of providing shock value and discomfort for the reader. On the whole, authors of recovery narratives avoid this use of 'madness' as a metaphor for rebellion, or as a technique to shock the reader, but there are still many ways in which they demonstrate how casually some psychiatric terms are used in everyday life.

### **Labelling in YA**

'Labelling' in the sense of both official psychiatric diagnoses and socially used language surrounding the topic itself, is a recurring issue in YA literature about mental health. It is also important to recognise that this is not even a strictly YA-based issue. Media including, but certainly not limited to film, television, and newspapers, appear to create a correlation between mental health and morality. There are also negative connotations to many of the terms directly related to psychiatry.<sup>28</sup> This is so evident in British media that one of the appendices of Greg Philo's *Media and Mental Distress* is a list of words and phrases used by the media in association with mental illness. There is a noticeable overlap between this list and the terms that are used by each of the texts discussed throughout this thesis to convey their characters' views of themselves. Noticeably common are the terms 'psycho', 'mad', 'freak', and 'crazy'. As well as being prevalent in narrative about women, 'mad' is a term that has been reclaimed by the anti-psychiatry and mad pride movements, as some sufferers of mental illness are willing to identify as 'mad'. However, it is still important to assess the way in which these terms are used, as there are many people with mental illnesses who are not happy to reclaim these words, and therefore perceive the term as derogatory. Even though

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<sup>27</sup> Rogers, 'Who is the Madwoman in the Attic?', p. 25.

<sup>28</sup> *Media and Mental Distress*, ed. by Greg Philo and Glasgow University Media Group (London; New York: Longman, 1996), p. 119.

reclaimed, 'mad' still retains negative and popular connotations alongside some current colloquial positive use. For example, in everyday use, 'it's mad' can be a response to sudden good luck.

After the popularity of terms such as 'madness', 'mania' and 'hysteria', the term 'crazy' has become the most recent word to be widely documented in relation to women; Laura Colmenero-Chilberg determines that this is essentially a natural progression from threatening women with the label of 'insanity'.<sup>29</sup> Furthermore, in discussing Feminist Disability Theory, Andrea Nicki considers the idea that the term crazy 'serves to silence communication of differences in ideas or intensity of emotion' by implying that the recipient of the name-calling is irrational.<sup>30</sup> In this understanding of the term, Nicki conveys that 'crazy' is not necessarily a description of the symptoms of a mental illness. Rather, it is a way in which to determine the recipient of the label as 'other' from those around them and may even serve to dehumanise them. Essentially, this addresses the two stereotypes of 'mad' women that are continuously represented in literature; their intense emotions are usually seen to be expressed through anger and aggression (like Bertha) or irrationality. Nicki goes on to examine the link between those who are labelled 'crazy', and control. Most notably, she determines that it is a tool used to control not only mentally ill people, but also those who are more generally non-conformist. Further to this, it is worthy of mention that referring to someone as 'crazy' works as a method of control due to the staying power of the term. Implying that someone has 'gone crazy' has a much more permanent implication than other insults. Essentially, though linked to mental illness, 'craziness' is not usually used in reference to this at all and is more a word used to dismiss and silence women who do not adhere to a social norm; perhaps due to this dilution of meaning, 'crazy' may be regarded as less offensive by society than 'mad' when used towards mentally ill women.

As a reflection of this, these non-diagnostic labels are prevalent in UKYA mental health novels. Of the nine primary texts used in this thesis, the idea of labelling is perhaps most central to *Are We All Lemmings and Snowflakes?* The term 'crazy' alone is used thirty-four times throughout the course of Holly Bourne's narrative. The protagonist, Olive, goes as far as to list all of the offensive 'labels' that have been assigned to her: 'slut, bitch, psycho,

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<sup>29</sup> Laura E. Colmenero-Chilberg, 'Women's Agency as Madness: "The Yellow Wallpaper" to Penny Dreadful', p. 90.

<sup>30</sup> Andrea Nicki, 'The Abused Mind: Feminist Theory, Psychiatric Disability, and Trauma', *Hypatia*, 16.4 (2001), pp. 80–104, p. 87.

snake, whore, cheap'.<sup>31</sup> She does this on more than one occasion, and the labels change, although usually are either directly related to her mental state or her promiscuity. Although usually separated from mental illness, in the case of bipolar disorder, hypersexuality may be a symptom of having had a manic episode. For example, earlier in the novel she claims that she is aware that her school peers also call her 'Slut. Attention-seeking. Needy. Attention-seeking. Self-obsessed. Attention-seeking. Crazy bitch.' (*Lemmings*, p. 89). Of course, 'psycho' and 'crazy' are the only terms used that directly relate to her status as a psychiatric patient, but the persistent use of 'attention seeking' is very noticeable. This indicates that those who are not suffering from mental illness read Olive's symptoms as a choice in order to gain attention, rather than something that is out of her control. Linking the 'attention seeking' and 'crazy' labels to Olive's promiscuity indicate that there may be a gendered element to this type of labelling; certainly, 'slut' is almost exclusively used in reference to women.

### **Diagnosis and Psychiatric Labelling**

A more official form of labelling, diagnosis, often plays an important part in the narrative, whether that be through it being determined early on, or becoming more evident throughout the story as being resisted. As previously mentioned, diagnoses in UK psychiatry are not always straightforward, particularly for teenagers. They are seen to be too broad in nature, meaning that unless professionals are certain, diagnoses are often avoided.<sup>32</sup> Bourne references this in *Are We All Lemmings and Snowflakes?*, as Olive discovers the various mental illness 'clusters' that indicate an overlap between symptoms, and is told that her symptoms do not define her as belonging to one 'cluster'. Further to this, when discussing her diagnosis with her psychiatrist, he confirms that

“You've not been formally diagnosed with bipolar for two main reasons. The first, your age. You're only sixteen and we don't like to jump the gun on this sort of thing. But it's clear you do have mood cycles.” He smiles. “But then so does every teenager – that's what makes your age-group so fascinating. But it also makes things a little harder to diagnose.” (*Lemmings*, p. 209).

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<sup>31</sup> Holly Bourne, *Are We All Lemmings & Snowflakes?* (London: Usborne, 2018), p. 158.

<sup>32</sup> Janet Holmshaw and Sheila Hillier, 'Gender and Culture: A Sociological Perspective to Mental Health Problems in Women', in *Women and Mental Health*, ed. by Dora Kohen (London; Philadelphia: Routledge, 2000), pp. 39–64, p. 49.

The texts used in each chapter of this thesis take a different approach to diagnosis, usually in accordance with the narrative structure of the text; for example, *Finding Audrey* and *Under Rose-Tainted Skies* both begin with their protagonists having received a diagnosis prior to the beginning of their narrative. Neither *Are We All Lemmings and Snowflakes* nor *On a Scale of One to Ten* begin with a pre-diagnosed character, but they do both offer indications as to what the protagonist may be suffering from by the end of their stories. *The Million Pieces of Neena Gill* ends with a diagnosis for Neena, and in *All the Things We Never Said*, Mehreen's self-diagnosis of depression and anxiety at the beginning of the novel is confirmed by a medical professional at the end. In *Whisper to Me*, a formal diagnosis for Cassie is speculated about but never officially given, and *The Dead House*'s Kaitlyn refuses to believe her own diagnosis. The lack of certainty about some of the protagonists' diagnoses not only speaks to the complexity of dealing with and attempting to recover from mental illnesses, but also emphasises the Britishness of each of the texts, as it reflects the hesitancy towards diagnosis in Britain. Inevitably, this lack of certainty influences British mental health literature plotlines collectively.

Writing about diagnosis means that authors must inevitably address societal attitudes towards mentally ill people. Whilst, as addressed earlier, Bourne approaches the idea of outward stigma and general misunderstanding towards girls with mental illnesses through Olive's own eyes, Kinsella allows the reader to experience the stigma that accompanies having a mental illness alongside Audrey. Audrey has a session with her therapist, Dr Sarah after having seen an old friend, Natalie. Natalie is used by Kinsella as a demonstration of the stigma that people like Audrey, who suffer from mental illness, face in the outside world. She firstly misunderstands Audrey's condition as being bipolar disorder, but then also shows that she is misinformed about this condition. In fact, Natalie's fear that Audrey has the potential to be a 'homicidal maniac' (*Finding Audrey*, p. 194) is indicative of the public misunderstanding of mental health conditions, as fuelled by negative media. An example of this is the film, *Joker* (2019), which rewrites the backstory of a previously established *Batman* comic book character to determine mental illness as the primary reason behind his murder sprees.<sup>33</sup> Thus, in determining fictional killers as 'mentally ill,' any consumer of this kind of media, who perhaps has no contact with mental health concerns in their own life, is encouraged to fear those with mental illnesses, and associate them with casual and unexplained violence. Kinsella's attempt to battle this, then, must come from the character of Dr Sarah, who has

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<sup>33</sup> *Joker*, dir. by Todd Phillips (Warner Bros. Pictures, 2019).

been established to be a fair and knowledgeable person. Upon having the prevalence of this misconception explained to her, Dr Sarah makes notes about creating an ‘outreach programme’ within schools to educate young people about the wide range of mental illnesses that exist. This goes beyond the duty of Audrey’s therapist but is perhaps a nod to the educational purpose of this novel; the incident with Natalie is a clear teachable moment to the reader about the inaccuracies of the general perception of mental illness.

Gornall’s Norah directly addresses the common connection between mental illness and perceived murderous tendencies, stating that ‘I blame the media, stereotyping ‘mentally ill’ and calling every murderer since Manson crazy. People always seem to be expecting wide eyes and a kitchen knife dripping with blood’.<sup>34</sup> The fact that this stigma is so widely discussed and dismissed by YA authors, in addition to being used in modern-day film or television, is proof in itself that these associations require challenging. Nick Lake attempts to turn this association on its head by featuring a killer in his story that has nothing to do with the mental health storyline, which acts as a subtler commentary on this common literary correlation.

By extension, it is a daunting prospect for young people to potentially have a mental health-related label attached to them for a very long time. When discussing mental illness diagnoses in women, Jane Ussher addresses this idea, noting that after diagnosis, ‘everything they do can be potentially interpreted as a “symptom”’.<sup>35</sup> Understanding diagnosis in this way encourages sufferers to suffer from internalised prejudice in addition to stigma from outside sources. This is not simply an issue in literary representations of mental illnesses; Kevin White’s discussion of label theory examines this matter in relation to psychiatric diagnoses in real life. White establishes that when one has an illness, it becomes the ‘master status’ over any other aspect of the personality.<sup>36</sup> Essentially, for those who are ill, the label of their illness becomes more important to their sense of identity than any other personality traits. Indeed, this issue also comes up in Disability Studies literature, in which individuals navigate disability as part of their identity, but not all of it. Bourne explores this idea explicitly beyond *Are We All Lemmings and Snowflakes* in other novels such as *Am I Normal Yet?* (2015), in which main character Evie establishes that prior to moving school, ‘people knew [her] as

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<sup>34</sup> Louise Gornall, *Under Rose-Tainted Skies* (Somerset: Chicken House, 2016), p. 127.

<sup>35</sup> Jane M Ussher, ‘Labelling Women as Mad: Regulating and Oppressing Women’, in *The Madness of Women: Myth and Experience* (Hoboken: Taylor & Francis, 2011), pp. 64–109, p. 73.

<sup>36</sup> Kevin White, ‘The Social Construction of Mental Illness’, in *Routledge International Handbook of Critical Mental Health*, ed. by Bruce M. Z Cohen (London: Routledge, 2018), pp. 24–30, p. 25.

“that girl who went nuts” due to her OCD.<sup>37</sup> Other authors such as Gornall, Scott, Rahman and Lake have approached this idea in a less direct manner. Of the novels explored in this thesis, those which demonstrate this ‘master status’ most clearly are the agoraphobia novels, *Finding Audrey* and *Under Rose-Tainted Skies*, in which the heroines have little else by which to identify their personalities due to their inability to leave the house.

In YA fiction, which is so intrinsically linked to discovering identity and agency, avoiding this trap of the ‘master status’ in the protagonist is crucial. If we consider Janet Alsup’s ideas about the depiction of adolescent identities in YA, the fact that characters are not simply an embodiment of their illness becomes clearer. On YA in general, Alsup writes of the way in which adolescent identity can be pictured as a ‘double helix’ of varying levels of identity.<sup>38</sup> Alsup identifies these as being ‘with some life layers existing in isolation, some existing in tandem with others, some imitating or repeating others, and some completely hidden from view – at least for the time being’. For an adolescent protagonist to be successfully fleshed-out, attention to this type of detail is important; if any of the protagonists identified themselves only by their mental illness, the goal of ‘recovery’ would seem somewhat unimportant to the reader. In order for ‘recovery’ to have true significance to a reader, there must be something that the protagonist sees as a reason to recover. This is significant even if full recovery is not the end point of the novel. It is only by having distinct characteristics and interests that require the protagonist to recover in order to pursue them that we understand what their lives could be like after receiving treatment. Examples of this run throughout all of the novels considered here. This idea is directly addressed by Louise Gornall in *Under Rose-Tainted Skies*, as Norah establishes that it ‘had been the plan since middle school’ (*Rose-Tainted*, p. 87) to study architecture at university in France, which she acknowledges is impossible with her condition. When telling her boyfriend Luke about her plan to study there, Norah claims that ‘for the briefest second I feel substantial, more than medical terms and mental health’ (*Rose-Tainted*, p. 87). In mentioning this, Gornall manages to convey the way in which a mental health condition can be all-encompassing to the point of being detrimental to previously made plans. Particularly telling is Gornall’s use of ‘substantial’; Norah’s identity is shown to have been shaken and diminished by her diagnosis and appears to be able to return only through having goals outside recovering from her illness. In the other texts

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<sup>37</sup> Holly Bourne, *Am I Normal Yet?* (London: Usborne Publishing Ltd, 2015), p. 10.

<sup>38</sup> Janet Alsup, ‘More Than a “Time of Storm and Stress”’: The Complex Depiction of Adolescent Identity in Contemporary Young Adult Novels’, in *The Critical Merits of Young Adult Literature: Coming of Age*, ed. by Crag Hill (London: Routledge, 2016), pp. 25–37, p. 33.

examined in this thesis, broader aspects of character are shown through Tamar's enjoyment of cross country running, Olive's love for photography, Mehreen and Neena's art, Olivia's baking, Cassie's interest in Ancient Greek mythology and horror films, and the fact that Jay and Kaitlyn/Carly enjoy reading. The notable exception to this is *Finding Audrey*'s Audrey; in what is presumably a result of Kinsella's chick lit background, Audrey is not shown to have specific interests outside of her romantic partner. The hopeful endings that seem so important to these types of texts, then, are certainly influenced by these small indications of identity outside of love interests, friendships, and mental illness.

### **Therapeutic practices in YA**

As this thesis is so focused on mental health recovery narratives, it is important to consider the particular elements of these stories that drive the 'recovery' or 'treatment' part of the narrative. This is most commonly referred to as therapy. The term 'therapy' is essentially a broad term for several different methods of help, including talk therapy (or counselling), cognitive behavioural therapy, group therapy and art therapy. These different therapies have different benefits depending on the ailment or social situation of the sufferer. Talk therapy sessions are used throughout literature, television, and film, not only as a way to explore characters' mental illnesses, but also often as a useful storytelling device. This, then, offers a well-known script to the YA and adult reader.

The literary form of therapy sessions allows for different, more reflective narrative approaches from those that teenagers in the real world may have previously experienced through film or television. Therapists or psychiatrists are incorporated as characters in their own right, rather than plot devices, and the way in which they relate to their clients is often related to the mental state of the character themselves. Here, much more emphasis is placed upon the person leading the therapy, and they play a more important part in shaping characters' decisions; in some YA novels, the therapist character even replaces other stock characters in YA, such as a parent, friend, or teacher. A lot of the novels examined in this thesis use therapy sessions as brief intermissions within the protagonist's stories; they become places in which protagonists may re-examine events that have already happened in the novel, and work to the suggestion of the therapist as to how rational their thinking and decision-making is.



Being placed in this type of environment immediately marks them out as ‘different.’ Moreover, there are labels given to these settings by the protagonists themselves; Tamar refers to Lime Grove as the ‘loony bin’ or ‘madhouse,’ which stem from popular ways of referring to asylums. Quite differently, Olive focuses not on the institution itself, but rather the inpatients that reside there. She considers Camp Reset to be ‘some weird camp that mends crazy people’ (*Lemmings*, p. 35). Here, Bourne’s word choice once again focuses on the idea that being mentally ill is equivalent to being ‘broken’, for the residents to need ‘mending’. This focus on the aim of the facility more than the institution itself is perhaps also reflective of the fact that Olive is not scared or worried about entering the building, but instead more worried about the people that she will come across. Furthermore, this perhaps indicates Bourne’s optimism; whilst a ‘camp’ may be temporary, a ‘bin’ sounds final.

Several of these texts also have an initial encounter between characters that satirises the popular definition of being mentally ill. Upon Elle’s arrival at Lime Grove, Tamar notices some of the other current residents giving her what they refer to as ‘a mental hospital welcome...lunatic style’ (*On a Scale*, p. 44). This includes making loud, strange noises and contorting their faces up against a window. Somewhat similarly, Olive arrives to a fellow patient screaming at the entrance of the facility as a joke. As well as ramping up the dramatic aspect of the novels, this immediately signifies to a teenage reader the fact that characters with mental illnesses may accept their labels, even if only through being facetious. This acceptance through humour may even be rite of passage for the mentally ill teenage character, as it demonstrates to the reader that they are at a certain level of comfort with their diagnosis’ proximity to their identity. Through demonstrating the teenagers’ ability to find humour in their reputation in order to accept it, Scott and Bourne seemingly combat any misconceptions that psychiatric wards are in any way similar to how they are often portrayed in popular film or literature. Despite Olive’s unimpressed reaction (which is related to her issues with loud noises), the fact that these characters can attempt to land these types of jokes rests solely on the idea that other residents will have also faced the same stigmas as themselves. Moreover, this behaviour alienates neurotypical characters and even the neurotypical reader, as it is effectively what the general public are taught not to do or say. The humour achieved through discomfort is representative of the way in which the mentally ill may use jokes to self-soothe, alienate neurotypical characters, or even cause themselves to feel less discomfort in the event of a neurotypical character commenting on their condition. This is in effect both authors’ first steps towards embracing the concept of a mad community and is also a marked difference

from the depictions of psychiatric facilities that we see in *The Dead House* and *Whisper to Me*, which lean more towards the horror elements of the setting.

## **Methodology**

The data collection for this study used the WorldCat database. The filters on the search function of the catalogue were selected as ‘print book’, ‘English’, a ‘juvenile’ audience, and a year range of 2000-2019. A variety of search terms were used in a mixture of combinations: firstly, ‘young adult’, ‘adolescent’, and ‘teenage’ were used in combination with ‘mental health’ and ‘mental illness’ in order to produce a representation of prose novels and non-fiction works for teenagers as a broad overview of the work created on the subject. Of 697 English language titles, 71 non-fiction titles, 2 anthologies, 3 poetry collections and 17 memoirs were catalogued as having been written for teenagers in this time. The fiction written that did not include novels consisted of 14 graphic novels.

To attempt to address any YA novels that did not reference the broader idea of ‘mental health’, the search was then widened to include ‘juvenile social issues’, ‘psychological fiction’, ‘anxiety disorder’, and ‘depression’ combined with ‘young adult fiction.’ The novels that appeared with the use of these terms were then cross-referenced with Goodreads, the platform for recording one’s own reading activity, seeking out recommendations and leaving book reviews. Goodreads provides indications of trends, through the ability for users to create their own ‘bookshelves’ and is also used by authors themselves to provide information about their works and themselves. In fact, Jordan Weissman goes as far as to credit the site as being ‘just about as influential as Facebook’ for readers.<sup>39</sup> This site was used for cross-referencing to check that the novels recorded were in fact YA novels that are about mental illness or mental ill health, and to confirm the writer’s gender and nationality. This cross-referencing also allowed for the gender and condition of the character to be noted. Interestingly, the novels that appeared in the WorldCat search results that were not YA novels or novels about mental health were mostly horror or thriller novels. The data collected consisted of the book title, the author, the author’s gender, the author’s nationality, the gender of the character with a mental health condition, the mental health condition featured and the year of publication.

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<sup>39</sup> Jordan Weissman, ‘The Simple Reason Why Goodreads Is So Valuable to Amazon’, *The Atlantic*, 2013 <<https://www.theatlantic.com/business/archive/2013/04/the-simple-reason-why-goodreads-is-so-valuable-to-amazon/274548/>> [accessed 4 May 2020].

Of the 586 novels recorded, 69 were British. The country that published the most mental health YA novels was the US, with 390 novels being written by American authors; British authors were followed in number by 55 Canadian novels and 42 novels from Australia and New Zealand (Figure 1). This demonstrates a definite domination of the market by USYA, and as a result further discussion focuses mostly on the differences between UKYA and USYA. Furthermore, as demonstrated in the chart below (Figure 2), the number of mental health novels published in the US peaked in 2016 and 2017, having increased significantly after 2011. Of course, many British teenagers read USYA fiction, but the fiction examined in this thesis has all been created within the UK itself. As explained above, the decision to focus on UKYA is in part because of the effect that differing attitudes towards therapy and the psychiatric system in the US and UK have upon the way that narratives are written. This does not mean that novels necessarily have to be set in the UK; *Under Rose-Tainted Skies* and *Whisper to Me* are both set in the US, despite having British authors. When narrowing the sample down to only British YA, however, the increase in published mental health novels comes much later than in the full corpus. The number of British novels published peaked in 2016 and 2018, with 12 books published in each year, and a noticeable increase occurred after 2014. The texts used in this study are from a very distinctly short period of time that reflects this pattern (2015-2019). This may indicate that mental health awareness came more into the British public sphere through the introduction of the 2013 Mental Health Discrimination act, which removed the remaining laws that allowed for mental health discrimination, meaning that more people encountered those suffering from mental health conditions either as work colleagues or in the classroom, as fellow pupils.<sup>40</sup> The difference between the British and overall numbers is also perhaps indicative of the difference between British and American attitudes towards mental health; as there were a greater number of mental health novels published in the US in the period, it is fair to assume that mental health was more spoken about as a topic in the US at that time.

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<sup>40</sup> 'Our Achievements', *Mind* <<https://www.mind.org.uk/about-us/our-achievements/>> [accessed 16 October 2022].

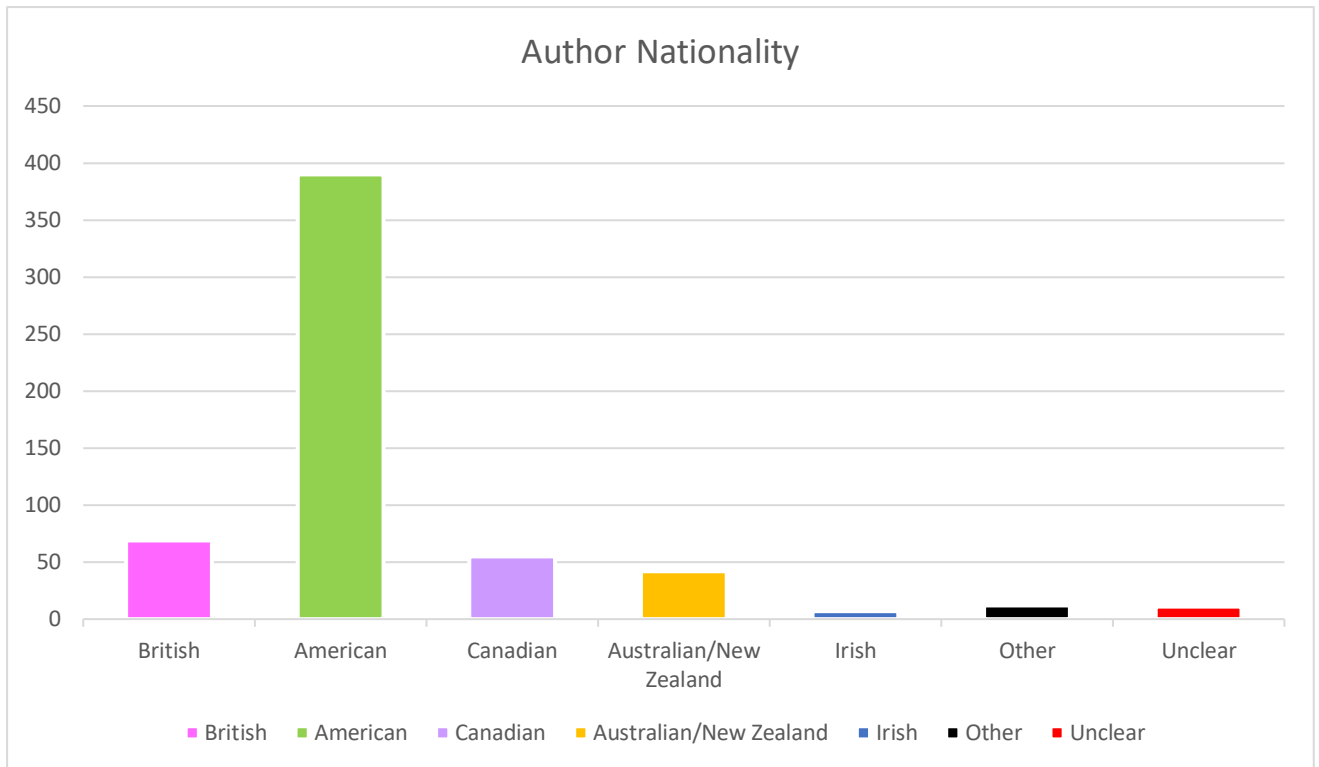


Figure 1

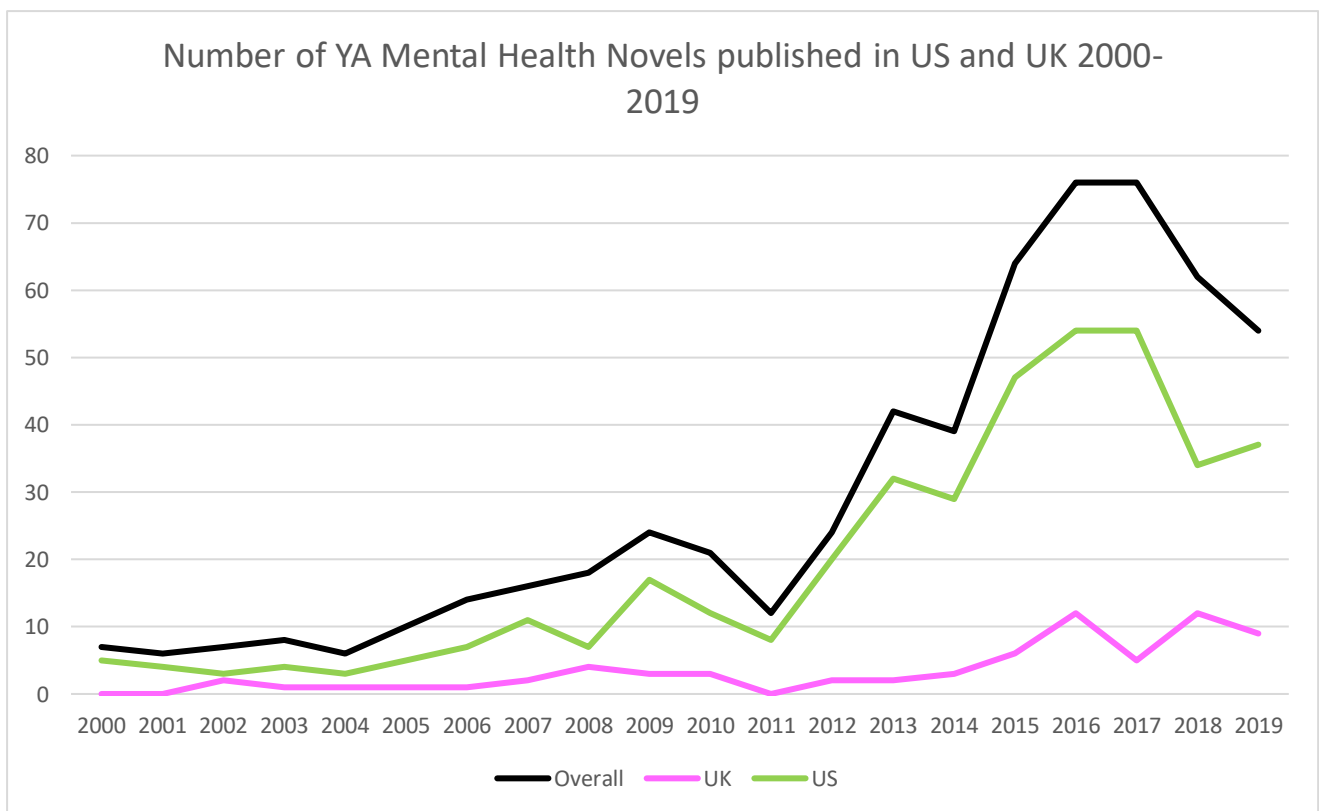


Figure 2

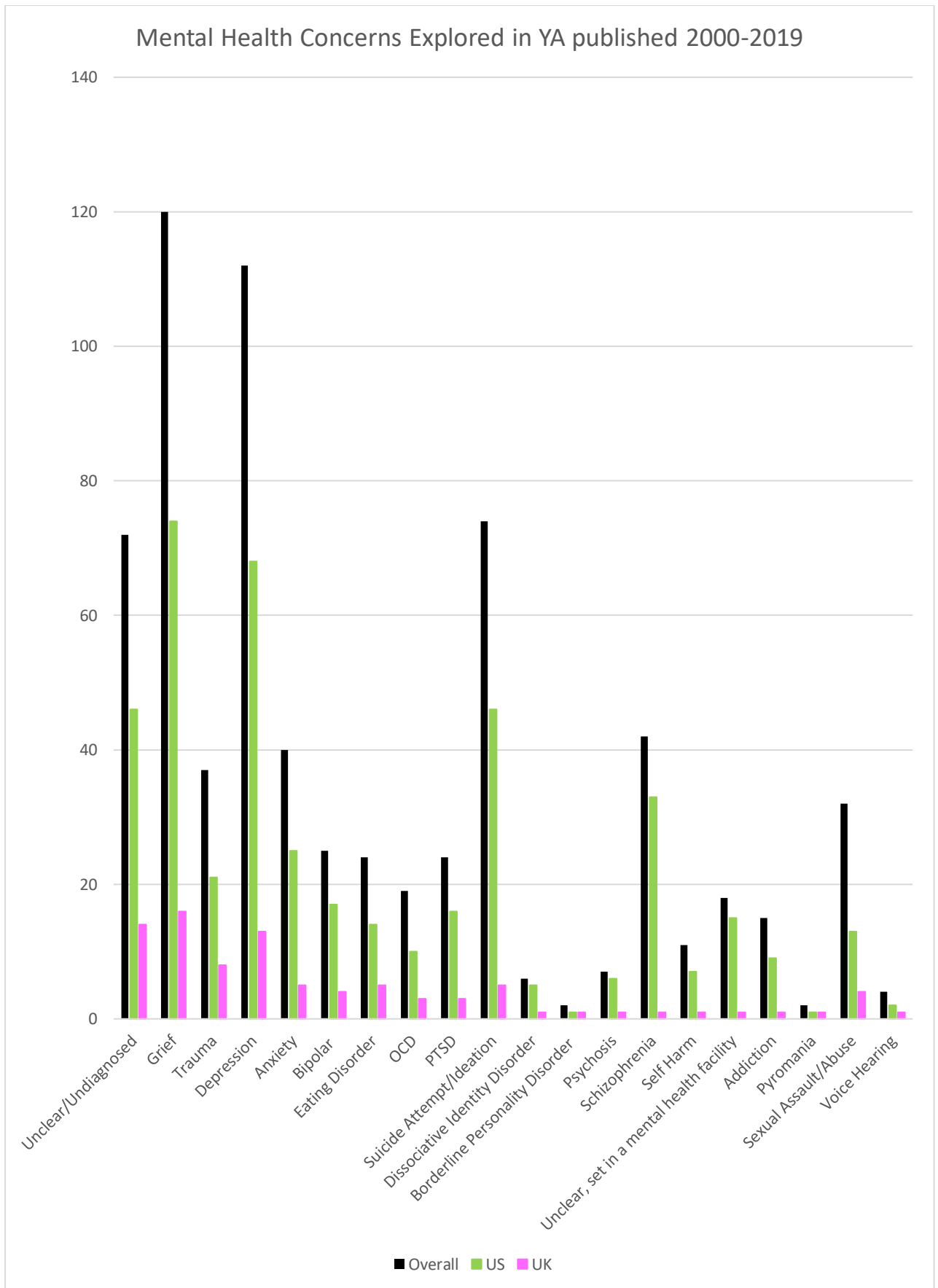


Figure 3

The chosen sample of nine novels for this thesis is representative of the corpus as a whole after having applied the filter of British novels about mental illness with a female protagonist. There are, of course, some exclusions; the same author could not be used twice, the novel must be contemporary, the book could not be a sequel, and the condition must be the main concern of the story. Moreover, in order to give a true overview of these conditions, novels featuring a variety of mental illnesses have been used, and those that only demonstrate a single symptom (such as self-harm), rather than an explicit illness, have been excluded to maintain clarity around mental health conditions. Some of the initial issues addressed in the wider sample of mental health YA (Figure 3) are not used in this thesis. For example, the most common ‘condition’ in the sample is grief, with 120 of the narratives focusing on this. However, as grief is not a mental illness, but a normal reaction to a sad event, novels about grief are not used here unless they act as a trigger for another condition or a suicide attempt. Nevertheless, it must be acknowledged that traumatic events, such as the death of a loved one, can at times be a trigger for mental illnesses, especially if the person already suffers from a mental illness, and novels reflecting this often end with the protagonist seeking help and getting ‘better’. An example of this less common grief narrative is *The Million Pieces of Neena Gill*; the protagonist is so affected by her grief that she suffers from a psychotic break. Similarly, 36 of the novels address some form of trauma. This is only addressed in novels such as *All the Things We Never Said* and *The Girl in the Broken Mirror*, in which this trauma leads to a suicide attempt.

Likewise, it is not uncommon for eating disorders, which are prevalent in popular YA for girls, to appear in other studies on mental health in YA. For example, Kia Jane Richmond’s book *Mental Illness in Young Adult Literature: Exploring Real Struggles through Fictional Characters* (2018), which is organised according to the illness being examined, features a chapter on eating disorders. Eating disorders are presented throughout YA as a common mental health issue and there are several fascinating examples of eating disorders in UKYA, such as Karen Gregory’s *Countless* (2017), which explores eating disorders in tandem with teenage pregnancy. However, the specificity and range of expressions of eating disorders mean they deserve to be represented in their own studies that may give them space to be explored in full, and thus could not be properly accommodated in this current study. The

exclusion of eating disorders from this thesis is also due to the wide range of issues surrounding food and body image; not eating, or eating too much, may be a symptom of other mental illnesses such as anxiety and depression, rather than being the result of eating disorders. Eating disorders are a different type of mental illness, wherein this use of food-related behaviour is beyond being a symptom. Therefore, in order to avoid conflation with food-related behaviours as symptoms and to allow for eating disorders to be given the space and detail that they require in analysis, they are not a part of this thesis. In fact, when collecting data for the collation of the sample of novels used here, and after narrowing down to the appropriate criteria, no novels about eating disorders appeared under any of the more general search terms. This may be due to the prevalence of eating disorders for young people; they are so widely known about that they are perhaps not regarded as being within the same category as other mental illnesses by the general public. Mention of the effects of mental illnesses upon the bodies of protagonists will only be explored in relation to direct symptoms of the diagnoses that the heroines suffer from. This includes subjects such as self-harm, which provide a different understanding of the physical effects of mental ill health.

In terms of the gender of the affected character, there is a noticeable imbalance between male and female characters. In the wider sample, 34 novels had both male and female characters with a mental health issue. 159 novels were written about men's mental health, and 386 were written about females. Within the British novels, 38 were narratives about female protagonists and 4 about secondary female characters. In contrast, there were 28 narratives about a male protagonist; interestingly, more of these were published between 2000 and 2013 than female protagonists. Some of the primary texts represent male characters with mental illness in addition to the female protagonists and secondary characters, particularly those which take place in psychiatric facilities. However, focusing on the way in which female characters are written allows for more room to recognise patterns between YA mental health novels and those from the recent literary history revolving around 'madwomen'. Much in the way that there are stereotypical character roles in stories for children, women with mental illnesses have long been written to fit certain stereotypes that are never positive.

Notably, in the final sample there is also no restriction on the gender of the author; Ceylan Scott is the only non-binary author and Nick Lake is the only male author examined in this thesis. This is representative of the sample at hand, as within the novels that fit the criteria required for inclusion in this thesis, only two men and one non-binary person had written novels that could be included. For the most part, this is due to the fact that a significant

amount of YA is written by women; of the 598 novels found, 484 were penned by a female author. Considering the thesis' exploration of the representation of female experiences, Lake's inclusion may be considered a controversial one; however, Lake's narrative is significant enough within the canon to comment upon. As Lake takes the horror genre, which is usually very stigmatising in terms of representing mental illness, and offers an alternative path, the impact of *Whisper to Me* upon the subgenre of UKYA mental health narratives is worthy of exploration.

Upon applying all of the criteria and necessary exclusions, the sample that remains consists of 11 books, of which 9 have been used. Of course, the collection of books discussed here does not constitute a wholly representative study of teenage girls' mental health in UKYA and has several limiting factors. Although trans women are undoubtedly within the bracket of the female gender in a sociological manner, trans women deal with different issues from those encountered by women born within female bodies. Thus, in a thesis on issue-led fiction, in particular the issue of young adult female mental illness, it would be unfair to include trans narratives as limitations of space would mean they could not be discussed with the thoroughness that they require. As an important story to tell, particularly in the period of transition itself, it is probably true that to examine mental illness narratives for trans women could be a project of its own. Transgender narratives usually focus on the issues surrounding the transition period, but Juno Dawson (as a transgender author herself) writes about a mentally ill young woman in the later stages of her transition as a secondary character in her YA novel, *Clean* (2018). This is the only novel in the sample that features a trans female character. This alone makes the point that a person might be mentally ill *and* transgender, rather than mentally ill *because* they are transgender. Further studies of teenage mental health in UKYA, then, could potentially be more representative of British women.

Although there is not a solid critical framework that this thesis rests upon, Disability Studies and Mad Studies have heavily informed this investigation and are referred to briefly throughout. Disability studies is primarily used as a way to look at how those who are disabled are able to navigate society and is for the most part used to refer to people with physical disabilities. Though much of the academic literature reflects this, more recently the definition of Disability Studies has broadened to include those with cognitive disabilities and mental illnesses. However, there is friction between psychiatrically and physically disabled people within the field of Disability Studies, as they do not always face the same struggles or forms of oppression. This is where Mad Studies becomes of importance; influenced by the



‘Mad Pride’ movement and the anti-psychiatry literature from Psychiatric System Survivors, Mad Studies is a collection of literature that examines the struggles that only those who are psychiatrically disabled face.

There is a certain level of difficulty in using Mad Studies and Disability Studies to approach literature about mental illness. Due to some differences in social barriers, Disability Studies scholarship does not always apply to the mentally ill. Mad Studies, as a field largely written by those who have experienced the psychiatric system, occasionally veers away from academic criticism, and becomes more personal, rendering it difficult to use in literary contexts such as this thesis. For example, James Macaulay McManus’ article on Sylvia Plath and Mad Studies in the first *International Mad Studies Journal* essentially compares the experience of the author’s time in the psychiatric system to that of Sylvia Plath, with some reference to the experiences detailed in *The Bell Jar*.<sup>41</sup> These academic narratives are interesting to consider when examining Own Voice novels, due to the insistence on the personal in both Own Voices and Mad Studies, but are only relevant in certain contexts.

## Own Voices Novels

The ‘#OwnVoices’ movement, started on the Twitter website (now known as X) by the YA author Kosoko Jackson, aims to ensure that novels about issues such as race, illness, or sexuality, should be written about only by those with personal experience of those issues.<sup>42</sup> This has become part of the marketing of YA books; those that conform to this model are marketed with the hashtag on websites. Some publishers have gone so far as to write statements directed at those considering submitting manuscripts for publication. For example, American publishing company Blue Crow Books’ website contains this message on the submissions page:

Own voices, only, please. “Own voices” means that if you are writing a **main character** who is part of marginalized group, **you** are part of that marginalized group... Please mention if you are an own voices author in your submission.<sup>43</sup>

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<sup>41</sup> James Macaulay McManus, ‘Sylvia Plath and Mad Studies: Reframing the Life and Death of Sylvia Plath’, *International Mad Studies Journal*, 1.1 (2023), p. 1-17.

<sup>42</sup> The hashtag is only used in reference to the online movement. In further discussion of the novels themselves, they will be signposted as ‘Own Voices novels’.

<sup>43</sup> Blue Crow Publishing, ‘What Does #OwnVoices Mean?’, *Blue Crow Publishing*, 2018 <<https://bluecrowpublishing.com/2018/03/30/what-does-ownvoices-mean/>> [accessed 4 May 2020].

Own Voices may be viewed as a positive way to provide an authentic narrative of those experiencing the psychiatric system. Considering that there are so many misconceptions about those who suffer from mental illnesses, it could be argued that these stories are best written by sufferers themselves. Due to the stigma that remains, it is entirely possible that some authors who are not publicly known to have an illness, are in fact suffering without having declared so. Holly Bourne, a YA author who uses mental illness as a theme in all of her novels, addressed this prominent issue with having an experience-led approach in a thread of tweets in March 2020.<sup>44</sup>

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<sup>44</sup> Holly Bourne, 'Holly Bourne (HollyBourneYA)', *Twitter* <[https://twitter.com/holly\\_bourneYA?ref\\_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor](https://twitter.com/holly_bourneYA?ref_src=twsrc%5Egoogle%7Ctwcamp%5Eserp%7Ctwgr%5Eauthor)> [accessed 4 March 2020].



Figure 4

Bourne argues that using the ‘Own Voices’ branding in publishing, while providing opportunities for some, may negatively affect other authors who feel obliged to reveal their own experiences. This may not only influence the perception of the author by the general public, but also has a potentially traumatising effect on the person themselves. While Bourne’s thread implies that she believes that stories are often based on authors’ lives, whether alluded to or not, as she refers to those who ‘want to tell their story only through their work’, she also indicates that the disclosure of author experience does not necessarily have an impact on sales. This means that readers should avoid declaring one novel more valid than another simply on the grounds of the author having declared their experience of the condition discussed. There is no true answer as to how important author experience is in terms of how effective, popular, or ‘realistic’ a mental health narrative is and no direct correlation between such effectiveness and the literary merit of the book presenting that narrative. This thesis does not concur with the idea that Own Voices narratives are of more value due to their ‘authenticity’, but as the movement is so prominent within YA publishing, this must be acknowledged alongside the analysis of the novels. In fictionalizing their own experiences, authors leave readers open to interpreting the text for themselves without being overly didactic.

Own Voice novels, whilst encouraged to be close to the truth, are still fiction. The ‘mood memoir’ genre of fiction for adults consists of factual accounts of author’s own experiences with psychiatry.<sup>45</sup> Mood memoirs share many qualities with the fictional novels used in this thesis, both in narrative form and subject matter. The mood memoir genre has been popularized greatly in recent years, with Elizabeth Wurtzel’s *Prozac Nation* (1994) and Susanna Kaysen’s *Girl: Interrupted* (1993) both receiving film adaptations. Essentially, Own Voices novels concerning mental illness and mood memoirs have the same aim: to provide representations of mental illness that are ‘realistic’ or to encourage readers to empathise with the psychiatrically ill. This genre has shaped the public response to psychiatric treatment. Psychiatric system survivors have also used storytelling as a way to ‘counter the silence and dehumanization’ associated with being in a mental facility, and effectively use writing as a form of therapy.<sup>46</sup> It also provides survivors of the psychiatric system with the opportunity to

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<sup>45</sup> This is a term coined by Katie Rose Guest Pryal. Katie Rose Guest Pryal, ‘The Genre of the Mood Memoir and the Ethos of Psychiatric Disability’, *Rhetoric Society Quarterly*, 40.5 (2010), 479–501, p. 480.

<sup>46</sup> Lucy Costa and others, “‘Recovering Our Stories’: A Small Act of Resistance”, *Studies in Social Justice*, 6.1 (2012), 85–101, p. 88.

‘speak back to the doctors’.<sup>47</sup> These act in a similar way to some early works of semi-autobiographical fiction such as Charlotte Perkins Gilman’s *The Yellow Wallpaper* (1892). In fact, Perkins Gilman wrote a follow-up essay to her work in which she explained that her intention was not to ‘drive people crazy, but to save people from being driven crazy, and it worked’.<sup>48</sup> She also emphasises that the psychiatrist that had caused her problems had changed his methods based on her writing; this is essentially the same message that is evident in a lot of these memoirs. Mood memoirs contain several conventions that also translate to fictional accounts of mental illness and psychiatric treatment. Through using the guidelines of Own Voices narratives, it is easy to veer into this autobiographical territory when writing works of fiction, but these two different genres must be considered as separate in scholarship. Mood memoirs are referenced throughout this body of work, but they are not intended to be the subject of analysis so much as a point of comparison.

Maria Royito, in discussing madwoman theory, addresses the idea that diagnostic labelling is problematic not only for the character at hand, but also for the author. Despite the reverence with which ‘Own Voice’ narratives are regarded in the YA fiction world, Royito quite rightly raises the concern that through using diagnostic labelling as part of literary criticism, the cultural images and analysis of literary works can be not only dominated by but also limited to their suicides and/or illnesses.<sup>49</sup> Whilst obviously context is an important aspect of literary analysis, separating the character from the author’s own potential diagnoses is crucial here, as it reduces the intention of the narrative to a simple cautionary tale. This type of analysis also detracts from the talent of the author and their imagination; by simply attributing a well-written representation of mental illness to experience, critics significantly undermine the author’s artistic ability. The fact that ‘madwoman theory,’ which consists of a combination of Disability Studies and Mad Studies, has in itself emerged from the theoretical landscape is an indication that representations of this type are highly important to read and analyse critically, due to their clear appeal to readers’ imaginations. Thus, this type of analysis focuses on the textual madwoman and not the author. Certainly, the ‘Own Voice’ novels used as texts throughout this thesis, whilst certainly being of value to the subgenre, are not necessarily the most successful in demonstrating representations of mental illness. *On A Scale of One to Ten*,

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<sup>47</sup> Pryal, ‘The Genre of the Mood Memoir and the Ethos of Psychiatric Disability’, p. 499.

<sup>48</sup> Charlotte Perkins Gilman, ‘Why I Wrote the Yellow Wallpaper’, in *Classic Works from Women Writers*, Canterbury Classics (San Diego, CA: Canterbury Classics, 2018), p. 154.

<sup>49</sup> Maria Rovito, ‘Toward a New Madwoman Theory’, *Journal of Literary & Cultural Disability Studies*, 14.3 (2020), 317–332, p. 319.

for example, provides an ending that is neither satisfying nor ‘authentic’ to the experience of mental illness.

## Narrative Structures

The Mental Health Continuum model (Figure 5) has been used to inform this thesis and is used here to illustrate the movement of mental wellbeing in mental health narratives more clearly. Of course, there are issues with this model, such as diagnosis not always being immediate, but it will only be used for the purpose of illuminating basic structures.<sup>50</sup> The continuum consists of four quadrants, which have been labelled by number for clarification specifically for this thesis.

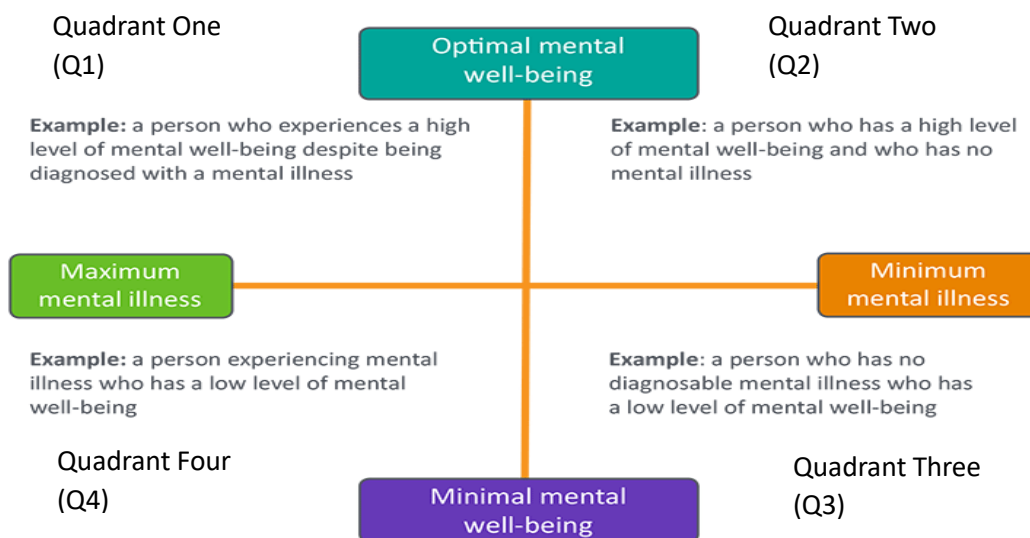


Figure 5

The movement between these states of being is highly linked to the genre in which the author is writing. Perhaps the most common narrative structure is somewhat of a downward spiral, followed by a recovery period (Q2 -> Q4 -> Q1) which is usually seen in the stories influenced by the adventure genre. Essentially, in these narratives, the protagonist is not diagnosed with a mental illness until late on into the novel, and a traumatic event often precedes a descent into illness. Family story-inspired novels are a more straightforward

<sup>50</sup> ‘The Mental Health Continuum’, *Mental Health Matters* <<https://mental-health-matters.org/>> [accessed 18 August 2020].

recovery narrative (Q4 -> Q1). The novels that are inspired by school stories follow a more cyclical narrative, in which the character appears to improve in their condition, only to have a relapse and have to attempt recovery again (Q4 -> Q1 -> Q4 -> Q1). Only the horror narratives examined in this thesis do not appear to follow a narrative pattern, which is perhaps indicative of their looser structure. This finding indicates that YA narratives based on children's genre fiction is largely formulaic, much like their inspiration.

### **Intention, Responsibility and Triggering Topics**

As established at the start of this introduction, YA is not only often condensed into a genre of its own by the general public (rather than a field) but has also been regarded as unworthy of literary status. Moreover, most of the justifications for YA's existence as a field have been heavily in favour of the didactic element, or its use in schools. Indeed, many previous studies specifically examining the representation of mental health in YA fiction are focused on the educational benefits that are provided for the reader. For example, Alison Monaghan explores the idea that YA fiction may be used as a way in which to encourage teenagers to be honest about the state of their own mental health, or to identify the signs of poor mental health in others.<sup>51</sup> Sierra Holmes also touches on this, referring to the importance of representing mentally ill characters not only for teenagers with mental illnesses, but for those without, to provide all readers with a better understanding of such conditions.<sup>52</sup> Similarly, Kia Jane Richmond uses pieces of YA literature to examine the way in which they can be used to alter the language used towards those with mental illness, in order to lessen the stigma attached to it.<sup>53</sup> One of the more complex elements that authors of YA mental health fiction must contend with is the fact that it can be difficult to determine what is a symptom of an illness, and what is simply a controversial personality trait, or even an emotion. Sadness, stress, and worry can all be conflated with depression and anxiety, and so in texts such as these the author has a responsibility to be clear about what behaviour is a reasonable emotional response to a situation, and what is an uncontrolled symptom of a mental illness. The protagonists

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<sup>51</sup> Alison Monaghan, 'Evaluating Representations of Mental Health in Young Adult Fiction: The Case of Stephen Chbosky's *The Perks of Being a Wallflower*', *Enthymema*, 16 (2016), 32–42, p. 34.

<sup>52</sup> Sierra Holmes, 'Mental Health Matters: Addressing Mental Illness in Young Adult Fiction', *Language Arts Journal of Michigan*, 30.1 (2014), 68–71, p. 71.

<sup>53</sup> Kia Jane Richmond, 'Using Literature to Confront the Stigma of Mental Illness, Teach Empathy, and Break Stereotypes', *Language Arts Journal of Michigan*, 30.1 (2014), 19–25.

throughout these texts, for example, are not all agreeable or happy for the entirety of their narrative, but their personality traits are not necessarily influenced by their mental illness.

Considering the view that educational usefulness is the same as literary value, Leah Phillips concludes that the ‘validating of YA solely based on this single criterion is limiting, and it is a crutch’.<sup>54</sup> Phillips is correct in maintaining that YA’s merit should not be assigned only as the result of its educational value. However, when considering texts dealing with conditions that may not be otherwise understood or acknowledged by the neurotypical adolescents that constitute at least a significant part of its target readership, it is important that a certain level of educational responsibility be accepted. In order to achieve this, significant information about the conditions portrayed must be disseminated to the reader, whilst avoiding untrue stereotypes. Since YA about issues such as mental health is often used as a teaching tool in the English classroom and bearing in mind the impressionability of teenagers, there must be a level of ethical responsibility that cannot be ignored in favour of entertainment. Yet at the same time, as Phillips implies, a good YA realist novel will not lean on the crutch of its educational value to compensate for poor plotting or writing; rather, managing to balance these elements is a sign of a successful YA mental health novel. Certainly, in these novels, the use of treatment or therapy sessions is crucial because it does just this; in taking the reader into the fictional therapy session, authors provide their readership with the context that is required to understand the complexity of mental health diagnosis, whilst also keeping them interested in the fates of the characters that they are following. The most successful method of achieving the educational aspect of the novel appears to be through conveying the teenager’s experience of mental illness in a sensory or social context directly to the reader first, before having an adult character, such as a teacher or therapist, provide the facts about the condition later, usually as part of an interaction with the protagonist.

Elizabeth Bullen determines that novels for children are usually associated with education and values, where television and film are usually seen as entertainment.<sup>55</sup> Of course, this is overly simplified as novels, television and film can all be used to fulfil both these two functions and novels about mental health are for entertainment and information purposes. For example, all of the primary texts used here provide both purposes. However, as a result of their roots in traditional representations of mental illness, *Whisper to Me* and *The Dead*

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<sup>54</sup> Leah Phillips, ‘Part 1: What Is YA?’, 2017 <<https://networks.h-net.org/node/2602/discussions/897613/part-1-what-ya>> [accessed 27 February 2023].

<sup>55</sup> Elizabeth Bullen, ‘Inside Story: Product Placement and Adolescent Consumer Identity in Young Adult Fiction’, *Media, Culture & Society*, 31.3 (2009), 497–507, p. 498.



*House* focus on the entertainment aspect of the reading experience more than teaching the reader about mental health. Nevertheless, Bullen's assertion suggests that novels dealing with therapy sessions are likely to provide more information than television and film about the actual practices used in therapy, which may be due simply to the fact that a written text can provide information as part of a descriptive passage, where visual texts rely on characters literally acting the parts. Literature also offers features such as internal monologue and first-person narrative that are not easy to convey through film, meaning that whilst film viewers may have a fairly objective relationship with onscreen therapists, readers' attitudes towards therapist characters tend to be predetermined by those of the protagonist. For young people, siding with the protagonist is to be expected, and so any distrust of the adult therapist character on the part of the hero or heroine is very likely to be passed on to the reader. In addition, seeing the protagonist in positive therapy sessions encourages the reader to see therapeutic practices as being less frightening than they may have previously perceived them to be. As a result, it is crucial to acknowledge that literature about mental health, in particular, uses the reader's presumed sympathy with the protagonist in order to work towards destigmatising mental illnesses. Novels give authors more room to represent many different aspects of their protagonists' lives. In presenting mentally ill teenage characters as interesting and multifaceted, literature of this type encourages the teenage reader to consider the everyday lives of these protagonists beyond their condition.

In being written for adolescents, YA has a higher level of responsibility towards its readers than adult fiction. When creating fictional narratives about difficult subjects such as mental illness, it is incredibly important to consider the issue of 'triggering' for readers. Some explanations of mental illness and difficult experiences such as sexual assault that can cause a decrease in mental wellbeing may be difficult for younger readers to consume without them being caused distress. Many YA novels contain some form of 'trigger warning' in the early pages, or even on the back cover, to prevent the novel from being read by someone who may be distressed by its contents. However, of course, many books are bought for teenagers, or these warnings may be ignored. As such, it is possible that this may affect how certain conditions are written about within the novels themselves; certainly, events such as sexual assault or suicide attempts may be edited in order to not be too graphic, or even to discourage copycat behaviour by teenage readers. Self-harm is another example of this; there must be an emphasis by the author on the fact that this type of behaviour is unhealthy and damaging, in order to prevent copied behaviour. Other authors may approach the problem of triggering by

not describing traumatic events as part of the plot. Instead, these events may simply be alluded to, and the trauma of the victim is focused upon instead. It is worth mentioning at this point that these novels are not necessarily intended to be read by those who suffer from these conditions; more often than not, they are intended to be educational for those who have not experienced the condition themselves. Thus, they work to enable readers to recognise symptoms of mental illness and be able to extend empathy and support to those who experience it. As this thesis will show, the frameworks and tropes drawn from children's literature that underpin the books discussed here create a sense of familiarity and reassurance for the target readership, and in doing so make mental health topics more accessible and less threatening.

## Chapter I: ‘My Serene and Loving Family’: Agoraphobia and the Family Story

### Family Stories

Family is a key feature within an array of forms of children’s literature, presumably due to the near-constant presence of the family in most children and teenagers’ lives; an understanding of family life is the one factor that unifies a huge number of children and teenagers worldwide. Sometimes referred to as the ‘domestic drama’, family stories are texts that are ‘deliberately designed to depict family life and which focus on family relationships’.<sup>1</sup> Famous examples of the British family story that are used for comparison throughout this chapter include E. Nesbit’s *The Story of the Treasure Seekers* (1899), Eve Garnett’s *The Family from One End Street* (1937) and Joyce Lankester Brisley’s *Milly Molly Mandy Stories* (1928). Although not British, Louisa Alcott’s *Little Women* (1868) is an early and significant contribution to the form and is considered by most critics to be a blueprint for the family story.<sup>2</sup> Thus, it is important to take Alcott’s novel into consideration when thinking about the family story genre.

Well-known British family stories take place at a particular time in the family’s life. These stories end with emphasis upon strengthened family relationships after a period of difficulty, in place of the movement of one character from childhood to adulthood. Indeed, even more contemporary family fiction such as Jacqueline Wilson’s novels follow this format.<sup>1</sup> Kimberley Reynolds’ definition of a family story reads,

Typically, the family in question begins as a complete, loving nuclear family with two parents and a happy, comfortable life. The story usually charts what happens when family life is disrupted.<sup>3</sup>

The conventions of the family story that appear in YA agoraphobia narratives are:

- Everyday family life
- The disruption of family life,
- Mother-daughter relationships,
- The family ‘doctor’ figure,
- Appearance, Romance and Approaching Womanhood
- The strengthening of family relationships at the end of the novel

<sup>1</sup> Nikki Gamble, ‘Introduction: Changing Families’, in *Family Fictions*, ed. by Nicholas Tucker (London: Continuum, 2001), pp. 1–49, p. 9. Matthew Orville Grenby, ‘The Family Story’, in *Children’s Literature*, Edinburgh Critical Guides to Literature, Second Edition (Edinburgh: Edinburgh Univ. Press, 2014), pp. 117–143, p. 118.

<sup>2</sup> Ashley N. Reese, ‘“Toward That Larger and Less Happy Region of Womanhood: Family Stories”, in *The Rise of American Girls’ Literature*, (Cambridge University Press, 2021), pp. 24–49, p. 25.

<sup>3</sup> Kimberley Reynolds, ‘Genres and Generations – the Case of the Family Story’, in *Children’s Literature: A Very Short Introduction* (Oxford University Press), pp. 77–95, p. 85.

The family unit has long been a source of dramatic conflict in literary work; famously, in 1877 Leo Tolstoy wrote that ‘all happy families are alike, but every unhappy family is unhappy in its own way’.<sup>4</sup> It is perhaps because of this scope for variety that the family story is so popular with British child readers to this day. This chapter argues that contemporary YA mental health novels that examine agoraphobia as a symptom of mental illness make use of elements of the traditional family story structure.<sup>5</sup> The texts used are Sophie Kinsella’s *Finding Audrey* (2015) and Louise Gornall’s *Under Rose-Tainted Skies* (2016).<sup>6</sup> *Finding Audrey*, as the title would suggest, follows Audrey, a 14-year-old who refuses to leave her house other than for therapy sessions. Kinsella determines Audrey’s official medical diagnosis as being ‘Social Anxiety Disorder, General Anxiety Disorder and Depressive Episodes’.<sup>7</sup> As a result of this condition, Audrey is unable to leave the house beyond attending therapy. As her agoraphobia is rooted in social anxiety, Audrey also struggles to maintain eye contact with others, wearing sunglasses even around her family members. The narrative follows Audrey’s attempt to improve her relationships with those around her and the outside world, through therapy techniques such as exposure therapy and creating a video diary. Audrey’s first steps towards combatting her social anxiety are seen in the form of her meeting, and eventually becoming romantically involved with her brother’s friend, Linus. Audrey’s condition is seen to have been triggered by extreme bullying, but the actual event that caused the trauma is only ever alluded to vaguely. Her condition is referred to as ‘fully treatable’ (*Finding Audrey*, p. 25) through therapy and medication by her therapist, Doctor Sarah; whether by ‘treatable’ Kinsella means curable or simply able to be kept at bay by medication is unclear. Audrey’s recovery accelerates after a self-imposed breakdown due to not taking her medication. After this incident, her dark glasses are lost, and it is left to the reader to assume that she does not return to wearing them. Though she is by no means fully ‘cured’ of her condition, by this point in the novel, she has managed to overcome her fear of leaving the house, and so could no longer be classed as agoraphobic. Alongside Audrey’s main storyline, Kinsella also shows the rest of Audrey’s family and how they navigate

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<sup>4</sup> Leo Tolstoy, *Anna Karenina*, trans. by Louise Maude and Aylmer Maude, Oxford World’s Classics (Oxford: New York: Oxford University Press, 1999), p. 1.

<sup>5</sup> As this thesis has been submitted after the outbreak of the Covid-19 pandemic, it is important to address that agoraphobia is a condition that has been significantly more prominent, and more deeply understood in view of national lockdowns. However, because both novels were written pre-pandemic, like all of the literature used in this thesis, this is not considered within the analysis of the texts. However, it must be noted that the approach taken, particularly in *Rose-Tainted*’s explanations of her aversion to germs, would probably not require as much explanation for a generation of teenagers that have witnessed these health fears first hand.

<sup>6</sup> From here, *Under Rose-Tainted Skies* is referred to as ‘*Rose-Tainted*’.

<sup>7</sup> Sophie Kinsella, *Finding Audrey* (London: Penguin Random House, 2016), p.22.

Audrey's condition. Much of the plot beyond Audrey is shaped by Audrey's mother and brother, Frank, who disagree frequently about his level of video game playing.

Louise Gornall's *Under Rose-Tainted Skies*, however, examines the struggles of an explicitly agoraphobic heroine. Norah, Gornall's protagonist, suffers from obsessive compulsive disorder (OCD). OCD is a condition that appears throughout YA literature; notable examples include John Green's *Turtles All the Way Down* (2017) and Holly Bourne's *Am I Normal Yet?* Portrayals of OCD in YA, and indeed wider media, are often based around obsessions with cleanliness and perfectionism. Patricia Friedrich observes that these portrayals also usually feature only as 'a gimmick that helps heighten tension, advances the plot, and concretizes whatever abstraction the story is trying to highlight.'<sup>8</sup> By centralising the effects of Norah's condition, rather than using it as a character 'quirk', Gornall allows the reader to gain an understanding of OCD beyond common stereotypes. The agoraphobia that results from Norah's OCD is unusual for a literary representation, but perhaps more indicative of the real condition. Norah's agoraphobia is a physical manifestation of a fear that if she leaves the house, a catastrophic event may occur. *Rose-Tainted* follows Norah experiencing several events that she would consider disastrous; firstly, her mother leaves the house for a work trip and is hospitalised, extending her absence. Norah meets and falls in love with her new neighbour, Luke, to whom she has to explain her illness. In the climax of the novel, Norah's house is burgled whilst her mother is out at a work event, and she must go outside to escape. *Rose-Tainted's* storyline, like *Finding Audrey*, is interspersed with therapy sessions with Norah's therapist, Dr Reeves.

### **The Family Story Format**

In early children's literature, genre was influenced by gender. Whilst adventure stories have been the domain of young boys and school stories have represented both boys and girls, in the 19<sup>th</sup> century, stories about everyday life in the home and the importance of domesticity were written with girls and young women in mind.<sup>9</sup> The plot of many family stories, then, is the female protagonist learning how to fulfil the role of the ideal woman before reaching

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<sup>8</sup> Patricia Friedrich, 'Just for Fun: The Misappropriation of OCD for Humor and the Role of Critical Disciplines in Claiming It Back', in *The Literary and Linguistic Construction of Obsessive-Compulsive Disorder: No Ordinary Doubt*, ed. by Patricia Friedrich, Literary Disability Studies (London: Palgrave Macmillan UK, 2015), pp. 67–94, p. 77.

<sup>9</sup> Shirley Foster and Judy Simons, 'Introduction', in *What Katy Read: Feminist Re-Readings of 'classic' Stories for Girls* (Basingstoke, Hampshire: Palgrave Macmillan, 1995), pp. 1–35, p. 4.

adulthood; family story girls are expected to leave adventure behind in favour of learning skills that will be useful in the marital home. Due to this focus on the transition to womanhood, family stories that follow girls up to the point of adulthood, such as *Little Women* and Susan Coolidge's *What Katy Did* have been noted in academic scholarship as being precursors to modern day YA fiction because of the ages and experiences of the characters.<sup>10</sup> The protagonists of these stories are of the same age bracket as contemporary YA heroines but the books follow them over a longer period of time. These types of family stories are more aligned with the term 'domestic drama' due to their occasionally more dramatic subject matter and are occasionally referred to as such in research. Books that follow protagonists from childhood through to adulthood may also be referred to as a bildungsroman; this is a general, less genre-specific term.

The idea of disrupted family life that Kimberley Reynolds identifies as being important to the family story spills over into contemporary YA fiction, but teenage protagonists would usually expect to spend less time with their families than their younger counterparts. In earlier children's literature, certainly before the advent of the 'teenager', the role of older children in families tended to differ to that represented in contemporary YA. The older children in Victorian, Edwardian and early 20<sup>th</sup> Century literature were less independent from the family unit than the contemporary YA protagonist, and usually took on the responsibilities of the younger children; for example, *The Family from One End Street*'s Lily Rose often takes care of her younger siblings. Although this sometimes occurs in contemporary YA, the family itself is rarely the nucleus of the plot, instead being used as a secondary element. However, the framework of the family story is applicable to mental health novels that follow protagonists who are unable to leave the house; as the family story is so motivated by issues of domestic life, the majority of these stories are set primarily within the house. Ultimately, these narratives usually end with the girl, now woman, being able to leave the household, echoing the level of independence that we see in child protagonists of British family stories. The Ruggles family from *The Family from One End Street*, for example, contains a family full of children that are able to act independently throughout the novel; they are rarely supervised outside of the home, and are seen to take themselves to school. Even as Mrs

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<sup>10</sup> Joanna Webb Johnson, 'Chick Lit Jr.: More Than Glitz and Glamour for Teens and Tweens', in *Chick Lit: The New Woman's Fiction*, ed. by Suzanne Ferriss and Mallory Young (Routledge, 2013), pp. 141–57, p. 144.

Ruggles is determined to supervise the twins, they are said to have ‘slipped out, and run off down the street’, which appears to cause no concern to their mother.<sup>11</sup>

Parental absence is a notable theme within *Rose-Tainted*; by comparison, *Finding Audrey* deals with the opposite issue of an overbearing parent. Of course, in addition to this, therapy sessions are very important to the novels and by extension, so are the characters’ therapists. Neither novel begins with a representation of ‘happy, comfortable life’, but rather a life in which the protagonist has already been diagnosed with their condition. In the case of *Rose-Tainted*, the protagonist has received a diagnosis long before the beginning of the novel, and therefore has a set routine to cope with her condition. These stories, then, demonstrate how the protagonists change the way that they live with their condition after having experienced a disruption to their usual daily routine. As a result, using elements from the framework of the family story is a logical way to tell stories that centre on being in recovery from a mental illness.

The representations of agoraphobia are vastly different in the two novels, which reflects the varied nature of the condition itself; the tenth revision of the International Classification of Diseases, the system that is used by clinicians in the UK to provide diagnoses, defines agoraphobia as:

A fairly well-defined cluster of phobias embracing fears of leaving home, entering shops, crowds and public places, or travelling alone in trains, buses or planes. Panic disorder is a frequent feature of both present and past episodes. Depressive and obsessional symptoms and social phobias are also commonly present as subsidiary features. Avoidance of the phobic situation is often prominent, and some agoraphobics experience little anxiety because they are able to avoid their phobic situations.<sup>12</sup>

As is the case with many other mental illnesses, there is a social understanding of the term that differs slightly from the official diagnostic criteria. This is essentially just a way to describe a struggle to leave the house due to an intense fear, and not always used within the context of mental illness. This section uses the ‘agoraphobia’ label not only in this official psychiatric, diagnostic sense, but also in the manner that it is used in everyday life;

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<sup>11</sup> Eve Garnett, *The Family From One End Street* (London: Puffin, 2014), p. 102.

<sup>12</sup>World Health Association, ‘ICD-10 Version: 2016’, 2016 <<https://icd.who.int/browse10/2016/en#/F40.0>> [accessed 27 January 2020].

‘agoraphobia’ may reference a fear of leaving the home, or a broader fear of open spaces. The symptoms and triggers of agoraphobia are treated very differently throughout *Finding Audrey* and *Rose-Tainted*, due to the difference in the condition’s origin. An illustration of this is the fact that *Finding Audrey* does not directly diagnose its heroine as agoraphobic, although Audrey barely leaves the house at the beginning of the novel. Instead, the reader is expected by Kinsella to reach the lay understanding of agoraphobia by themselves through information that has been acquired socially, rather than through the novel itself. Despite not being directly diagnosed with agoraphobia itself, Audrey shows so many of the same issues as Norah in *Rose-Tainted* that using the two novels for comparison is effective.

While following the lives of an entire family unit, the traditional family story often centres upon or is told by a main protagonist; for example, *Little Women* is largely Jo March’s story, and *The Treasure Seekers* is told from the perspective of Oswald. This is the case in both of these novels; as much of the action within the plot is driven by Norah and Audrey’s conditions, the majority of the novel is focused on their experiences. Gornall, in particular, has clarified in interviews that the novel was intended as an insight into the ‘painful and frightening’ mind of an agoraphobic person.<sup>13</sup> Due to this, the perspectives of those around Audrey, such as her mother and boyfriend, are not considered. The effectiveness of this is dependent upon what the reader seeks to gain from the text; whilst effective for the purpose of being able to empathise with an agoraphobic person, Gornall’s narrative may be too introspective for those seeking to understand the social implications of agoraphobia. Kinsella’s novel, on the other hand, provides a wider perspective, taking care to demonstrate the issues of the rest of the family (Frank’s ‘addiction’ to videogames and their mother’s concerns about it). These are given nearly the same amount of attention as Audrey’s condition and provides an opportunity for Audrey to meet her love interest, Linus.

### **Chick Lit and the Family Story**

Especially at a time when authors and publishing houses have social media accounts and websites through which to encourage the sale of their novels, the ‘brand’ of authors themselves is crucial to book sales. Whilst they have more financial freedom than young

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<sup>13</sup> Kenny Brechner, “‘Under Rose Tainted Skies’: An Interview with Louise Gornall”, *Publishers Weekly*, 2017 <<http://blogs.publishersweekly.com/blogs/shelftalker/?p=19940>> [accessed 20 August 2022].



children, many young adults still have books bought for them or presented to them in a school environment. This is an issue in terms of representations of novel or brand popularity, as adults often buy novels for teenagers or children according to author reputation. For teenagers that purchase their own YA novels, this idea of ‘branding’ is still important, in that social media channels allow for them to discover and ‘follow’ more prevalent YA authors. Whilst this thesis is not focused upon brands of certain authors themselves, there has been a careful selection process involved in data collection, whereby authors of significant branding are used in equal amount to those with less heavy marketing attached to their name. For the most part, authors are kept separate from their work, but literary analysis does occasionally require context, and so this will be given. Kinsella, for example, is the most notable author used in this thesis and as such, her literary reputation affects the analysis of *Finding Audrey*. Kinsella offers an example of an author whose book is regarded as YA but is not a YA author, in that she does not primarily write YA. This influences the way that YA conventions are used within the book. *Rose-Tainted* is an Own Voices novel that uses Gornall’s own experiences with OCD as inspiration; this does provide some insight as to the way in which psychiatric treatment is represented in the novel.<sup>14</sup> This phenomenon of using author experience to determine the validity or even literary quality of work is obviously not a new one. Of course, as discussed in the introduction to this thesis, Barthes’ *The Death of the Author* is very pertinent to Kinsella and Gornall as representatives of opposing sides of the argument for Own Voices narratives. In accordance with Barthes’ work, *Finding Audrey* should not be viewed as a lesser representation of agoraphobia than *Rose-Tainted*.

One of the foremost indications of Kinsella’s lack of use of YA conventions is evident in her refusal to discuss the trigger of Audrey’s condition. Kinsella has defended this lack of detail, stating that ‘sometimes if you say “this event caused this reaction and was responsible for Audrey’s condition” you have people who end up not being able to relate’.<sup>15</sup> In avoiding being precise to allow readers to ‘relate’ to Audrey, Audrey’s condition is simply indicated to be the result of bullying. In taking this approach, Kinsella misses one of the most important aspects of mental health YA novels, which is to help to raise awareness of mental health conditions and help the teenage reader to understand them, rather than to apply them to their own lives. Part of Kinsella’s reasoning for this is that ‘one of Audrey’s biggest lessons is

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<sup>14</sup> Brechner, “‘Under Rose Tainted Skies’: An Interview with Louise Gornall’.

<sup>15</sup> ‘Sophie Kinsella: An Exclusive Interview on Finding Audrey’, *WHSmith Blog*, 2017 <<https://blog.whsmith.co.uk/zbc1016-sophie-kinsella-exclusive-interview-finding-audrey/>> [accessed 20 August 2022].

about privacy and sharing. We don't have to share everything with everybody!'. Whilst this is certainly true, it is out of place in a novel that relies on the first-person confessional voice from the protagonist to the reader. This is perhaps representative of Kinsella's background as a 'chick lit' romance writer; Kinsella's focus is often heavily on the romance plot and the family unit, more than Audrey's experiences with agoraphobia. As a result, details of Audrey's recovery process are skipped over in order to accelerate the story once when the family and relationship-related conflicts are resolved. Kinsella's own admission that *Finding Audrey* became YA after beginning writing it is reflective of the novel's stylistic proximity to chick lit; by coming in from a decidedly different background, Kinsella does not interact with some of the unwritten conventions of mental health YA that appear in other novels in this thesis regarding transparency around mental health conditions and didacticism.

Anjula Razdan declares that adult chick lit 'isn't big-canvas storytelling. It's kind of the mundane, every day, obsessive, and superficial details of women's lives'.<sup>16</sup> This definition paints a picture of this chick lit as effectively being an adult version of the family story; like chick lit, the traditional family story largely explores events that are relatively ordinary in an entertaining manner. For example, *The Family from One End Street* follows incidents that include making a mistake with laundry, losing a hat, and going to the cinema to watch a cartoon. Maybe in part, the issues around Kinsella's work, particularly regarding transparency about mental health conditions, reflects Kinsella's reputation as a 'chick lit' genre writer. Ordinarily, the author's previous works would not be of particular concern in this type of analysis, but there are many similarities in the stylistic features of chick lit and YA that make Kinsella's transition interesting. Chick lit and YA have been compared in academic scholarship due to their perceived lack of literary value. In fact, UKYA novels such as Louise Rennison's *Angus, Thongs and Full-Frontal Snogging* have been labelled in academic scholarship as 'Chick Lit Jr'.<sup>17</sup> *Finding Audrey* does not fall into this category, primarily due to its lack of focus upon elements such as appearance, but the narrative voice that Kinsella uses is decidedly close to that found in chick lit.

For the most part, this chick lit 'feel' is achieved through Kinsella's use of humour, which translates well into the family YA narrative. The fact that both Kinsella and Gornall use

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<sup>16</sup> "Specialized Literary Subgenres Known as Lits." Narr. Brooke Gladstone. All Things Considered. Nat!. Public Radio. Apr. 23, 2004. As cited in Joanna Webb Johnson, 'Chick Lit Jr.: More Than Glitz and Glamour for Teens and Tweens', in *Chick Lit: The New Woman's Fiction*, ed. by Suzanne Ferriss and Mallory Young (Routledge, 2013), p. 142.

<sup>17</sup> Webb Johnson, 'Chick Lit Jr', p. 141.

humour throughout their narratives reflects a sense of warmth and affection, which John Rowe Townsend argues is central to family stories.<sup>18</sup> Kinsella leads her narrative with the comedy around the living situation of an agoraphobic teenager, and the seriousness around dealing with the issue comes second. For example, Audrey's filming for her therapy video diary leads to a humorous moment in which her 'Mum appears at the door, dressed in a skirt and bra. She claps her hands over her top half and shrieks when she sees the camera' (*Finding Audrey*, p. 33). Most of Kinsella's humour is observational and situational, and is largely derived from the actions of Audrey's family members. Most of the family, particularly the parents, are caricatures of chick lit stereotypes: the overbearing mother, the meek and largely absent father, the technology-obsessed teenager, and the baby. By contrast, Audrey is used as the 'straight man' figure, to function as the observer and provider of sarcastic remarks. Kinsella draws a great deal of humour from Audrey's mother, whose increasingly outlandish and exaggerated behaviour throughout the novel is reminiscent of an overbearing chick lit mother, particularly as she is seen to monitor her children closely. A lot of the comedy of the novel is drawn from these wider family moments. Gornall's use of mother-daughter derived humour is decidedly different in style from Kinsella's; Norah and her mother swap witticisms and are frequently seen to joke together. For example, after Norah makes a self-deprecating joke about her condition, her mother replies by saying 'nice job, Tina Fey, you nailed it' (*Rose-Tainted*, p. 228). Both of these forms of humour do frequently appear in chick lit, but witty female exchanges are not so often exchanged between mother and daughter as they are between friends. Rather, the chick lit mother figure is either portrayed as 'antagonistic', or in need of help.<sup>19</sup> A famous example of both of these aspects of the chick lit mother is in Helen Fielding's *Bridget Jones's Diary* (1996). As well as being critical of her daughter's life throughout the novel, Fielding's mother figure nearly bankrupts the family and requires help from Bridget's love interest to prevent this. Norah's friendly relations with her mother, then, are decidedly more suited to the YA category than chick lit.

Mental illness is not often used as a vehicle for humour in *Finding Audrey*; the details of Audrey's condition remain something that the characters treat with seriousness. Kinsella touches on this through presenting a neighbour who attempts humour through referring to

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<sup>18</sup> John Rowe Townsend, 'Domestic Dramas', in *Written for Children. An Outline of English-Language Children's Language*, Third Edition (Harmondsworth: Penguin, 1987), pp. 59–72, p. 62.

<sup>19</sup> Joanne Knowles, 'The Dirty Secret: Domestic Disarray in Chick Lit', in *Bad Girls and Transgressive Women in Popular Television, Fiction, and Film*, ed. by Julie A. Chappell and Mallory Young (Cham: Springer International Publishing, 2017), pp. 97–117, p. 113.

Audrey as a ‘celebrity’ due to the constant presence of her sunglasses. The irony of this ‘joke’, of course, is the indication that through wanting to be a ‘celebrity’, Audrey wishes to draw more attention to herself, in contrast to the way in which she uses them to create space between herself and others. Kinsella addresses the way that jokes about mental illnesses can be badly received by those who suffer from them through Audrey’s perception of the joke, saying ‘I’ve often noticed that people equate ‘having a sense of humour’ with ‘being an insensitive moron’ (*Finding Audrey*, p. 5). Norah, on the other hand, anticipates that Luke may laugh at the details of her condition when told. She alleges that a level of humour regarding her condition is acceptable to her, claiming that ‘he can laugh. I laugh. My mind is ridiculous’ (*Rose-Tainted*, p. 95). However, Norah differentiates between being able to laugh at the ‘ridiculous’ actions that she takes because of her OCD, and the ‘cruel laughing’ (p. 95) that is detrimental to her wellbeing. Both authors, in addressing this, manage to tackle the fact that those suffering from debilitating conditions are still able to use humour to go about their daily lives, but that there must be a level of sensitivity if the humour is coming from an outsider.

Notably, Norah’s interactions with others are largely on a one-to-one basis, meaning that the humour used cannot be based around a family unit in the same way. Therefore, as humour is an element of chick lit that translates well to this particular type of YA mental health narrative, it appears that *Rose-Tainted* and other YA focused on female heroines may be broadly influenced by the adult chick lit genre. However, it must be acknowledged that humour has long been an element of the family story. Notably, *The Family from One End Street* is credited by Marcus Crouch with using humour to undercut the seriousness of the problems faced.<sup>20</sup> For example, after Lily Rose ruins her mother’s client’s petticoat through ironing it, she is asked what career she would like after school. To the humour of the other characters (and indeed the reader), Lily Rose declares that she would like to ‘run a laundry’ (*The Family From One End Street*, p. 36). This use of humour is a technique that is utilised by both YA authors here. As the protagonists have already been diagnosed with their mental health condition and are actively in treatment for it, everyday coping mechanisms such as humour are crucial to prevent readers from feeling hopeless on behalf of Audrey and Norah. Instead, their senses of humour humanise them, and demonstrate that even those who are shy

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<sup>20</sup> Marcus Crouch, ‘Renaissance’, in *Treasure Seekers and Borrowers: Children’s Books in Britain 1900-1960* (London: Library Association, 1962), pp. 55–86, p. 77.

or withdrawn from society can have interesting personalities. Most importantly, this use of humour makes the novels more enjoyable to read.

Warmth cannot only be found in the tone of the writing. In *Finding Audrey*, affection is expressed not only between family members, but between narrator and reader. Audrey explains that unlike Norah, her inability to leave the house is due to ‘the people’ (*Finding Audrey*, p. 36). Audrey excludes the reader from this group threat, directly addressing them and telling them that ‘you’d be fine. I have my comfort people’ (p. 36). Kinsella uses ‘you’ to include the reader in the context of the novel several times, but this is done sparingly. Notably, it is only done when explaining elements of her mental illness to the reader; in every other regard, the reader is expected to be in the position of an observer, rather than a confidant. Audrey is not seen to explain her mental illness in the same level of detail to anyone else beyond the reader, including Linus. Thus, providing explanations in a manner that comes across as personal, rather than the clinical explanations that often come from therapist characters, allows Kinsella to draw the reader into the small circle of those that understand Audrey’s illness. Given that Audrey’s ‘comfort people’ who have this understanding are shown to be only her family members, Kinsella effectively includes the reader in the family unit.

Dr Sarah suggests that Audrey create a video diary to improve her social skills as a therapy assignment, so her narrative is interspersed with transcripts from this film. Audrey’s final interaction with the reader (or the audience of her film), as she ‘appears’ to the reader, is indicated to be a demonstration of her recovery. Audrey’s use of the camera to create these third-person segments of the novel is reminiscent of family stories such as *The Family from One End Street*, which uses each chapter to follow a different family member. Kinsella combines the two approaches to create a story that feels like a family story but is still distinctly Audrey’s narrative. The transcript sections of the novel work almost as a video diary that follows in the tradition of epistolary fiction for teenage girls; the idea of setting a diary as homework (such as in the *Princess Diaries* series) is a common device used to explore the inner thoughts of the protagonist. There is a long literary tradition of the diary form being used regardless of genre, particularly in the eighteenth century. In fact, journaling has been documented as being a method used to ‘help you gain control of your emotions and

improve your mental health'.<sup>21</sup> This particular intention has been used as a literary device within the chick lit genre, with novels such as *Bridget Jones' Diary* using the diary format throughout. Here, the 'diary' is used in a different way from the chick lit format. Due to Audrey's difficulties with receiving attention from others, or making eye contact, these sections of video diary (which are presumably watched by Dr Sarah to inform her therapy sessions) observe the aspects of life that occur around Audrey. They also provide an objective view of the more outlandish events in Audrey's life, such as her mother's unusual behaviour. Audrey's inner thoughts and emotions are instead dealt with primarily in her therapy sessions.

The first time that the 'video diary' is used in the expected confessional format is in Audrey's final monologue at the end of the novel, in which she turns the camera on herself. At this point, Audrey reflects on her experiences throughout the narrative, stating that 'I've been thinking a lot about everything. And I guess Mum was right' (*Finding Audrey*, p. 278). In referencing her thoughts around her recovery, and then going on to express them in a more detailed manner, Audrey finally uses the video in the way that Dr Reeves intended. Despite the few instances of 'you' being used throughout the novel, this conversation feels decidedly more directly aimed at the reader than the rest of the novel. It is particularly worthy of note that the conversation that she refers to in claiming that her mother was 'right' is not one that is included in a film transcript. It is safe to assume, then, that the reader of *Finding Audrey* and the camera are intended to be interchangeable figures. Later in this confessional, she thanks the reader/camera, 'whoever you are' (p. 280), which further indicates that they are the same figure.

By contrast, Gornall's approach is more reminiscent of novels such as *The Treasure Seekers*. Due to the first-person narration that is used Norah never directly addresses the reader, instead demonstrating what appears to be more of a stream of consciousness to achieve a similar form of intimacy between reader and narrator. Other than her mother and therapist, Norah's interaction with the outside world is limited before meeting Luke, allowing Gornall to draw the teenage reader's attention to the way that Norah's condition influences the way that she interacts with non-family members. Norah explains this, referring to her former friends spending time with her as 'babysitting' (*Rose-Tainted*, p. 22). Of course, whilst this is probably intended to refer to the fact that this social time can only be spent within the

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<sup>21</sup> Renee Watson, Marianne Fraser, and Paul Ballas, 'Journaling for Mental Health', *University of Rochester Medical Center* <<https://www.urmc.rochester.edu/encyclopedia/content.aspx?ContentID=4552&ContentTypeID=1>> [accessed 2 March 2020].

confines of the home, ‘babysitting’ also indicates that Norah’s friends, in being able to navigate the outside world, mature more quickly than she does. In only observing her former friends’ lives through the medium of social media, Norah can maintain a passive form of relationship with them. Her relationship with Luke, as a result, is indicated to be the only new one that she has encountered since becoming ill.

These methods are most evident in the periods of time that the protagonists disappear from their narratives; Audrey leaves home as her condition worsens, whilst Norah passes out after leaving the house. In keeping with the conventions of YA fiction, Norah's story only follows her own experiences, which is different from the way that traditional family stories usually function. Norah’s narrative simply stops when she faints and starts back up again when she wakes up in the hospital. When Audrey goes missing, however, her disappearance is documented by a transcript of her brother using the camera to film his perspective. This is a definite nod to the family story genre, as the change functions in the same way as the change in point of view in *The Family from One End Street*. By not limiting the viewpoint to one family member, authors allow for a more rounded view of the situation, without the bias of the protagonist. *Little Women* is another good example of a family story that takes this approach, as it is written in the third person and provides the perspective of all four sisters.

### **Daily Family Life**

Isabelle Jan has observed the family story as being ‘a genre which evokes all the warm, comforting permanence of family ties and of shared domestic tasks’.<sup>22</sup> Shared domestic tasks, in particular, are commonly seen to be a crucial part of family life, as a way to teach responsibility to the child. The domestic tasks that Jan refers to usually include some form of errand-running, which is exemplified in Joyce Lankester Brisley’s *Milly Molly Mandy*. Stories of this nature within the collection include ‘Milly-Molly-Mandy Goes Gardening’, ‘Milly-Molly-Mandy Makes a Cosy’, and notably, ‘Milly-Molly-Mandy Goes Errands’.<sup>23</sup> Of course, for an agoraphobic heroine there is a limit as to the tasks that can be achieved, but this does not mean that daily tasks are not detailed in the texts.

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<sup>22</sup> Isabelle Jan, ‘The Home’, in *On Children’s Literature* (London: Allen Lane, 1973), pp. 90–121, p. 109.

<sup>23</sup> Joyce Lankester Brisley, *Milly-Molly-Mandy Stories*, Main Market Edition (Macmillan Children’s Books, 2019).

Kinsella's novel, as a novel that is structured more like the traditional family story, has several examples of these 'shared tasks', with the most remarkable being food shopping. This errand is used in *Rose-Tainted* and *Finding Audrey*, with strikingly different results. For Audrey, food shopping is one of the first things that she becomes comfortable doing during her recovery period, despite the number of people at the supermarket (*Finding Audrey*, p. 212). Norah, however, has to have her food delivered to the home. One of the more traumatic elements of the story is when Norah's food shop is left 'lined up against the side of [her] house' (*Rose-Tainted*, p. 28) whilst she is home alone. This incident underlines how deeply rooted Norah's issue with the outside world is; she addresses the extent of her difficulty with the situation, saying,

You might think that now that sustenance has been thrown into the mix, my debilitating agoraphobia will take a back seat to my survival instincts. You'd be wrong. (*Rose-Tainted*, p. 29)

The fact that Gornall actively states that Norah's agoraphobia is 'debilitating' is an early example of how much it affects her ability to carry out everyday tasks. Notably, the language used in this short excerpt is overly dramatic, in replacing the word 'food' with 'sustenance' and referring to using 'survival instincts' to retrieve her food. Using these survival terms in such a dramatic manner heightens the sense of panic that Norah feels, but simultaneously makes the extent of Norah's condition understandable to the reader. Using this type of language to refer to such a mundane event as food shopping demonstrates that Norah views even these daily tasks as an anxiety-inducing trial. Once again, this subversion of the way that a common family story feature is used allows Gornall to emphasise the severity of Norah's condition; if we consider the representation of very young characters such as Milly-Molly-Mandy (who is indicated by illustrations to be somewhere between five and eight years old) being able to run errands and collect deliveries themselves in a village setting, this conveys the manner in which mental illnesses can cause their sufferers to regress in their maturity. Of course, *Milly Molly Mandy* is set in a small village in the 20th century. As the world is generally considered to be less safe now than it was at the time of *Milly Molly Mandy*'s writing, the amount of independence represented in children's books has changed to reflect this, even when not following mental health issues. However, these types of errands still stand out in these novels as performing the same function that they do in *Milly Molly Mandy*; they are the first signs of being recognised as a mature or 'big' girl and are signs of responsibility that Norah and Audrey appear to lack from day to day.



Perhaps even more so than food shopping, cooking and eating are used in very different ways in each text. The evening meal, often touted as one of the only times that an entire family sits together and talks throughout the day, has been observed by Anne Ellis as being one of the ‘most frequently shared family activities in the traditional family story framework’.<sup>24</sup> In *The Family From One End Street*, for example, references to getting the family ready for dinner or ‘tea’ are used frequently throughout the novel. This is used primarily to share information about individual adventures with the rest of the family, or simply to explore the dynamic between the members of the family unit. One of the first things that Audrey establishes that she can do with no issue is ‘eat supper with [her] family’ (*Finding Audrey*, p. 35). Given the limited number of activities that she can take part in around other people, this reference to the evening meal is of significance. By mentioning the evening meal early in the novel, Kinsella allows for an expectation that they will be the source of a lot of interactions between family members. Indeed, these mealtimes are used throughout the novel to convey both Audrey’s mental state and the state of the relationship between the family members; in being one of the times in which the family are able to sit together and speak, they provide the opportunity for arguments between family members. Kinsella uses this several times during the novel, and documents the children’s mother ‘eating her pasta very fast and crossly’ (p. 219) in response to an argument with Frank. In eating quickly, it may be assumed that Kinsella is drawing a link between the end of the meal and the end of the tense conversation.

Kinsella uses food at one specific point to demonstrate the relationship between the three siblings and how they are viewed by their parents in showing them fight over the last serving of cereal. Audrey, who is seen to be treated with more sensitivity and leeway by the parents, has the last bowl of cereal first, before passing it on to Felix, the youngest. Frank, the oldest child, is given the bowl last, unimpressed with his ‘soggy, third-hand shreddiees covered in Felix dribble’ (*Finding Audrey*, p. 89). This incident is representative of the way that the three are regarded within the family; Audrey is coddled and rarely criticised because of her illness, Felix is looked after as the baby, and Frank is given the most criticism and punishment by the parents.

Mealtimes that do not take place in the kitchen are used as Audrey’s family’s most significant link to the outside world. Although Audrey’s initial attempts at leaving the home are to a coffee shop, meals are still heavily associated with her family. Audrey’s parents are seen to go

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<sup>24</sup> Anne W. Ellis, ‘Relationships inside and Outside the Family’, in *The Family Story in the 1960’s* (London: Bingley, 1970), pp. 21–36, p. 23.

out for a meal as a couple early in the novel, demonstrating their separation from the children. The fact that the three children must remain in the home is perhaps reflective of the idea that the siblings must remain as a unit; until Audrey begins to recover, her brothers are not able to take part in whole family activities such as meals either. This is later mirrored at the end of the novel, when the entire family prepares to go to a pizza restaurant for the second time. Even this one small detail indicates the strengthening of the bond between the family members; the first time that the family eat out together, Audrey notes that ‘it felt like we were... you know. A normal group’ (*Finding Audrey*, p. 185). Given that Audrey does not consider her meals at home as a way to feel ‘normal’, it is significant that she associates the act of attending a restaurant with feeling so. It is also worthy of note that despite having to leave early due to noise, Audrey considers her first trip successful as she ‘lasted a whole Quattro Stagioni’ (p. 184). Thus, it appears that Audrey measures the level of her successes through food; an entire pizza is equivalent to a giant step forward in her recovery. The fact that this action is then repeated at the end of the novel allows for Audrey, and indeed the reader, to have a baseline by which to measure her progress in recovery. On a wider scale, food is used as a way in which to best express the daily conversations and conflicts between the family. Overall, it acts as a symbol of love and togetherness, even in the middle of conflict. In this way, Kinsella uses the family meal in a very similar manner to the family story: for example, *The Family from One End Street* uses family meals multiple times throughout the novel as celebrations and to establish the closeness between family members. Just one example of this is after Kate is pictured in the paper after having passed the Eleven Plus exam; Garnett exclaims that ‘the whole family had sardines and chocolate biscuits for tea to celebrate!’ (*The Family From One End Street*, p. 42).

Food in *Rose-Tainted*, however, is as a source of extreme anxiety for Norah. On multiple occasions, Gornall explains that Norah’s anxiety causes her stomach to feel ‘too tight, too sore, to eat anything’ (*Rose-Tainted*, p. 149).<sup>25</sup> Norah’s inability to eat is a direct symptom of her anxiety and OCD and is treated as such within both the text and this thesis; Gornall does not indicate that she suffers from an eating disorder. Food is mentioned throughout *Rose-Tainted*, but the most significant meal that the reader is privy to Norah having consumed is a microwave meal whilst alone. This is seen to be due to a forcible effort on Norah’s part, and not an enjoyable experience in the way that meals are so often described in the family story. Being unable to eat is an issue for Norah to the extent that it is said to be the catalyst for her

psychiatric intervention; Dr Reeves was called when her menstruation stopped (*Rose-Tainted*, p. 149). Of course, this indicates the extent to which Norah's condition infantilises her; through her paused menstruation, it is indicated that Norah is suspended between childhood and adulthood, unable to grow up. Given that family stories for girls, such as *Little Women* and *What Katy Did*, ultimately follow the story up to the point that the girls become women, this is indicative of the extent to which Norah's lifestyle is far from the normal trajectory for teenage girls.

The girls' participation in maintaining the tidiness of the household is also used as an indication of their mental state, which is an echo of family stories centred on girlhood. In *Little Women* Mrs March tells her daughters that

Work is wholesome, and there is plenty for everyone; it keeps us from *ennui* and mischief, is good for health and spirits, and gives us a sense of power and independence better than money or fashion (*Little Women*, p. 107).

Similarly, even when physically unable to do much housework, Katy of *What Katy Did*'s significant improvement in mental wellbeing is demonstrated through keeping her bedroom tidy. This link between tidiness and 'health and spirits' or mental health appears in *Rose-Tainted*, as whilst Norah's mother is away, she spends the entire time on her couch in a depressive state. Beyond her depressive state, this lack of desire to maintain her house also points to Marmee's theory that housework gives girls 'a sense of power and independence'. Of course, both children's texts have a different context to *Finding Audrey* and *Rose-Tainted*, in that in the 19<sup>th</sup> century, the concept of 'growing up' or 'becoming a woman' would have been directly related to the ability and willingness to undertake these types of tasks. Nonetheless, there is a definite parallel with Gornall's novel here. Given that Norah's decline in mental health happens because of her mother's accident whilst away from the home, it also works to represent her sense of powerlessness. Not only is Norah powerless in her ability to help her mother, due to her inability to leave the house: she is unable to maintain control of her own physical space. She only begins to clean as her mother is well enough to return home, acting out of desperation to prevent her from discovering 'how quickly [she has] been regressing' (*Rose-Tainted*, p. 124). The fact that Norah herself draws this parallel between the dishevelled state of her home and self and the deterioration in her mental health is telling of just how ingrained these ideas are in wider society.

Norah's reluctance to clean the house is made evident, as she notes that 'Petulance makes cleaning up last a century longer than it should' (*Rose-Tainted*, p. 125). By using cleanliness (or lack of) in this way, Gornall demonstrates stereotypical teenage behaviour. Gornall's reference to the fact that Norah is only willing to be clean for the sake of her mother is an interesting feature, given that Norah's mental illness is OCD. As previously mentioned, this is usually presented in literature and media as an obsession with being clean or tidy. Norah's obsessiveness does not manifest in this popularised way, which undercuts the socially understood definition of OCD, through examining different symptoms of a well-known illness. Thus one of the key messages of the family novel, which is the importance of maintaining and helping around the domestic space, is used here to demonstrate that OCD may take unexpected forms.

### **Disrupting Family Life**

As agoraphobia forces the heroines to stay within their homes for the majority of their narratives, focusing on life within the family unit in light of the condition is a large part of both plotlines. Notably, Matthew Grenby suggests that 'the paradox of the family genre is that it probably includes more accounts of family disordering than family coherence'.<sup>26</sup> Norah evidently lives what would generally be considered a 'disrupted' family life before *Rose-Tainted* begins. In Gornall's representation of a single-parent family, Norah's father is not spoken about for most of the novel, and her mother is absent for periods of time to attend work conferences. Audrey herself acts as the disrupting factor in her family unit. This is due to her inability to talk to other people because of her condition, which prevents her from participating in the social aspects of family life properly outside of the family home. In contrast to the way that she presents her personality to the reader, Audrey is shown to be withdrawn and quiet in the company of those beyond her family, going so far as to 'tear through the kitchen like a hunted fox' (*Finding Audrey*, p. 21) the first time that she meets Linus, in order to avoid speaking to him.

Norah's mother retaining her job and leaving her daughter alone for short periods of time is representative of the fact that Norah's illness is a permanent issue. By the point that the novel takes place, Norah is said to have suffered with agoraphobia for four years; this would

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<sup>26</sup> Grenby, 'The Family Story', p. 118.

indicate that upon her diagnosis, Norah would have been around 13, which is a similar age to Audrey in *Finding Audrey* (who is 14). Thus, the family have had to find a way to permanently live within the confines of Norah's condition. In a moment of self-awareness regarding how her condition may affect others, Norah acknowledges that her mother 'needs these trips, these brief moments away. She needs to be with grown-ups every now and then' (*Rose-Tainted*, p. 19). This level of awareness demonstrates a difference between YA and regular children's literature for younger readers, who rarely have this kind of insight into their parents' state of mind. Norah's mother's absence is a crucial plot element that is taken almost directly from the family story. Reese determines that in the domestic novel, the ideal mother 'often leaves home for a period in the novel, requiring the heroine to step into her place'.<sup>27</sup> This does not always happen quite so literally; in E. Nesbit's *The Railway Children* (1906), for example, Bobbie is required to take her mother's place as main caregiver when her mother falls ill. The lack of agency awarded to agoraphobic heroines effectively causes them to be infantilised due to their near-constant supervision, so Norah's mother leaving the house allows for an opportunity for Norah to become more independent. Gornall, rather unusually, uses this technique twice to present two outcomes of Norah's mother being absent. The first time, Norah does not take on any responsibility. However, on the second, when her mother is absent for an evening, the house is burgled. Despite her initial reaction to faint, Norah maintains that she 'has to know what he looks like in case the police ask' (*Rose-Tainted*, p. 258). Although she attributes this to her need to be 'prepared-for-everything' as a result of her OCD, this is actually an indication that Norah is preparing to take on her mother's role and act as an adult; even the fact that she is willing to speak to the police suggests that she is prepared to take responsibility when dealing with the aftermath of the incident.

This need to leave the home regularly sheds light on Norah's mother's struggles as a result of being a single parent to a mentally ill child. Notably, in one of her interactions with Dr Reeves, Norah observes that the doctor 'sets a hand down on my mom's shoulder, assuring her that there's no need to apologise' (*Rose-Tainted*, p. 9). Norah begins this observation with 'as per usual', indicating that this is a regular occurrence, and that Norah's mother does sometimes require the reassurance of a second adult, as she too is infantilised by her daughter's condition. Norah's mother is described as different from the stereotypical YA mother, and indeed Audrey's mother; in Norah's own words, 'she's only ever conservative at conferences. In real time, her hair is the colour of a fire engine and she has a peace lily

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<sup>27</sup> Reese, "Toward That Larger and Less Happy Region of Womanhood", p. 28.

tattooed on her wrist' (*Rose-Tainted*, p. 18). Neither of these features are easy to conceal outside of the home, but in comparing her mother's hair to a 'fire engine', Norah is potentially projecting her own view of her mother's boldness onto her. Given the freedom of expression that may be inferred from both physical features, the combination of unnaturally coloured hair and a tattoo almost makes Norah's mother sound as if she should be a teenage character; the mother figure is so often the 'conservative' type that Norah compares her to. This, along with her voluntary absence, further disrupts the family story narrative framework, as the genre would generally dictate that a mother should stay at home with her children and be relatively conservative.

Moreover, the job issue reflects the socioeconomic effect of mental illness; Norah's mother, as a single parent, does not have the choice to leave her job to look after her daughter, and Norah even acknowledges the importance of her mother being able to leave the house for her own wellbeing. There is no mention of money directly, but Norah's late paternal grandmother is said to have had a successful business, which funded Norah and her mother's house. The fact that Norah's mother still works, then, is an indication of the fact that they require her income in order to pay for Norah's treatment. This is perhaps in part due to the fact that American mental health services are vastly more expensive than NHS-run British services, but this aspect of *Rose-Tainted* also nods to *The Family from One End Street*, which has been noted as being a 'social document' of working-class families in Britain.<sup>28</sup> Money issues due to misfortune do also arise in family stories such as *Little Women* and *The Railway Children*, but *The Family from One End Street* has been noted as the first to address that of the working class; this has since been explored by authors such as Jacqueline Wilson, and has extended to families beyond the two parent convention. Accordingly, these elements are significant in reflecting issues raised within the family story genre in more modern times.

One of the benefits of examining YA mental illness texts that are set in the home is that the effects of the illness upon people around the sufferer, such as parents, doctors and siblings, are demonstrated clearly. Although psychiatric reports and memoirs can also be used, especially within the framework of Disability Studies, they do not offer as broad a perspective. Those characters on the periphery of the sufferer can even work as an opportunity for authors to demonstrate public perceptions of mental illness. For both protagonists here, the two characters that they interact with most are their therapist and their

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<sup>28</sup> Crouch, 'Renaissance', p. 78.

mother. Typically, children's and young adult literature aim to rid the children of parents through death or absence to provide protagonists with more agency (and fewer restrictions) but using agoraphobia as a plot point makes this difficult; instead of removing parental figures completely, these novels use mothers and psychiatric doctors as important parts of their narratives. Kinsella pays attention to the issues of the wider family, stating in an interview that it was important to not only tell Audrey's story, but 'to show each member of the family and the struggles and issues that they face. This is a family battling through as best they can, dealing with so much, from computer games to bullying'.<sup>29</sup> Indeed, a recurring factor in Kinsella's novel is Audrey's mother's preoccupation with Frank's supposed 'addiction' to video games. It may be inferred that this may be overcompensation for not having noticed or acknowledged Audrey's problem sooner.

Grenby asserts that the relationships between family members in the family story are 'more liberating than limiting'.<sup>30</sup> In these YA stories, contrasting the liberation that comes with being part of a family unit with the constricting nature of agoraphobia draws attention to the importance of family support. The characters of the family open up the world of the novels, as they provide more opportunities for interaction than is usually available in the event that the heroine cannot leave the house. Indeed, once Audrey is able to leave the house, her relationship with her brother Frank allows for her to meet with one of her bullies, against her parents' wishes. Audrey notes that, like her parents, Frank 'also thinks it's a bad idea, but the difference is, after we've discussed it for about five minutes he shrugs and says, 'Your life.''' (*Finding Audrey*, p. 231). In not having the protective attitude or indeed the authority that adults have towards Audrey, Frank's role in the narrative is to open up her experiences through supporting her differently from the manner in which their parents do.

Norah's mother's removal in *Rose-Tainted* represents the ultimate message of the family story: that no matter what the make-up of the family is, the removal of that support system (be it a row between family members or one temporarily leaving) only has negative consequences. This is also the case with Audrey's mother's constant supervision, and the fact that Audrey's mother left her job to look after her daughter is a disruption that Audrey does not acknowledge until very late on in the novel. Like Norah's mother, Audrey's mother is said to have had to travel for work, but this element of the storyline is indicative of both the age difference between the two heroines, and their current point in recovery. Audrey, as a younger

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<sup>29</sup> 'Sophie Kinsella: An Exclusive Interview on *Finding Audrey*', *WHSmith Blog*.

<sup>30</sup> Grenby, 'The Family Story', p. 140.

child with a more recently diagnosed condition, is still actively causing disruption to the family structure because they have not yet fully adapted to the change. In both novels, however, as is expected of contemporary YA, great emphasis is placed upon the importance of independence from the family unit. These stories, then, essentially teach the idea that family support is crucial for overcoming illnesses such as agoraphobia, but recovery is only possible when the sufferer learns to be independent.

### **Mother-Daughter Relationships**

Most of the ultimate resolution in these novels follows in the tradition of the British family story; much focus is placed upon the repair and strengthening of the protagonist's close relationships. These relationships include, but are not limited to, immediate family members; friends and love interests also fall into this category. Some earlier domestic stories aimed at teenage girls, such as *Little Women*, effectively chart the heroines' journey up to their marriage. Of course, in contemporary fiction, marriage is much less likely to happen so early, but both novels instead end as the two heroines enter their first romantic relationship. In *Rose-Tainted* and *Finding Audrey*, due to the agoraphobic state of the heroines, their love interests are most often seen in the family home and are incorporated into the story as part of the family unit by the end of the novel. As such, love interests are part of the sign of recovery: a return to the norm established by the family story pattern. Kinsella's use of film transcripts shifts the focus of the novel from being on Audrey alone and examines the issues of her family through a less biased lens. This approach is taken as Audrey is initially encouraged to act as a 'fly on the wall' figure, but eventually reveals herself on 'camera' at the end of the novel, as she begins to overcome her anxiety. Audrey's film is sarcastically named 'My Serene and Loving Family,' which demonstrates that she is effectively creating her own family story within the confines of the textual family story. By using 'serene' in the title of the film, Kinsella appears to be pointing out the fact that, in comparison to the likes of the March family or the Ingalls family, Audrey's family are by no means as calm or vocally affectionate as the literary families of the traditional family story.

Mothers have long been a crucial part of children's literature, but in particular the family story. Perhaps the best-known example of this is *Little Women*'s Marmee, who parents the March sisters alone for the majority of the novel. Marmee 'embodies feminine perfection as



outlined in the cult of domesticity, reflecting the cultural emphasis on motherhood.<sup>31</sup> This is not the only place that this is seen; *The Railway Children* also features a mother that is left without a partner for a large part of the novel. Peter remarks on the absence of a male presence in the house, stating his reason for missing his father is that ‘it's not only him *being* Father, but now he's away there's no other man in the house but me’.<sup>32</sup> In these situations, the oldest girl is encouraged not only to try to embody their mothers’ femininity, but also to take on some of the role and responsibilities of the absent father. For example, earlier in Nesbit’s novel, Bobbie stays behind to look after the injured Jim as the other two children find help; Jim tells her that she is ‘just as brave as a boy’ (*The Railway Children*, p. 148). The emphasis on presenting the same level of femininity as the mother furthers the point that these types of novels are largely aimed at girls, even in novels such as Nesbit’s that are not as orientated around female protagonists as some other examples of the family story. Reese broaches the idea that the role of the mother is so important to the family story, particularly those in which a girl is the focal character, because it is suggested that the female protagonist requires an ‘ideal mother figure to guide her into womanhood’.<sup>33</sup> This continues into the mental health family story, as both girls are seen to be particularly close to their mothers, and ultimately use their support to deal with their difficulties. In their case, the ‘ideal mother’ aids them in recovery, which is equated with approaching adulthood. This is also very much to do with the age of the protagonist; whilst Audrey is fourteen and further from adulthood (although at the point where adulthood is visibly approaching), the seventeen-year-old Norah’s mother helps her to deal with problems such as her romantic relationship.

It has also been observed that in the traditional children’s family story, mothers ‘have a constricting effect on the plot and on the children’s activities,’ and usually prevent some of the independence that child characters require.<sup>34</sup> Of course, this is certainly the case in *Finding Audrey*; Audrey’s mother is noticeably more present and domineering than her husband, and the change in her relationship with Audrey due to her illness is examined in detail. As a stay-at-home mother, all descriptions of her in the novel surround her supervision of Audrey and her brothers. Her attempts to prevent further damage to her children’s mental health, whilst often entertaining, are extreme and convey a need for control. For example, the

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<sup>31</sup> Reese, “‘Toward That Larger and Less Happy Region of Womanhood’, p. 28.

<sup>32</sup> E. Nesbit, *The Railway Children* (Bristol: Parragon, 1994), p. 165.

<sup>33</sup> Reese, “‘Toward That Larger and Less Happy Region of Womanhood’, p. 38.

<sup>34</sup> Gillian Avery, ‘The Child’s Heroes’, in *Childhood’s Pattern: A Study of the Heroes and Heroines of Children’s Fiction, 1770-1950* (London: Hodder and Stoughton, 1975), pp. 219–43, p. 224.

opening line of *Finding Audrey* is, ‘OMG, Mum’s gone insane’ (*Finding Audrey*, p. 1), as she throws Audrey’s brother Frank’s computer out of the window to stop him from playing games on it. By beginning the novel with an incident that Audrey witnesses, but is not directly involved in, Kinsella establishes early that this is a story about the family unit, rather than just the protagonist. Notably, the use of the term ‘insane’ in relation to Audrey’s mother, as opposed to the mentally ill member of the family, demonstrates that unusual and irrational behaviour is not necessarily confined to mentally ill characters; Audrey’s mother’s behaviour is more consistently erratic than any other character in the novel.

As the novel progresses, it becomes clear that Audrey’s mother’s neuroticism, obsessiveness, and willingness to diagnose her son with ‘addiction’ is an overreaction to having allowed the bullying of Audrey at school to continue to the point of her developing severe social anxiety. Throughout the novel, she monitors Frank’s behaviour increasingly, which culminates in her throwing his computer out of the window. This method, which is often colloquially referred to as ‘helicopter parenting’, is not unusual in the parents of children with invisible illnesses or disabilities; Linda Blum notes that when interviewing real-life mothers in this situation, many ‘expressed a sense of relentless responsibility in the face of medical uncertainty, an imperative to concerted search for solutions’<sup>35</sup>. Indeed, Audrey’s mother appears determined not to be caught off-guard by an issue with her children again. Audrey’s mother’s extreme actions are (in her mind, at least) in opposition to the possibility that she is at fault for Audrey’s mental state.

Kinsella’s use of family story features extends to a self-aware mention of a key text within the genre. *Finding Audrey* directly references the *Little Women* film adaptation (1994) in relation to Audrey’s relationship with her mother. Audrey watches the film as she recovers, proclaiming it to be ‘the perfect movie to watch in bed with your mum’ (*Finding Audrey*, p. 258). Given the importance of the mother-daughter relationship in *Little Women*, and indeed the girls’ story genre as a whole, this is quite clearly an intentional metafictional nod to the genre. This also centres the mother figure as central to the recovery narrative, in the way that Marmee is in *Little Women*. Whilst watching *Little Women*, the advice that Audrey’s mother gives her is similar in nature to that of Marmee when speaking to Jo about anger. Like Marmee, Audrey’s mother uses her own experiences to give levity to her advice; when explaining that Audrey cannot simply straighten out the line on the graph of her recovery, she

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<sup>35</sup> Linda M. Blum, ‘Mother-Blame in the Prozac Nation: Raising Kids with Invisible Disabilities’, *Gender & Society*, 21.2 (2007), pp. 202–226, p. 209.

tells her daughter that ‘that’s what life is. We’re all on a jagged graph. I know I am. Up a bit, down a bit. That’s life’ (*Finding Audrey*, p. 260). Whilst intended to be helpful advice, this removes the significance of the mental illness portion of Audrey’s storyline and reduces the moral of Kinsella’s story to the idea that bad things happen to everyone. There is also a significance to the fact that the advice is given against the backdrop of *Little Women*, as Audrey notes that ‘then Beth died. So I guess the March sisters were on their own jagged graph too’ (*Finding Audrey*, p. 260). Comparing the disappointment of her nonlinear recovery to the grief of the March sisters, whilst perhaps the best way to draw out the similarities to the family structure, somewhat undercuts the specificity of the mental health awareness messaging in *Finding Audrey*. Ironically, as a purposefully deeply flawed character, Audrey’s mother is for the most part portrayed as an anti-Marmee. Alcott’s Marmee has been said to be ‘the emblematic centre of the multi-dimensional metaphor of home’, in the sense that she is essentially the moral compass of the March household.<sup>36</sup> Audrey’s mother is not the moral centre of the house; she is seen to continually make mistakes and obtain incorrect information from the *Daily Mail*, which Audrey frequently acknowledges to be a source that has no credibility for the ‘health scares’ that her mother believes in. Audrey’s mother’s use of the *Daily Mail* as a source of information is another way that she exercises control over her children; Audrey’s list of ‘Eight Signs My Mum is Addicted to The *Daily Mail*’ includes behaviour such as ‘when it runs a scare story on Vitamin D she makes us all take our shirts off and “sunbathe”’ (*Finding Audrey*, p. 8), even in cold weather. In addition to the control that Audrey’s mother is conveyed as trying to have over her children, this also changes the dynamic between Audrey and her mother; rather than seeing her as an authority in the way that the March sisters see Marmee, Audrey visibly does not trust her mother’s opinion. This is evident by the way in which she refers to the articles that her mother reads as ‘scare’ stories, emphasising that she understands their lack of validity more than her mother. From her knowledge on the matter, it is clear that Audrey is intended to have the upper hand in some situations with her mother, expressing hope that her mother ‘doesn’t do *too* much damage to her life’ (*Finding Audrey*, p. 9). This obsession with the *Daily Mail* is an element of Kinsella’s novel that points back to her chick lit roots, as this type of gullible behaviour is not unusual of the chick lit mother. For example, the mother in Helen Fielding’s *Bridget Jones* novels is taken in by a scam.

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<sup>36</sup> Shirley Foster and Judy Simons, ‘Louisa May Alcott: Little Women’, in *What Katy Read: Feminist Re-Readings of ‘classic’ Stories for Girls* (Basingstoke, Hampshire: Palgrave Macmillan, 1995), pp. 85–106, p. 103.

Audrey's mother is indicated to struggle with Audrey's anxiety; she 'never says the words of medication out loud' (*Finding Audrey*, p. 22). The opinions and morals of the 'ideal mother' in traditional children's literature are portrayed as having great influence upon the child protagonist. Audrey's mother's difficulty with even saying the name of psychiatric medication aloud, then, is seen to colour her daughter's understanding of her own condition. There is an implication that this is out of shame. It is possible, although never addressed directly, that this is intended to be read as being one of the factors that contributes to Audrey stopping taking her medication. Audrey's decision is openly framed as being because she wishes to take control of her own condition, as she considers herself close to having recovered. Essentially, Audrey's mother represents how the stress of dealing with a mentally ill child can disrupt not only the children within the household, but the parents' own lives.

It is interesting that in defying the expectations of a family unit in literature, individually Norah's parents take on some of the characteristics that would be associated with their respective roles in the family story. Norah's father is said to have left Norah's mother before her birth, leaving them to be a single-parent household; Norah tells Luke that 'last I heard, my dad was in the Alps, squandering his inheritance on a twenty-one-year-old blonde named Anika' (*Rose-Tainted*, p. 183). The absent father is prevalent in the family story, but it is unusual that he be in a position in which the protagonist does not expect or wish to see him again. Living in this type of household creates a very different relationship dynamic between mother and daughter, with Norah at times appearing to treat her mother more as a friend than an authority figure. Norah's mother uses her brief appearances to offer her daughter useful advice, in a very similar way to Marmee's approach to advising her children. Even when Norah's mother is at the hospital, over the telephone Norah and her mother 'talk for two hours, and she convinces [Norah's] broken mind that [she is] safe' (*Rose-Tainted*, p. 65). This is an interesting parallel, given that it indicates that a more absent mother is possibly a better mother in giving her child room to make their own decisions. Historically, mothers have been blamed for their children's psychiatric illnesses, particularly in the case of eating disorders. However, this has now been discredited as a theory. However, the stigma associated with this blame still persists, as scholars including Patrick Corrigan and Frederick Miller have undertaken research that indicates that parents of children with mental illness still fear that their child's illness may be due to factors such as 'the mother's incompetence'.<sup>37</sup> Once again,

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<sup>37</sup> Patrick W. Corrigan and Frederick E. Miller, 'Shame, Blame, and Contamination: A Review of the Impact of Mental Illness Stigma on Family Members', *Journal of Mental Health*, 13.6 (2004), 537-48, p. 541.

the difference in mothering style between the two novels may be attributed to the age difference between the two protagonists, as Norah's proximity to adulthood means that she requires more agency.

### **The Family Doctor or Therapist**

Family stories almost always feature serious illnesses. Famously, *Little Women*'s Beth is taken ill with scarlet fever, as is Mary Ingalls of *Little House on the Prairie*. For this reason, the doctor figure has long been a part of the family story narrative; although perhaps not one of the most prominent characters, medical professionals are generally seen to be well-regarded and helpful to the central families. In *Rose-Tainted* and *Finding Audrey*, the role of therapy is additionally important because it is the main social interaction that is represented outside of the family unit. As a result of this, both authors use therapy sessions as a device to either move the plot along or reveal information about the past. As previously discussed, the therapist characters are almost incorporated into the family unit, particularly in Norah's case, but the therapy sessions themselves at times encourage the reader to think about the protagonist, or indeed their therapist, differently.

The root of the protagonists' issue is crucial to the way that therapy is treated in the texts. Whilst much of Audrey's trauma comes from a bullying incident, Norah's OCD is the reason behind much of her distress. As a result, the type of therapy that they receive is different. It is acknowledged in the text that as part of her recovery, Audrey attends group and individual therapy sessions; as the group sessions are not written about (aside from a brief mention), this section will focus on Audrey's one-on-one therapy sessions. This is an interesting stylistic choice on the part of Kinsella, that is possibly made in order to emphasise the loneliness that Audrey's condition causes. Concentrating on one-to-one sessions allows for Kinsella to draw attention to and convey the importance of the relationship between Audrey and her therapist. Audrey's one on one sessions appear to be Cognitive Behavioural Therapy sessions, which the NHS define as being, 'to help you explore and change how you think about your life, and free yourself from unhelpful patterns of behaviour.'<sup>38</sup> Notably, CBT aims to change the way that patients' thought processes occur, meaning that beyond the traditional narrative device of

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<sup>38</sup> NHS, 'Cognitive Behavioural Therapy', *NHS Website* <<https://www.nhs.uk/conditions/cognitive-behavioural-therapy-cbt/>> [accessed 27 February 2020].

a confessional talk therapy session, Audrey is encouraged to change the way that she thinks about her daily life, rather than dwell on past traumatic events.

An important element to consider in comparing these two novels is that they are set in different countries; as *Finding Audrey* is set in the UK and *Rose-Tainted* in the US, therapy is presented in different ways. *Finding Audrey*, despite being more vague about the root of Audrey's agoraphobia, explains the way in which Audrey's treatment was assigned to her, and references the difficulty and cost of having to fund private healthcare through the British psychiatric system. However, this is only addressed very briefly, and there are no other criticisms of the British psychiatric system. *Rose-Tainted* is significantly less thorough in explaining Norah's place within the US psychiatric system but is still overall positive towards psychiatry.

The closeness of Audrey and Dr Sarah's relationship is reflected in the way that Audrey appears to group Dr Sarah with her own family members; as well as determining the therapist as one of her 'comfort people', as previously mentioned, she also says that her mother 'adores Dr Sarah, like we all do' (*Finding Audrey*, p. 83). Here, it is implied that there is a relationship between Audrey's family and Dr Sarah that functions separately from Audrey's relationship with her. Kinsella also makes use of the interaction between Audrey's mother and Dr Sarah as an opportunity to address a concern that so often recurs in YA fiction that includes therapy: tension between parent and therapist. Audrey's mother is seen to have her own anxieties about the lives of her children, but when she attempts to protest one of Dr Sarah's suggestions, Audrey claims that 'Dr Sarah is focused solely on me' when explaining her rationale (*Finding Audrey*, p. 84). This highlights the importance of professional opinions without belittling a parent, both within the narrative and to the teenage reader. More directly, Kinsella implies that the constant presence of a medical professional is a reminder of Audrey's parents' failings, as Audrey observes that,

I think she's secretly poised for the moment when Dr Sarah says, *Well, Audrey, of course it's all the fault of your parents.*

Which of course Dr Sarah has never said. And never will. (*Finding Audrey*, p. 83)

In view of this, it is almost certain that Audrey's mother's defensive behaviour is due to the strength of her guilty feelings; the fact that even her daughter's fictional portrayal of the situation contains the words 'of course' conveys this certainty. Moreover, the fact that her mother is 'poised' for conflict and blame indicates that Audrey has seen her mother prepare

for this imaginary scenario. Of course, as Audrey indicates here, it is never even suggested by Dr Sarah that Audrey's parents are at fault for her mental illness, but Audrey's mother's fear is evident, and she shows defensiveness over how she raises her children throughout the novel. For example, Audrey at one point watches her mother reassure herself over a parenting decision, stating that 'she's not talking to [her]. She's talking to the imaginary *Daily Mail* Judge who constantly watches her life and gives it marks out of ten' (*Finding Audrey*, p. 18), which demonstrates the mother's sense of being observed by the outside world. Audrey's mother's extreme actions regarding her son's videogame playing are (in her mind, at least) in opposition to the possibility that she is at fault for Audrey's mental state; if she can recognise issues with one of her children, then how could she have caused the decline in mental health of another? Furthermore, the fact that Audrey is aware of this tension, and that her condition is unrelated to how she was parented, allows for Kinsella to touch on this issue succinctly before moving on to focusing on Audrey's concerns, rather than her mother's.

The tension between parent and medical professional is plucked straight from a well-known British family story. Lucy Pearson observes a similar concern in *The Family from One End Street* in which a baby competition is judged by doctors and nurses; Pearson asserts that this representation is reflected in real life, as 'many parents resented heavy-handed state intervention, seeing it as questioning their ability to look after their families properly'.<sup>39</sup> As a result of this, Rosie Ruggles, the mother in *The Family From One End Street*, is decidedly unimpressed with the professionals in this situation. In the case of *Finding Audrey*, 'state intervention' is seen in the form of Dr Sarah's presence.

On patients' relationships with their therapists, Peter Breggin states that common practice should be that:

The relationship must be limited to the office or other circumscribed boundaries, it must not involve the whole life of the individual, and it must be guarded by professional ethics.<sup>40</sup>

Notably, Breggin's scholarship on the matter was published in 1995: twenty years before the publication of either novel. For this reason, there are some deviations from the expectations

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<sup>39</sup> Lucy Pearson, 'Family, Identity and Nationhood: Family Stories in Anglo- American Children's Literature, 1930–2000', in *Modern Children's Literature an Introduction.*, ed. by Catherine Butler and Kimberley Reynolds, Second Edition (Basingstoke: Bloomsbury Academic, 2014), pp. 89–104, p. 92.

<sup>40</sup> Peter R. Breggin, 'Psychotherapy and Psychosocial Programmes', in *Toxic Psychiatry: Drugs and Electroconvulsive Therapy; the Truth and the Better Alternatives* (London: Fontana, 1993), pp. 461–508, p. 465.

of the therapist that Breggin outlines; one of the most significant issues being the use of technology that provides constant access to a medical professional. Audrey and Norah's relationships with their therapists are crucial from not only a medical standpoint, but also a social one, as their social interaction is so limited. The difference in their patient-therapist relationships, however, can be seen through their therapists' attitudes towards receiving text messages or phone calls from their patients. Whilst Dr Sarah tells Audrey that she can 'text her any time' (*Finding Audrey*, p. 136), Dr Reeves' phone number is only to be used in the case of an emergency. This emphasises the extent to which Dr Sarah is willing to be a surrogate friend for Audrey; Kinsella permits her an unrealistic level of personal contact. This, however, is once again probably more related to Audrey's condition being based on fears of socialising, as she is less likely to seek out Dr Sarah's help frequently. It is also potentially an indication of the fact that Kinsella is more interested in the family element of the story than the mental health plotline; Dr Sarah therefore fits in to the story as and when her character is needed to give advice, even if it is not related to mental health. Norah's therapist's attitude is probably more realistic and falls in line with the appropriate relationship between patient and doctor. This may even be due to the US setting, as therapy is so much more common for members of the general public in the US, meaning that the conventions and boundaries are more widely understood in that cultural context.

Even in the family home, Norah relies on the presence of an adult for comfort, much in the same way as children in family stories do. This indicates that despite being seventeen, she has not yet reached a level of independence, even within her own home, that would be expected of an older teenager. In fact, although the boundaries set above do for the most part apply to Norah's situation, her longing for her therapist to 'sit in a chair doing puzzles in her pyjamas, like Mom' (*Rose-Tainted*, p. 50) shows the extent of her dependency on Dr Reeves. Norah's need for an adult to be in the home is representative of her infantilization at the hands of her illness. Especially in the absence of her mother, Dr Reeves takes on a parental role in her life, which is then reversed later in the novel when her mother is described as doing 'her Dr Reeves impression' (*Rose-Tainted*, p. 13). This mirroring may simply be Norah's perception of the two women, as she spends more time with them than anyone else and is therefore more likely to spot parallels between the two. However, due to her lack of father figure and the long absences of her mother, the parental role in Norah's life is effectively shared between these two women. Breggin's theory that 'even if the doctor is a female, her ambitions and



training are likely to mimic the authoritarian father' is worthy of consideration.<sup>41</sup> In the absence of a father figure, Dr Reeves is certainly more 'authoritarian' than Norah's mother, who acts more as a friend. Reeves appears to set more rules and boundaries in Norah's life than her mother does. For example, Norah's mother, in trying to get her out of bed, reminds her that she 'promised Dr Reeves you'd get out of bed today' (*Rose-Tainted*, p. 242). In having promised this to Dr Reeves as opposed to her mother, it is clear that Norah regards her as being of more authority. This is, to an extent, part of Dr Reeves' job, and so cannot be wholly attributed to her resemblance to a parental figure in Norah's life; as a medical professional, she is employed to provide advice and instruction for recovery.

*Rose-Tainted* effectively attempts to restore the traditional family structure where it does not exist, which says a great deal about the importance of the normative two-parent family pattern to British culture; it is rare to find a novel for children or teenagers that features a family with only one character that acts as a parent. Even in single-parent families, there is often an alternative adult that assumes this role. Norah acknowledges that this was previously the way in which her late grandmother fit into her life, stating that 'Gran was like a replacement parent' (*Rose-Tainted*, p. 181). In view of the fact that she has lost not only her father, but his 'replacement' in the form of his mother, it makes sense that Norah would be actively seeking another parental figure. Norah talks about her therapist almost as much as her mother and is seen to spend nearly the same amount of time with them over the time frame of the novel. In the family story, Anne Ellis observes that the father's occupation is perhaps the most specific piece of information known about the father by the reader.<sup>42</sup> Given that Norah only mentions her father's romantic life, albeit briefly, it is interesting that it is instead Dr Reeves that fits this description; although Norah tells the doctor about all aspects of her life, when discussing Dr Reeves herself, they 'never really talk about her personal life' (*Rose-Tainted*, p. 50). This inequality of personal knowledge is like that of a young child and a parent; though this is not the relationship that Norah now shares with her mother, it mirrors the fact that young children do not contextualise their parents outside of the family home. Bearing all of this in mind, Norah taking Luke to her therapy session at the end of the novel is not simply an act of inclusion within her support system, but also is comparable to being

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<sup>41</sup> Peter R. Breggin, 'Suppressing the Passion of Women', in *Toxic Psychiatry: Drugs and Electroconvulsive Therapy; the Truth and the Better Alternatives* (London: Fontana, 1993), pp. 391–424, p. 403.

<sup>42</sup> Ellis, 'Relationships Inside and Outside the Family', p. 23.

brought home to meet Norah's parents. Rather than just her mother, Luke seeks approval from the key adult figures in Norah's life.

Audrey's view on her therapy sessions does not conform to that of typical YA characters in therapy. For the most part, due to stigma surrounding mental illness and treatment for it, there is usually much resistance involved in therapy scenes. However, she claims that,

When I say things to Dr Sarah, it's as if I'm hearing them for the first time and suddenly they become real. She's a bit magic, I think. She's like a fortune teller – only in the present, not the future. Things change in her room. I don't know how, they just do. (*Finding Audrey*, p. 130).

This distinction of the words spoken in therapy as making a belief 'become real' is an interesting concept. In this passage, Audrey's attention is focused on the result of what happens in her therapy sessions, as opposed to how Dr Sarah actually achieves any breakthroughs with Audrey. Gornall describes Dr Reeves guiding Norah's session in a similar way; 'her voice is low, kind of hypnotic, teasing the answer from my throat' (*Rose-Tainted*, p. 10). It is significant that both protagonists attribute their therapists' ability to improve their conditions to 'magic' or 'hypnosis', rather than professionalism or hard work. This approach demonstrates the fact that therapy is potentially an alien concept to the reader and may be reflective of the teenage vocabulary around mental health. Whilst being undoubtedly in favour of therapy for the recovery process, this also romanticises a process that is not so simple in real life. Notably, in the case of Dr Sarah being referred to as a 'fortune teller', Kinsella presents the character as possessing a gift that others do not, and maintaining an air of mystery. This 'magical' technique also attributes a warmth to both therapists' personalities that is appropriate for the family story genre. However, it also allows the characters to remain mysterious enough to achieve the emotional distance required between a therapist character and their patient.

Comfort levels within the therapeutic space also offer insight as to the severity of the protagonist's condition. As a person who is for the most part unable to leave the house, the fact that Audrey attributes the change in her beliefs to the physical space that she inhabits is telling. Moreover, centring on how her beliefs 'become real' emphasises the safety of her home setting to the point of it being almost a fantasy to Audrey. Given that Audrey is mostly seen to interact with her family (and later, Linus), the attribution of change to the room itself, as opposed to Dr Sarah's words, is perhaps an indication that Audrey needs to leave the

family home in order to process her experiences fully. This aligns with the family story structure, in which the girl may only be considered a woman once she has left the space of the family home. Space is an important element of children's literature; Peter Hunt's examples of safe spaces include 'idyllic rural settings or symbolic gardens, schools and families'.<sup>43</sup> Given the positioning of the 'family' as a safe space within children's literature, it is perhaps the very fact that Dr Sarah is considered family by Audrey that allows her to extend the safety of home to her office. Claiming that the room itself is a site of discovery may point to her difficulty in going to school; the trauma and the place are too heavily linked. Claiming that 'things change' when she is out of her own space, even if it considered an extension of her own home, indicates that she is at least partly on her way to rehabilitation.

By contrast, Norah is noticeably less resistant to her therapy when the session is at home, rather than when she goes to Dr Reeves' office. She claims that 'in her office I can never be one hundred per cent there. Half of me is always too busy worrying about being out of the house to hear her talk' (*Rose-Tainted*, p. 108). In the first therapy session depicted, Norah is unable to even make it into the office. The process of her mother attempting to get her in to the building takes up over a page of the novel, and the session eventually takes place in Norah's car. Given that the therapy session itself only takes up two pages of the text, and that the novel is not a particularly long one, this is a noticeably long section of the novel that Gornall uses to convey the pain of Norah attempting to fight her illness. When comparing the two novels, this is another factor that indicates the seriousness of Norah's situation; through this, it is implied that she cannot even attempt to visit other places until the site of her therapy becomes more comfortable. Drawing out the description of what is such a quick and painless experience for anyone without this phobia over such a long period of time allows Gornall to fully emphasise the pain that Norah experiences even in attempting to receive help.

Audrey states that her twice-weekly visits to Dr Sarah are not restricted to that number, claiming that, 'I could come more often if I wanted – they keep telling me that' (*Finding Audrey*, p. 24). Given her generally positive feelings towards Dr Sarah, her refusal to consider this is interesting; she compares therapy to the simplicity of following a recipe, stating that 'I could make cupcakes. But I've made them, like, fifty-five zillion times and its always the same recipe'. (*Finding Audrey*, p. 24). The hyperbole of 'fifty-five zillion times' is

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<sup>43</sup> Peter Hunt, 'Same but Different: Conservatism and Revolution in Children's Fiction', in *Children's Literature: Approaches and Territories*, ed. by Janet Maybin and Nicola J. Watson (Houndmills, Basingstoke, Hampshire; New York: Milton Keynes: Palgrave Macmillan; Open University, 2009), pp. 70–83, p. 71.

representative of Audrey's refusal to accept that the success of her therapy sessions is not linear, to the point of being dismissive of how repetitive the process can be. Even after a major setback, Kinsella never changes Audrey's attitude towards the frequency of therapy; though of course the sessions are shown to be crucial throughout the novel, the idea that Audrey could attend more sessions is never brought up again. This may be in order to emphasise that for sufferers of mental illness, especially social phobias, spending a great deal of time in therapy is not necessarily useful. The World Health Organisation's definition of agoraphobia, as quoted earlier, notes that agoraphobic people are often able to avoid their fears by not having to put themselves in situations that feel uncomfortable. For Norah, the mere act of attending therapy is a form of exposure therapy, and one that she is unable to avoid. As Audrey is shown to have no problem with attending therapy sessions, it is implied that it is more beneficial that she instead spends more of her time attempting to integrate herself into the outside world more frequently through attending public spaces such as coffee shops. The fact that she never fully accepts the necessity of her therapy is curious, given the way that Kinsella so heavily discusses the importance of Dr Sarah to Audrey's family; ultimately, this is perhaps indicative of the fact that Kinsella primarily uses the therapy session as a literary device to convey information to the reader, due to Audrey's lack of friends. As such, it appears that Kinsella's interest in writing therapy sessions primarily lies in using them in this way, rather than to convey a realistic therapy session.

For the most part, Norah calls her therapist 'Dr Reeves'. However, throughout the novel she also refers to her as 'the good doctor,' 'the doctor' and 'the doc'. Norah places a large emphasis on the fact that Dr Reeves is in the medical profession. Though the shortened forms appear to convey an affection towards the doctor, the fact that these nicknames are still related to her profession determine this as the most important aspect of her person to Norah. The professional boundary between the two characters, which is emphasised throughout, is clearly maintained. Audrey's therapist, Dr Sarah, is introduced very early on in *Finding Audrey*. The fact that she is referred to by her first name is addressed by Audrey, as she explains that,

Her surname is McVeigh but we call her Dr Sarah because they brainstormed about it in a big meeting and decided first names were approachable but Dr gave authority and reassurance (*Finding Audrey*, p. 23).

There is a level of sarcasm on Audrey's part here, which is particularly evident in Kinsella's use of the direct contrast between 'approachable' and 'authority'. However, the intimacy between Audrey and Dr Sarah is undeniable; in fact, at times they come across almost as friends. The 'Dr' part of Sarah's name is never dropped, clarifying that although Audrey has a friendly relationship with her, there is still a form of professional boundary between the two characters. Of course, in sharing that the name was settled upon in a 'brainstorm', Audrey effectively communicates to the reader that she is aware of the meticulously planned nature of attending therapy, and that she is not fully in charge of her own recovery.

At the beginning of the novel, Audrey claims that despite occasionally considering lying to her therapist (as has been determined to be a trope in therapy-set narratives such as *The Sopranos*), 'we're in this together' (*Finding Audrey*, p. 24). This creates the idea that rather than simply helping as a coping strategy, Kinsella intends to show that Audrey transfers some of the burden of her illness on to Dr Sarah, much in the way that problems are shared between family members in the family story. A notable example of this is in Alcott's *Little Women*, when Amy returns from school after having been punished and conducts an 'indignation meeting' (p. 65) with her sisters and mother. In fact, Audrey's discussions with Dr Sarah at times appear like those between sisters, or even friends, and act as a sore reminder of Audrey's loneliness due to her condition. For example, upon being kissed by her brother's friend, the conversation in which Audrey unpicks the event that had happened takes place with Dr Sarah. This is not an uncommon situation within YA, as teenage characters are often depicted as experiencing romantic encounters for the first time in their stories, but the discussion that inevitably arises usually takes place with a friend. The role of the best friend in the teen romance plot, in addition to assisting the protagonist in attracting the love interest is said by M. Daphne Kutzer to be to 'provide safety, acceptance, and a buffer from the dangers of romance.'<sup>44</sup>

The fact that the psychiatrist characters in both novels are women is crucial both from a psychological and a literary point of view. Regarding gender in relation to therapy sessions, Stephen Harper notes that there is a tendency in contemporary films to 'critique oppressive, masculinist versions of psychiatry, while validating 'softer', 'feminised' forms of therapy.'<sup>45</sup>

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<sup>44</sup> M. Daphne Kutzer, "'I Won't Grow up'—Yet: Teen Formula Romance', *Children's Literature Association Quarterly*, 11.2 (1986), 90–95, p. 93.

<sup>45</sup> Stephen Harper, 'Channelling Affliction: Television Discourses of Distress', in *Madness, Power and the Media: Class, Gender and Race in Popular Representations of Mental Distress* (Houndmills, Basingstoke, Hampshire; New York, NY: Palgrave Macmillan, 2009), pp. 103–51, p. 101.

Both therapists are seen to be treated more like the family story ‘friend’ than the ‘doctor’ figures, but within the context of YA novels written for girls, this is due to the absence of friends, more than a critique of masculine models of psychiatry. In using women therapists to deal with patients that are young girls, without evidence of masculine psychiatry, Kinsella and Gornall leave readers no reason to believe that the therapy is ‘softer’ than if it had been conducted by a man. As a result, there are several times in the novel when Kinsella subverts this friendly relationship, and the descriptions surrounding Dr Sarah are more threatening.

Within one therapy session, Dr Sarah is compared to both ‘a cop waiting to catch out a criminal’, and ‘a shark scenting blood’ (*Finding Audrey*, p. 133, 132). It is worth noting that the first of these descriptions is of Dr Sarah waiting for Audrey to speak, implying that Audrey is purposely keeping something quiet, and so it is probably then important to a therapy session. The second is in response to Audrey saying ‘of course,’ which Dr Sarah apparently frequently follows up by asking for an explanation. In this situation, Audrey is shown to feel under attack; the reader is forced to see Dr Sarah only as a threat to Audrey in instances where their ideas do not align. Thus, this passage serves as a reminder that despite the fact that Dr Sarah gains more information from Audrey through cultivating their close, friendly relationship, Audrey and Dr Sarah do also have to maintain a professional relationship. These occurrences are the minority, and so Audrey only feels that Dr Sarah acts in an interrogative manner when she is unable to encourage Audrey to give her information voluntarily. This is also an approach taken by Gornall, who has Norah state that ‘the space around us has somehow morphed into the shady interior of a police interrogation room’ (*Rose-Tainted*, p. 99). The difference in these descriptions is crucial here; whilst Audrey’s perception of her therapist as a person changes, Norah sees Dr Reeves as herself, but in a reimagined context. In focusing on the changing of the therapist herself, as opposed to the environment, Kinsella’s narrative effectively distances the reader from the therapy session and maintains Dr Sarah as a positive figure in her usual form. Gornall’s approach instead encourages the reader to consider Dr Reeves as more of an authoritative figure, as she remains the focus of each situation. These descriptions of the therapists are important as they provide both a reminder of the professional relationship at play, and also differentiate the therapist from the family unit; whilst they are seen to be a crucial part of family life, much like the family doctor, it is indicated that they have a boundary that the family do not have between each other.

The biggest issue that Audrey faces is a common one in mental health literature; deciding to stop taking her medication without the knowledge or assistance of a medical professional. Although talking therapy is shown in both novels, medication is seen to be a very important part of Audrey's recovery. After having a breakdown, going missing, and being physically ill, Audrey is seen to be more aware of the importance of the medication. On the whole, Kinsella's point is made very distinctly: psychiatric medication is essential to recovery and not something to be ashamed of. However, this point is somewhat undone by the fact that Audrey losing her glasses during her breakdown leads to her not having to use them anymore. In having this happen before Audrey begins taking her medication again, there is an indication that she has begun to feel better even without her medication. Here, Kinsella unintentionally gives the impression that Audrey's breakdown may have been a good thing, and she is seemingly almost cured afterwards. Kinsella draws the comparison between medication and Audrey's glasses herself, as Audrey claims that without her glasses, the world seems lighter, although I don't know if that's because of the dark glasses or because I'm back on my meds' (*Finding Audrey*, p. 257). There is of course an element of imagery used by Kinsella here; this quotation actually suggests that Audrey's sunglasses made her condition even worse, in drawing more of a boundary between herself and the world around her. Thus, in removing her sunglasses, Audrey's exposure to the outside world aids in her recovery.

On the other hand, Norah takes a completely different stance on medication. She clarifies that 'I don't think doctors are trying to take over my brain or anything. And I'm not one of those people who think medicine poisons your body' (*Rose-Tainted*, p. 53). Both of these issues arise in anti-psychiatric literature as reasons for the anti-psychiatry movement, and so it is a possibility that 'those people' are members of the Psychiatric Survivor Movement. Norah later establishes that 'It's the idea of relinquishing control that makes them too sticky to swallow' (p. 53), which builds upon Norah's issues with self-harm. Essentially, both heroines struggle with the idea of control, but Norah's problem transfers over into being physical, whereas Audrey's attempt to take control simply fails. Both novels end with the heroines being dedicated to taking their medication to aid in their recovery, albeit reluctantly in Norah's case. As a result, it is important to credit *Rose-Tainted* and *Finding Audrey* as attempting to destigmatize medical approaches to psychiatry. In both novels, it is made clear that whilst therapy is useful for their conditions, because anxiety can have such an intense effect on the brain, talk therapy works best in tandem with medication. As they are works of issue led fiction, both novels fulfil the expectation that they should give readers clear

guidance or views on controversial matters, including the use of medication and the value of therapy.

### **Appearance, Romance, and Approaching Womanhood**

Naturally, any girls' story or narrative that seeks to follow the experiences of young women will touch on the significance of their physical appearance to their place in society. The attention paid to physical appearance and beauty begins in children's stories, and certainly play a role in the family story. In *Little Women*, Louisa May Alcott notes that 'young readers like to know 'how people look,' and so provides the reader with physical descriptions of the four sisters before demonstrating their characters through their actions.<sup>46</sup> Alcott's point still stands in contemporary YA; beauty is recurrently seen to be 'a young girl's most valuable asset' in YA.<sup>47</sup> Gornall and Kinsella, then, disrupt this expectation, and only provide details about their heroines' appearances sparingly. This is perhaps an indication of the fact that readers should be focused on the internal issues of the heroines over their visual appearance; Norah's mother demonstrates the approach that the novel takes regarding beauty, stating that 'beauty comes from how you treat people and how you behave' (*Rose-Tainted*, p. 234). Traditionally, in literature and indeed real life, teenage girls' appearance is usually relative to their social success, but in novels in which the heroines are deliberately withdrawn from society, this is a less pressing factor of the narrative. Indeed, the best example of the relationship between social success and appearance is the link between attractiveness and marriage prospects in traditional family stories. *Little Women*, for example, has Meg and Amy, who are noted to be 'very pretty' (p. 8) and 'a regular snow-maiden' (p. 8), respectively, married before tomboy Jo. By contrast, Jo, whose hair is said upon multiple occasions to be her 'one beauty' (p. 8), is shown to have no interest in marriage until the very end of the story.<sup>48</sup> Before her marriage, Jo's hair is cut off and sold for the good of the family, which is used by Alcott to represent great sacrifice. Despite not being her own medium of success (which is achieved through her writing) the society in which Jo lives attributes marriage to

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<sup>46</sup> Louisa May Alcott, *Little Women* (Bristol: Parragon, 1993), p.8.

<sup>47</sup> Beth Younger, 'Series Fiction and Chick Lit: From Nancy Drew to Gossip Girl', in *Learning Curves: Body Image and Female Sexuality in Young Adult Literature*, Scarecrow Studies in Young Adult Literature, no. 35 (Lanham, Md: Scarecrow Press, 2009), pp. 105–130, p. 111.

<sup>48</sup> Alcott's original intention was for Jo not to marry; this was a decision made by the publisher that reflects the societal expectations of the time.



success. Indeed, the story only ends after Jo is married, albeit in a less conventional manner, indicating that romantic partnership is the only way in which to end such a story.<sup>49</sup>

Despite their use of attractive heroines, Gornall and Kinsella do not follow Alcott's method of establishing characters' physical appearances from the outset. In Audrey's 'appearance' in her own film at the end of the novel, Kinsella makes a point of reminding the reader that until now, they have not been given any indication of what Audrey's physical appearance is like. Audrey's own description of herself at the beginning of the novel, beyond her unusually tall height for a fourteen-year-old girl, is self-deprecating and limited. She refers to herself as 'fairly skinny, fairly nondescript' (*Finding Audrey*, p. 12). In describing herself as 'nondescript,' Kinsella conveys Audrey's lack of interest in her own appearance, and the way in which she views herself with little importance to the family. Presenting her as 'nondescript' in comparison to the exaggerated stereotypes that the rest of her family fulfil cements Audrey as an appropriate person to be the 'fly on the wall' character that she plays within her family unit. Audrey's move towards recovery at the end of *Finding Audrey* is illustrated by her change in attitude towards eye make-up, which her mother buys for her to wear. Audrey 'starts displaying it proudly' (*Finding Audrey*, p. 279) to the camera. The pride that is illustrated is not necessarily a direct result of having been gifted eye make-up so much as it is delight in having gotten to a place in which she is able to show her eyes in public. In using make up as a bridge to the outside world, Kinsella therefore indicates that Audrey's social life will improve as she begins to follow more conventional behaviour of girls of her age.

Gornall uses Norah's deteriorated relationship with her friends to underline the link between social success and physical appearance. Norah aligns the end of their friendship with the point at which her friends' 'bod[ies] turn[ed] banging and an active social life kick[ed] in' (*Rose-Tainted* p. 22). By comparison, Norah describes herself as 'a tall skinny blonde with baby-blue doe eyes and have what [her] grandma used to call the sweetest smile' (p. 127). The adjectives used to describe Norah's appearance encourage this lack of sexualisation; referring to her smile as 'sweet' particularly emphasises this through focusing on the idea of Norah as being kind or gentle, in the way that is associated with younger girls. Even her skinniness refers to her previously mentioned issues with eating; further to the effect that these issues have on her menstrual cycle, Norah's body shape is indicative of the way in which Norah has inadvertently suspended herself and her body in an infantile state. In this

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<sup>49</sup> *Little Women* was originally published in two volumes, and this continues to happen in the UK. Jo's marriage, which was not the original intent of Alcott, occurs in the second volume, *Good Wives* (1869).

case, it is significant that Norah refers directly to her friends' body shapes by relating them to their social lives. The fact that she sees her friends' bodies as 'banging' is telling of the fact that they are more physically mature than her and implies that her friends are romantically or sexually active. Through doing this, Gornall effectively equates the importance of physical appearance to girls' narratives with their proximity to womanhood.

Both texts make a point of demonstrating the way in which neurotypical people can struggle to understand the severity of conditions that are not visible on a day-to-day basis. Kinsella demonstrates this through Linus' comment that Audrey 'look[s] fine' (*Finding Audrey*, p. 155), and Audrey's final statement that she is probably not what the reader expected. Although Audrey does not clarify what would be 'expected' of a mentally ill teenager, the implication is that many neurotypical people expect an aspect of mental illness to be visible. A similar comment is made to Norah by the man who delivers her shopping (and later burgles her house), on which she remarks to the reader that 'I am... pretty. It's one of the only things I have that makes me feel normal' (*Rose-Tainted*, p. 26). In view of the idea of beauty as a 'valuable asset', Norah feeling 'normal' due to her appearance is very telling; being conventionally attractive indicates that being physically attractive is the 'norm' or that it in some way alleviates the severity of her condition. Whilst other YA heroines are seen to use their 'asset' to cope with their romantic endeavours, in this case it is used by Norah to cope with her illness. These self-aware observations serve as a reminder that ultimately, whilst both protagonists are the expected YA protagonist, being white, female, and attractive, they are not as the general public would expect an 'ill' person to appear.

Importantly, as previously touched on, both novels introduce the protagonists' first romantic relationship, and how it is broached in relation to their illnesses. This is not only a feature of family fiction, but also a reflection of real life; it has been acknowledged that 'in adolescence, the parents and wider family lose some of their significance as the peer group takes on greater influence'.<sup>50</sup> Of course, in the absence of a group of friends for either of these characters, their only 'peers' are their love interests. Elman refers to the potential for the role of boyfriends in sick-lit YA to essentially be a 'salve' to ill teenaged girls, which is certainly true in the case of Audrey.<sup>51</sup> Although their first meeting results in a panic attack, by Audrey's

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<sup>50</sup> Beate Herpertz-Dahlmann, Katharina Bühren, and Helmut Remschmidt, 'Growing Up Is Hard', *Deutsches Ärzteblatt International*, 110.25 (2013), pp. 432–440 <<https://doi.org/10.3238/arztebl.2013.0432>>, p. 432.

<sup>51</sup> Julie Elman, "'Nothing Feels as Real': Teen Sick-Lit, Sadness, and the Condition of Adolescence", *Journal of Literary & Cultural Disability Studies*, 6.2 (2012), 175–91 <<https://doi.org/10.3828/jlcds.2012.15>>, p. 180.

third meeting with Linus she can visit a coffee shop with him, albeit before suffering from another panic attack.

Part of the reason that these novels have been grouped together is the fact that they have been compared to each other by readers in online spaces. For example, a review on the Goodreads page for *Rose-Tainted* explicitly states the difference between the use of romantic partners in the two novels, claiming that:

While I liked *Finding Audrey*, I didn't think it was completely realistic. The girl skips to Starbucks within a week because of a cute boy. And while there's a cute boy in *Under Rose-Tainted Skies* as well, he acts like a catalyst more than a cure. He's the reason Norah *wants* to work to get better, but he doesn't actually make her better, which I was infinitely grateful for.<sup>52</sup>

*Finding Audrey* and *Under Rose-Tainted Skies* both certainly lean into this YA trope of heterosexual romantic relationships as a source of improvement for the mental state of a heroine. This review is representative of Gornall's intentions regarding the boyfriend character; she has stated in an interview that Luke was an unintentionally underdeveloped character, but remained so to retain the focus on Norah's state of mind and her mental illness, rather than the romantic aspect of the plot.<sup>53</sup> The boys in question fulfil their roles as stereotypical teenage 'boyfriend' types, as from the view of the girls, they 'occasionally provide good advice, but they cannot provide the unquestioning acceptance best friends and parents provide'.<sup>54</sup> This description of boyfriends in YA fiction was written in 1986, yet still holds up in contemporary fiction, as they are rarely the main source of support for the YA protagonist.

Another romantic element that is particularly striking in both novels is the fact that the girls' perceived attractiveness is not at any point equated with sexuality; rather, the girls remain infantilised because of their condition. For Audrey, this is somewhat expected, as she is only fourteen, but for Norah, who is seventeen, the lack of sexualisation is remarkable for an older YA novel containing romance elements, in part because of the expectations of marriage that appear in many 19<sup>th</sup> century stories for girls. Once again, this points towards more traditional

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<sup>52</sup> 'Under Rose-Tainted Skies', *Goodreads* < <https://www.goodreads.com/en/book/show/28101540-under-rose-tainted-skies> > [accessed 15 July 2022].

<sup>53</sup> Brechner, "'Under Rose Tainted Skies': An Interview with Louise Gornall".

<sup>54</sup> M. Daphne Kutzer, "'I Won't Grow up'—Yet: Teen Formula Romance", *Children's Literature Association Quarterly*, 11.2 (1986), 90–95, p. 93.

representations of romance in the family story, which focuses more upon the blossoming relationship between the characters than any romantic action. For example, although not usually a feature of children's family stories, the first kiss between the two characters is a pivotal moment in these YA novels.

By the time Audrey reaches her fourth meeting with Linus, she is able to overcome her anxiety to hold his hand, and is even kissed by him with no concern. It is not the attempt at friendship that improves Audrey's condition, but more significantly the kiss itself. Audrey compares this romantic encounter to going 'up a level' (*Finding Audrey*, p. 169) in a video game, and claims that her illness significantly improves immediately afterwards. Primarily, this harkens back to the importance of kisses in fairy tales, with characters such as Snow White and Sleeping Beauty being awoken or revived by a kiss. However, Kinsella's use of this trope is another indication of her chick lit genre background; securing a love interest is often the answer to the chick lit protagonist's problems in the same way that it is for Audrey. Of course, Audrey still suffers a major setback later in the novel, but the immediate effect that the kiss has upon her mental health is an aspect of chick lit that is not well-placed in a YA mental health narrative. By contrast, Norah and Luke's first kiss is built up to by Norah's fears of the germs involved. After their kiss, Gornall conveys the way in which her thought process changes; her initial thought process is documented as being 'warmbreathpetridishesbugsbacteriaalienlifeformscoldsoreskissescheekslipsfever-motive' (*Rose-Tainted*, p. 237). Norah's reaction to a kiss goes against any usual representation of young love and removes any sense of glamour around the act; thinking about 'petri dishes', 'bacteria' and 'alien life forms' removes the reader, and indeed Norah herself, from the emotional intimacy of the gesture. As such, the severity of Norah's condition is once again underlined by the way in which her body is unable to detach a romantic encounter from the scientific facts that suggest a small rate of infection. This is another indication that the novel may be catered towards a younger audience and essentially furthers the infantilization of Norah, as her disgust works as a mirror to the child-like understanding of kissing as being unpleasant.

Using romantic relationships within the plot does provide each author with an opportunity to clarify that not all emotional turmoil that these girls are facing is caused by their illnesses. Rather, both therapists explain the emotional complications that entering into a romantic relationship can cause. While Gornall's therapist actively schedules a therapy session to prepare her patient for a 'date', Kinsella's reluctantly informs Audrey that 'getting stressed

over what boys are thinking after they've kissed you may not be fully treatable' (*Finding Audrey*, p. 163). Although presented as a humorous comment, this is an important distinction for those writing about mental illness to make; in addition to validating feelings of stress or sadness outside of the context of mental illness, it humanises mentally ill heroines for the reader. Including the romance plots in their novels is one of the most effective ways in which Kinsella and Gornall demonstrate that their heroines are fairly normative, in spite of their mental illnesses. Given that each of the characters spends a great deal of her narrative depicting herself as odd because of her condition, the use of romance is a grounding point. This feature determines that the mentally ill still have the same emotional capacity and appeal to the opposite sex as a neurotypical teenage girl.

In fact, both novels also document the setbacks that both girls suffer after having entered into these relationships. On phobias, Peter Breggin offers the idea that 'the capacity to focus on one unreasonable fear with enduring intensity is the mark of a mind driven to shift attention away from other, more threatening, passions and problems.'<sup>55</sup> In this case, for both girls the introduction of a romantic relationship to their previously very socially limited lifestyle is a threat; the problem here is navigating intimacy with another person. Eventually breaking through to the support and comfort from the boys that they desire is actually detrimental to both girls' health, and causes major setbacks for both of them. For Audrey, this means that the confidence she gains through entering her first romantic relationship is detrimental to her health in the long run. This confidence causes her to believe that as she has had a good week, she is 'cooked. I'm done. All better' (*Finding Audrey*, p. 206). As a result, Audrey stops taking her medication, which causes her to have a breakdown. Norah's setback comes in the form of the panic attack that occurs after her boyfriend attempts to kiss her, due to her obsessive tendencies involving germs. These two extreme reactions both have the same resolution; a compromise between being comfortable in a romantic relationship, and also having the input and support of a therapist.

On the other hand, both authors use these relationships as a way to present how much the protagonists eventually improve in their condition; given that both suffer from anxiety-driven illnesses, to be comfortable in this lack of control signifies at least a small amount of psychological improvement before their solid involvement with boys. They therefore fall into

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<sup>55</sup> Peter R. Breggin, 'Understanding the Passion of Anxiety Overwhelm: Panic Attacks, Depersonalization, Phobias, Obsessions and Compulsions, Addictions and Eating Disorders', in *Toxic Psychiatry: Drugs and Electroconvulsive Therapy; the Truth and the Better Alternatives* (London: Fontana, 1993), pp. 271–97, p. 291.

the familiar trope that romantic partners will help to cure their illnesses, to an extent. Both novels also end in situations that involve the love interests, but noticeably in a healthier, less dependent environment. Audrey is seen to be going on what she considers a 'date' (though is a family meal that her boyfriend is invited to), and Norah takes Luke to one of her therapy sessions. This shows that neither girl is fully cured; their romantic interests are simply being integrated into their support networks to help alongside their therapy. However, the difference in their settings is crucial. For *Rose-Tainted* in particular, stating that Luke accompanies Norah to therapy indicates that Norah's condition is permanent. It is suggested that his presence is required in order for him to understand how to support her as she continues living with the condition. Audrey's condition, however, which is indicated to be 'treatable' in a way that Norah's is not, is implied to be almost cured, and Linus' appearance at her family meal is therefore an indication that he will help to guide her towards a complete recovery. By the end of the novel, Audrey is able to remove her sunglasses and even leave the home for a family meal. Having the novel end with Audrey about to attend a meal leaves the reader with the understanding that in time, Audrey may be able to partake in activities outside the home, such as eating out, on a regular basis. Involving the girls' love interests, then, is indicative of how they are integrated into their recovery: whilst Linus aids in bringing Audrey into the outside world, Luke endeavours to enter Norah's own world.

### **Family-Focused Endings**

Kimberly Reynolds, in defining the family story, addresses the fact that endings usually include 'bringing the whole family together and confirming that they have been strengthened by the problems they have experienced'.<sup>56</sup> Using the contemporary example of Jacqueline Wilson's *The Diamond Girls*, Reynolds observes that in these stories, often all issues are not resolved, but familial love is seen to be a strong enough ending to the text to be satisfactory for the reader. Although certainly present in *Finding Audrey* and *Rose-Tainted*, the fact that issues are still present at the end of the novels is a key component of the teenage mental health novel; for mental health conditions to be accurately represented in fiction, they should be shown to be ongoing if that is the reality of the illness. As a result, most mental health YA novels that actively deal with recovery attempts end with no 'cure', instead resolving the plot in another way. This strengthening of familial ties being more important than a full recovery

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<sup>56</sup> Reynolds, 'Genres and Generations – the Case of the Family Story', p. 94.

is seen in both novels here but is approached differently by each author. This is in part due to the slight difference in narrative structure; whilst *Finding Audrey* is a full recovery narrative, and her condition has almost been cured by the end of the novel, *Rose-Tainted* is a slow recovery narrative, with an open ending. Moreover, as the two novels draw on slightly different structures of family novel, their resolutions end in different ways.

*Rose-Tainted's* structure is effectively cyclical, as Gornall's novel begins and ends with Norah leaving the house to attend therapy. Perhaps most significantly, this allows for readers to note the difference between the two scenarios; although Norah is still actively attending therapy sessions and struggles to leave her house, the number of pages dedicated to her resistance are vastly different. In taking this approach, Gornall dedicates the last chapter to demonstrating how progress can still be made without a full recovery, therefore providing some hope for what could be otherwise interpreted by teenage readers as a bleak and constricting situation. *Rose-Tainted* ends with Norah leaving the house with her mum and boyfriend as a unit, in comparison to the beginning, which only features Norah's mother. This is significant as a way to include Luke in the family unit, but also represents Norah's newfound ability to not simply rely on her single mother; this then allows for the reader to determine that she, whilst not completely recovered, has taken steps towards independence. Gornall's attempt at resolving Norah's family story, then, is by having her mother be present, but also by effectively absorbing Luke into the family unit. With Luke's presence, Gornall establishes a kind of nuclear family unit, in which Luke acts as a parental figure in these medical situations. Despite the unconventional image that this presents to the reader, this is not unlike the endings of family stories in which teenage (or very newly adult) girls end their story by being married. The second volume of *Little Women*, for example, only ends once all three living sisters are married. In keeping with Norah's age, Gornall crafts a narrative that parallels almost directly with that of family stories that follow older girls, such as Alcott's novel.

Conversely, Kinsella ensures that the beginning of *Finding Audrey* is in almost complete contrast to the end. Audrey's story begins with her being separate from her family. In the opening chapter, Audrey remains inside whilst the rest of her family, except her mother, stand on the front lawn. Kinsella's use of space here is crucial, in that it demonstrates Audrey's distance from her family, and emphasises her role as the disruption. By allowing for Audrey's mother to be in the house, but in a separate room to Audrey, Kinsella indicates that both Audrey and her mother are to an extent to blame for the disrupted family unit, in different ways. By placing them in different rooms of the same building, it is suggested that they are

both in the same mental space of attempting to improve Audrey's condition, but unable to understand each other's behaviour in order to be able to aid Audrey's recovery. It is only as they discuss Audrey's recovery openly whilst watching *Little Women* that mother and daughter can be viewed as completely unified. Before her final film transcript, in which Audrey finally appears alone, *Finding Audrey* ends with her family planning to go out for a meal that includes Audrey's boyfriend and Frank's friend, Linus. This is particularly significant as the family unit are finally unified outside the family home, and Linus is included as a brotherly figure. As a result, by using something as simple as a meal in a restaurant, Kinsella offers up Audrey's recovery as not only being achieved through attending therapy sessions, but through making attempts at participating in 'normal' elements of family life. This effectively works as an extension of the 'exposure' therapy that Audrey is seen to partake in earlier in the novel.

The last few chapters of *Finding Audrey* are particularly family-focused in comparison to *Rose-Tainted*, which aligns with Reynolds' understanding of how family stories should end. By moving on swiftly from Audrey's breakdown and instead following the computer game competition that the entire family takes part in, Kinsella cements the novel as being about the strengthening of the family unit rather than Audrey's recovery alone. In fact, after reading the novel, the fact that the novel is a family story is even evident through its title; the entire family is strengthened and more open with each other after having 'found Audrey'. In making this distinction, Kinsella also draws attention to the fact that family life is part of the solution to Audrey's illness. By contrast, the future hope for Norah, whose condition is more severe, is in integrating her mother and boyfriend into her therapy sessions for further support. Gornall, then, also displays the importance of family in the recovery process, but by involving family members in therapeutic practices directly, rather than being a supplementary source of comfort. Although different in their approach, both authors emphasise the importance of familial support, but also combat the idea that having a mental illness can affect teenagers' romantic prospects. Instead, by incorporating Luke and Linus into the family unit as fatherly and brotherly figures, respectively, Gornall and Kinsella convey the ways in which a romantic relationship can be incorporated into the life of a chronically mentally ill person to help benefit their recovery. Moreover, the integration of the boyfriend figure into the family unit is a definite nod to the family story marriage plot, in that the approval of the love interest lies not only with the protagonist themselves, but also their family members. In effect, the use of elements of the family story structure is important in these types of mental health



narratives as it allows for authors to convey the importance of a supportive family unit when dealing with a mental illness. In particular, the condition of agoraphobia is so reliant on other people being present in the home that following the lives of the other family members, as *Finding Audrey* does, is crucial in crafting an interesting story.

## Chapter II: ‘I am a naughty schoolchild in a headmaster’s office’: Psychiatric Centres for Rehabilitation and the British School Story

### School Stories

Despite being less popular in modern times, the school story has a long-standing tradition in the UK and is a staple of British children’s literature; popular examples of single books include Thomas Hughes’ *Tom Brown’s Schooldays* (1857) and Frances Hodgson Burnett’s *A Little Princess* (1905). However, school stories are usually series fiction. Enid Blyton alone wrote three well-known British school story series: the *Malory Towers* series (1946-1951), *The Naughtiest Girl* series (1940-1952), and the *St Clare’s* series (1941-1945).

Jeffrey Richards credits the success of the school story to its ‘atmosphere of timelessness, of comforting familiarity, of reassuring order, of innocence’.<sup>1</sup> Whilst the aspect of ‘innocence’ may not be applicable when reading novels about these characters who have greatly suffered, the familiarity and order that Richards associates with the school story is very much present in the novels examined here. It is true that there is a certain structure that appears in all school story novels; they are heavily laden with tropes that cause the genre to be immediately recognisable. Certainly, Pat Pinsent presents a list of these tropes, which include the train journey to school, the school itself acting as a character, the introduction of a new pupil, a close relationship between teachers and students, and a focus on a small group of friends.<sup>2</sup> Furthermore, Pinsent observes that much of the school story plot must take place within the school grounds, and that tolerance of others’ difficulties within that environment is advocated for. This does not, however, include those that go against the school body’s ‘code of honour’; Pinsent asserts that this code requires that pupils in these novels condemn meanness or snobbery.<sup>3</sup> Finally, Pinsent identifies that ‘a feature particularly evident in [Elinor] Brent-Dyer’s work is the Bildungsroman aspect; the characters grow up as readers progress through the series’.<sup>4</sup>

The conventions of the school story that appear in YA psychiatric facility narratives are:

- The protagonist’s journey to the institution
- Lessons
- Ritualistic behaviour
- Rules
- The ‘headmaster’ figure
- Self-development as part of an optimistic ending

<sup>1</sup> Jeffrey Richards, ‘The School Story’, in *Stories and Society: Children’s Literature in Its Social Context*, ed. by Dennis Butts, Insights, Reprint (Basingstoke: Macmillan, 1994), pp. 1–22, p. 10.

<sup>2</sup> Pat Pinsent, ‘Theories of Genre and Gender: Change and Continuity in the School Story’, in *Modern Children’s Literature: An Introduction*, ed. by Catherine Butler and Kimberly Reynolds, Second Edition (London: Bloomsbury Academic, 2014), pp. 105–20, p. 109.

<sup>3</sup> Pinsent, ‘Theories of Genre and Gender: Change and Continuity in the School Story’, p. 110.

<sup>4</sup> Pinsent, ‘Theories of Genre and Gender: Change and Continuity in the School Story’, p. 111.

Wherever I sat—on the deck of a ship or at a street café in Paris or Bangkok—I would be sitting under the same glass bell jar, stewing in my own sour air.<sup>5</sup>

The protagonist of Sylvia Plath's *The Bell Jar* (1963), Esther, insists that the experience of mental illness does not change according to setting. However, Plath chose to devote considerable space to examining her heroine's mental state within a psychiatric rehabilitation facility throughout the novel. *The Bell Jar* is an adult mental health novel, but the setting of a novel is just as crucial a part of both children's and YA literature. To create and maintain a setting for the majority of a novel is to create a fictional world that is distinctly separate from the world of the reader, whilst remaining somewhat familiar. Thus, this chapter shifts focus to a setting-based genre of mental health YA: the psychiatric rehabilitation centre novel. There are many formats of mental health YA, but those set in the psychiatric facility are by far the most common, particularly in USYA. Although of course this subgenre bears resemblance to the established 'asylum fiction' of adult literature, which includes *The Bell Jar*, there are still noticeable ties with traditional children's literature. This chapter sets out to examine the links between the features of the British YA psychiatric hospital narrative and those of the traditional British school story.

The texts focused upon here are Ceylan Scott's *On a Scale of One to Ten* and Holly Bourne's *Are We All Lemmings and Snowflakes?*<sup>6</sup> Scott's novel follows Tamar, who attends a mental health facility after the suicide of a close friend. Despite the trigger for Tamar's hospitalisation being bereavement, Scott clarifies that she does in fact also have existing mental health issues, and as she is discharged, it is revealed that her notes state that 'her symptoms are concurrent with that of a personality disorder (borderline)'.<sup>7</sup> As Tamar is not officially diagnosed, this chapter will not refer to borderline personality disorder as anything other than a possibility, though this tentative diagnosis does allow for some insight into Tamar's behaviour. *On a Scale* focuses on Tamar's growing understanding that she was not involved in her friend's death. *Lemmings* tells the story of Olive, who suffers from bipolar disorder but fears being told her diagnosis. Olive's narrative examines the possibility of being 'cured' of mental illness, through Olive's insistence that she use a mathematical formula to understand her condition. As a result, Olive stops using her medication and begins to avoid treatment sessions in favour of working on her own 'cure'. As Olive and her friends

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<sup>5</sup> Sylvia Plath, *The Bell Jar*, (London: Faber and Faber, 1966), p. 143.

<sup>6</sup> The novels are referred to from here as '*On a Scale*' and '*Lemmings*', respectively.

<sup>7</sup> Ceylan Scott, *On a Scale of One to Ten* (Chicken House, 2018), p. 257.

determine that the stigma that they have experienced due to their mental health conditions is a social issue, they aim to escape the facility to spread messages encouraging kindness to the general public.

As well as being suitable for applying a formulaic children's literature structure, a psychiatric facility setting also provides the opportunity to present a variety of representations of characters with the same illness, which suits the unpredictable and variable nature of mental illnesses. In their study of disability in literature, *Narrative Prosthesis*, Mitchell and Snyder claim that 'literature makes disability a socially lived, rather than a purely medical, phenomenon'; in reading YA fiction of this nature, teenage readers are able to fully understand mental illness within the context of their own lives.<sup>8</sup> Indeed, in her discussion of realistic representations of mental illness in YA fiction, Anastasia Wickham claims that using YA to discuss the issue in particular, 'allows for a critical, interdisciplinary look at the philosophical, neuroscientific, literary, and sociological aspects of mental illness'.<sup>9</sup> Though their theory of 'narrative prosthesis' is largely an examination of the physically disabled, much of Mitchell and Snyder's book does offer insight in to the use of psychiatrically disabled characters. Narrative prosthesis, as Mitchell and Snyder discuss in *Narrative Prosthesis: Disability and the Dependencies of Discourse*, is the way in which disability is represented in literature; they theorize that disabled characters must be presented as being only within 'tolerable deviance'.<sup>10</sup> Essentially, the textual prosthesis serves to keep anything too far from the norm covered up, much in the way that a physical prosthesis functions to mask a physical disability. They indicate that the disabled character has been used throughout literary history for 'their representational power, disruptive potentiality, and analytical insight', which is not altogether dissimilar to the roles of the psychiatrically disabled characters examined in this thesis.<sup>11</sup>

However, using the setting of a psychiatric hospital allows for almost the *opposite* of narrative prosthesis. A psychiatric hospital or rehabilitation centre essentially removes the

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<sup>8</sup>David T. Mitchell and Sharon L. Snyder, 'Afterword: "The First Child Born into the World Was Born Deformed": Disability Representations in These Times', in *Narrative Prosthesis: Disability and the Dependencies of Discourse* (University of Michigan Press, 2000), pp. 163–178, p. 166.

<sup>9</sup>Anastasia Wickham, 'It Is All in Your Head: Mental Illness in Young Adult Literature', *The Journal of Popular Culture*, 51.1 (2018), 10–25, p. 10.

<sup>10</sup>David T. Mitchell and Sharon L. Snyder, 'Introduction: Disability as Narrative Supplement', in *Narrative Prosthesis: Disability and the Dependencies of Discourse* (University of Michigan Press, 2000), pp. 1–14, p. 6.

<sup>11</sup>David T. Mitchell and Sharon L. Snyder, 'Narrative Prosthesis and the Materiality of Metaphor', in *Narrative Prosthesis: Disability and the Dependencies of Discourse* (University of Michigan Press, 2000), pp. 47–64, p. 49.

individual, ‘othering’ features of the protagonist by placing them in an environment in which all characters have the same, or similar issues. This means that more severe symptoms need not be ‘covered up’ to make the suffering character appear to be only within ‘tolerable deviance’ as part of the narrative. There are two ways for an author to deal with this: either to focus on characterization in the form of personality, or to heavily emphasise the difference between different types of mental illness. Through removing this ‘prosthesis’, all characters are initially presented as being equally unwell, with the way in which they respond to the treatment being the gauge for how severe their illness is. If the author goes on to examine differences between mental illnesses, as both Ceylan Scott and Holly Bourne do, this presents the opportunity to focus on severity as the kind of prosthesis. Essentially, this means that conflict within the plot is not contingent on the characters having a mental illness, but rather on how apparent their illness is when in the company of other sufferers. The capability of the reader to determine the severity of characters’ conditions is often achieved through making the protagonist the ‘straight man’ figure, mirroring the precedent set by Ken Kesey’s *One Flew Over the Cuckoo’s Nest* (1962).<sup>12</sup>

### **British Psychiatric Facilities**

The Britishness of these texts is key to the analysis of not only the protagonists, but their surroundings. The psychiatric system in Britain is run by the NHS, and is extremely costly; reportedly, mental ill-health was estimated to cost the UK more than £117.9 billion in 2019.<sup>13</sup> There is, then, evidence in both texts of a strain on the NHS in order to provide mental health treatment to the extent that is needed. For example, Bourne’s Olive, before attending the privatised specialist centre that the novel primarily takes place in, takes the reader through her experiences of what she feels to have been a very generic, impersonal treatment through the NHS. She notes that ‘after [her] ten allocated slots [of CBT] ... they shoved a sticker on me, labelled me as *Treated*, and that was it’.<sup>14</sup> This, coupled with the fact that she must go to Camp Reset at that particular point in time because it is a free month-long trial before the

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<sup>12</sup> Of course, Kesey’s character of McMurphy – who is also not the narrator of the novel – is proven to never have truly suffered from a mental illness but has set a precedent for the representation of characters with less severe mental illnesses than others as being the primary viewpoint of these kinds of novels.

<sup>13</sup> David McDaid and A-La Park, ‘The Economic Case for Investing in the Prevention of Mental Health Conditions in the UK’ (London School of Economics and Political Science / Mental Health Foundation, 2022), p. 10.

<sup>14</sup> Holly Bourne, *Are We All Lemmings & Snowflakes?* (London: Usborne, 2018), p. 26.

centre starts charging people, allows Bourne to emphasise the impact that affluence has upon access to treatment. In terms of the school story, this parallels with the commonly seen ‘scholarship girl’ character; perhaps a good comparison for Olive is that of the ‘serious’ Ellen Wilson in Enid Blyton’s *Second Form at Malory Towers*, whose desperation to catch up with her better-educated peers leads to the deterioration of her physical health. Bourne draws attention to Olive’s awareness that she only gets one opportunity, as she acknowledges that once the centre is running in the intended privatised manner, the current attendees and those like them will be ‘sitting on waiting lists, hoping we still have marbles left to find by the time we’re offered any treatment’ (*Lemmings*, p. 44). Just as Blyton’s Ellen suffers from a deterioration in her physical health through overexerting herself to catch up with her better-educated peers, Olive’s mental state deteriorates steadily throughout the novel as she becomes determined to find her own ‘cure’, refusing to attend sessions as her mania worsens. A great deal of hope for success is pinned on the events of the novel, and so this makes her rejection of the treatments, and therefore worsened state, even more frustrating for the reader. This parallels the pressure that Ellen places on herself to do well at school, as her family ‘had to pay out more than they can afford’ for her to attend Malory Towers, causing her illness to be the source of much disappointment.<sup>15</sup> Unlike Olive, however, Ellen’s seemingly only chance to succeed in maintaining her scholarship is extended until after she is well again; it is indicative of both *Lemmings*’ older target readership and the difference in the treatment of mental health between 1967 and 2018 that Olive’s problems are not so easily solved. Moreover, the luxury approach to psychiatric care allows for debate as to whether these types of facilities aid or harm the attendee. The luxurious approach to the treatment also invites scepticism; as the ‘rules’ of the facility are not enforced on residents in order to maintain a relaxed atmosphere, there is more of an emphasis on the patients themselves taking responsibility for their own recovery. In the case of a character like Olive, and indeed most fictional teenage characters, this is too much freedom to use sensibly. Olive instead perceives this as her being able to miss therapy sessions, which ultimately hastens her downward spiral. Bourne draws on the importance of national identity to psychiatric YA through the effect created by setting her narrative within an American model of a psychiatric facility. Alison Waller, in talking about a number of novels including Bourne’s *Am I Normal Yet*, notes that nationality is important in YA, even if not addressed as a main concern by the protagonist. Waller goes on to discuss how the nationality of the protagonist ‘underlines and subtly directs

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<sup>15</sup> Enid Blyton, *Second Form at Malory Towers* (St Albans: Granada Publishing Limited, 1967), p. 149.

their ways of being in the fictional versions of the world constructed for them'.<sup>16</sup> Waller's theory is reflected in Bourne's writing, as Olive's initial hesitant reaction to group therapy is based on the fact that it 'all sounds very American' (*Lemmings*, p. 94). Of course, this is a valid observation as the facility in this novel is based on an American model of psychiatry. Bourne uses this as an opportunity to present Olive as resistant to the foreign treatments that she receives, not out of fear but out of concern that they do not line up with a British sense of how to deal with mental health problems. Moreover, this initial hesitation sets up Olive's issues with following the recovery process throughout the novel; sceptical by nature, Olive shows the beginnings of doubt in their ability to 'fix' her from very early on in the novel. This reaction, as well as demonstrating a distrust in the American approach to psychiatry, reflects the fact that British attitudes to psychiatry in general are shaped largely by the consumption of visual media. Both protagonists make several references to the fact that their ideas are shaped by the media, as Olive gives a list of 'what I know about group therapy based on TV' (*Lemmings*, p. 92) and Tamar's assessment of the 'recovery room' is that it is 'the kind of room they warn you about in films'.<sup>17</sup> Though of course these examples do not pin their experiences as being directly related to American media, the general openness of US culture towards therapy and diagnosis means that representations such as this are monopolised by American media, rather than British.<sup>18</sup> It is quite possible that Bourne includes this detail, in addition to the fact that Olive's stay at the facility is a 'free trial', to emphasise to a teenage reader that this representation of a mental health facility is not the standard British psychiatric experience. In a talk on *Lemmings* for the Royal Borough of Windsor and Maidenhead Libraries, Bourne addressed this awareness of British and American attitudes to therapy sessions and the psychiatric system. When explaining Olive's tendency to scold herself, or 'self-bully', Bourne described this behaviour as being a 'stiff British upper lip mentality'.<sup>19</sup> Later in the talk, when advising teenagers on how to cope with their mental health issues, Bourne further elaborated on the different approach to psychiatry in America, telling them that 'at the risk of sounding very American, feel your feelings'. Of course, Bourne is but one author, but this idea of British repression in contrast to American

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<sup>16</sup> Alison Waller, 'The Art of Being Ordinary: Cups of Tea and Catching the Bus in Contemporary British YA', *The International Journal of Young Adult Literature*, 1.1 (2020) <<https://doi.org/10.24877/ijyal.34>>, p. 7.

<sup>17</sup> Ceylan Scott, *On a Scale of One to Ten* (Chicken House, 2018), p. 160.

<sup>18</sup> The differences between British and American psychiatry are discussed in more detail on p. 10 and 11 of the introduction to this thesis.

<sup>19</sup> Holly Bourne, 'Author Talk: Holly Bourne' (Royal Borough of Windsor and Maidenhead Libraries) 27<sup>th</sup> January 2021.

openness indicates an issue that comes up in both of these novels, that is not addressed in USYA on the same subject matter.

*On a Scale* is an Own Voices novel, which means that, as expected in this kind of book, Scott uses the acknowledgements to address how their writing reflects their own experiences of being treated for borderline personality disorder within the British psychiatric system. They write,

I wanted to write something raw and authentic and unsettlingly true to being a teenager battling mental health problems of all kinds, and the chaotic and intense environments where they are brought together.<sup>20</sup>

Scott's attempt to convey a realistic representation of the British mental health system is a much bleaker affair than that of *Lemmings*. Whilst the characters of Bourne's novel are given new, comfortably furnished, and untouched rooms because they are not in an NHS facility, Scott describes Tamar's room in the mental health ward as consisting of, 'a bed with pale-green blankets, a scratchy navy carpet, bare walls, a wardrobe and a chair' (*On a Scale*, p. 6). Tamar's departure also highlights this, as upon emptying the room she notices that it is 'empty of any personality or warmth' (p. 218). This, along with a high turnover of patients throughout her stay, truly draws attention to the fact that the institution is under a certain amount of strain. Much like Olive's feelings about being given a specific and limited number of cognitive behavioural therapy sessions, Tamar is adamant that she is not recovered by the end of her time on the ward, simply 'trying' (*On a Scale*, p. 210), and in the process brings up an important argument as to what recovery actually means in the context of mental health. The voice that is indicated to belong to her mental illness – represented on the page as italicised text – tells her that the facility is '*getting rid of [her]*', which gives the impression that she is leaving due to the facility's need to house a new patient, rather than because she is fully recovered (*On a Scale*, p. 210). In a way, this once again parallels with the school story; the novel, and school experience, must end when the protagonist has progressed sufficiently with their schoolwork or indeed their recovery. Both types of novels contain the same sentiment that even if the characters do not feel ready to move on from the institution, the lessons that they have learned there are intended to form the way in which they interact with the outside world. Indeed, on her return home, Tamar is seen to be implementing some of the

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<sup>20</sup> Ceylan Scott, 'Ceylan Scott on Writing *On A Scale of One to Ten*', Chicken House Books, 2018 <<http://www.doublecluck.com/>> [accessed 4 September 2020].



therapeutic techniques in her everyday life, such as creating a routine through running daily. She notes that eventually, she is ‘able to sit on my bedroom floor with lies booming into my eardrums and laugh in their faces and go on a five-mile run instead’ (*On a Scale*, p. 232). By acknowledging that her intrusive thoughts are ‘lies’ and immediately providing the alternative of running, Scott shows that Tamar’s treatment has indeed worked well after having reflected on the teachings of the facility. Though small, it is details like this that indicate that Scott’s intention is not to show that Tamar is being moved before she is recovered, but that recovery is such a slow and unique process that Tamar does not even realise how far she has come since the beginning of the novel.

### **The Journey**

Tison Pugh, in talking about *Harry Potter* in relation to the traditions of the school story, refers to the importance of the ‘liminal transitions’ that students take part in by travelling from their family homes to the institution.<sup>21</sup> This is true of many school stories, and often features in order to convey the sense of grandeur that the school settings tend to provide. Of course, many of these novels require a lengthy journey in the company of others, but the initial impression of the institution itself is indicative of the direction of the narrative, as well as the characterization of the protagonist. After a long train ride with other girls, Darrell Rivers of *Malory Towers*, for example, details her first sight of the school from afar, describing it as ‘a big, square-looking building of soft grey stone standing high up on a hill’.<sup>22</sup> This distanced look at the school serves as a way to further emphasise the importance of the transition; the fact that the school is ‘high up on a hill’ indicates not only the secluded, insular nature of the institution, but also the fact that once one has arrived, there will be a development in character. Essentially going up towards the school acts as a metaphor for growing up into an adult by the end of the school career. The concept of the ‘journey’ is one of the more striking differences between the school story and the psychiatric facility novel, as in mental health novels the residents usually meet and make friends in the therapy sessions themselves. Particularly in *On a Scale*, this difference is mostly due to the fact that psychiatric facilities do not admit patients at the same time; the patients come and go

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<sup>21</sup> Tison Pugh, ‘Hogwarts and the School Story Tradition’, in *Harry Potter and beyond: On J. K. Rowling’s Fantasies and Other Fictions* (Columbia, South Carolina: The University of South Carolina Press, 2020), pp. 36-49, p. 40.

<sup>22</sup> Enid Blyton, *First Term at Malory Towers* (St Albans: Granada Publishing Limited, 1967), p. 13.

according to when they are referred, and whether there is a space for them. Given that the facility in *Lemmings* is newly opened, the patients all arrive at roughly the same time. Bourne also has Olive narrate her journey to Camp Reset with her parents. She describes how ‘the driveway up to the big house must be at least half a mile long’ (*Lemmings*, p. 43). This time is used by Bourne to examine Olive’s feelings about attending the centre, as she dwells on both her excitement and nerves. Olive notices that ‘the lawns are mown into lines that stretch out into the blue sky,’ (p. 43) once again using the space as a way to indicate the aspirational nature of this environment. The way in which Olive sees the lawns as stretching into the sky allows the reader to infer the intimidation that she feels; the extension from lawn to sky acts as a physical reminder of the fact that this facility is due to become Olive’s entire world for the duration of her stay.

Bourne’s introduction of the ‘stately home’ also works as an act of defamiliarization. This technique is a common one in children’s literature, usually through the means of using ‘the transference of the newness of the child subject to the world which that subject meets.’<sup>23</sup> However, it is crucial to acknowledge that this is also a feature of the asylum novel. In *the Bell Jar*, Plath’s heroine arrives at her new private hospital to discover that it ‘crowned a grassy rise at the end of a long, secluded drive that had been whitened with broken quahog shells’ (p. 148). Once again, there is a sense of aspiration conveyed through Plath’s positioning of the institution as being above the arriving character. As Bourne and Plath’s facilities are both private, as are the boarding schools depicted in school stories, this way of demonstrating the protagonist’s mixture of intimidation and aspiration works well as a device to introduce the building. The whitening of the drive, however, points to the artificial and clinical nature of the environment, which Bourne also addresses.

Upon reaching the inside of the building, Olive discovers that while it is a stately home, it has been converted in such a manner that,

Every single atom of unmodernity has been stripped out. It smells of fresh white paint and orchids adorn every black, lacquered surface. The ceilings stretch up to reveal modern chandeliers made of black glass, all weird angles (*Lemmings*, p. 45).

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<sup>23</sup> Mavis Reimer, ‘Traditions of the School Story’, in *The Cambridge Companion to Children’s Literature*, ed. by M. O. Grenby and Andrea Immel, (Cambridge University Press, 2009), pp. 209-225, p. 213.

This description immediately confirms Olive's feelings of discomfort and lack of belonging. The interior of the centre, which is robbed of character, once again points to Olive's feelings about American psychiatry before even beginning any treatment; the old, British building is presented as having been invaded and modernised by the American psychologists. This is clearly a nod to Victorian or 19<sup>th</sup> century mental health institutions that either look like or have previously been stately homes, but inside are made to feel institutional and clinical. For example, McLean hospital, which influenced the psychiatric hospital in *The Bell Jar*, resembles Bourne's description somewhat. This also allows for a contrast to the boarding school novels that rely heavily on history and tradition. Of course, if we then compare Camp Reset to Tamar's clinical room in Lime Grove, this is still a more comfortable, luxurious environment.

Scott's facility, Lime Grove, holds none of the false grandeur that Bourne's and Plath's do, as a poorly built modern building. Tamar describes the facility as 'a low-set, poorly painted white building with slabs of grey concrete still exposed near the bottom' (*On a Scale*, p. 180). Lime Grove's clear lack of maintenance from the outside of the building, whilst initially demonstrating the lack of budget for NHS mental health services, also works as a way for Scott to set an expectation as to how the reader will perceive those that Tamar meets there. Inside Camp Reset, the use of black and white rather than the green that is associated with UK hospitals cause it to feel clinical in a different way. Camp Reset is clinical not in a medical sense, but in the way that in that it lacks any history or character, despite the school-like exterior which would indicate otherwise. Even the name, using 'Camp', evokes thoughts of American summer camps, which allow for the pursuit of academic or vocational interests in the American academic summer break. As the outside of Bourne's institution does not match up with inside, it also works as a parallel for Olive's character. Despite her fellow residents' perception that she 'seem[s] fine' (*Lemmings*, p. 77) due to her attractive appearance and lack of outwardly noticeable symptoms, Olive's mental health is actually very poor. This is perhaps a testament to Bourne's beliefs about the 'stiff British upper lip' mentality; Olive's struggle only becomes physical as she loses control of herself due to a manic episode.

## Ritualistic Behaviour and Rules

In addition to her commentary on the significance of Britishness in UKYA, Waller also addresses the importance of representing everyday rituals in these narratives. When writing about the role of cups of tea in YA, she pays close attention to the importance of using the ritualistic aspect of tea-making and drinking to mimic their ability in real life to ‘punctuate the mundanity of everyday life with easy and recognisable pleasure’.<sup>24</sup> This is true of Bourne’s Olive as she makes a cup of coffee before attending her first therapy session; she inevitably has issues with the ‘posh coffee machine,’ and then celebrates the small joy of the ‘zing’ that comes from sipping her coffee before being plunged into the unknown. Scott, on the other hand, demonstrates the way in which institutionalisation can affect the agency and actions of her characters. When, on another occasion, Tamar casually references the fact that showers are rationed, she states that ‘self-neglect’ has become a normal part of their ‘abnormal lives’ (*On a Scale*, p. 42). Presumably, showers are rationed either to combat obsessive washing or due to a lack of resources, but it is interesting that Tamar refers to this decrease in hygiene as self-neglect, as it is at the hands of the institution, rather than the patient. All of these instances show an alteration of priorities within these fictional institutions; everyday rituals such as showering and cups of tea are limited not only by resource availability, but by the nature of living in an institution where different people have different issues. In limiting the patients’ ability to control the most familiar, ritualistic elements of living, Scott encourages the reader to see the extent to which their characters are made to feel odd, or infantilised. This essentially also emphasises the stage of maturity that the characters are in, as having agency and control over these routines here symbolises having reached maturity. Instead, this control over their small, seemingly insignificant rituals signifies the fact that the characters are not seen to be truly on course to mature into adulthood until they are once again able to maintain their own daily rituals.

Another ritual that is used commonly as a plot device in these novels is significant action taking place at mealtimes. In boarding school novels, meals are often described, and upon special occasions are almost a ceremonial event, such as the regular special ‘feasts’ depicted in the *Harry Potter* novels that usually begin with a speech from the Headmaster. The first meal holds particular significance, to the extent that it is referred to as the ‘start-of-term banquet’ in *Harry Potter*, as it usually provides an indication of social relationships between

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<sup>24</sup> Waller, ‘The Art of Being Ordinary’, p. 9.

characters. It also allows for a pause in the narrative that is long enough for the protagonist to tell the reader how they feel about other characters. There are two types of meal in the school story: the institution-provided meals, and ‘tuckbox’ meals, where the food is brought from or sent by home. Enid Blyton, for example, uses the first week of meals in the second *Naughtiest Girl* novel to describe to the reader how the characters ‘enjoyed the cakes, sandwiches, sweets, chocolates, potted meat, and jams they brought back with them’, and that ‘everybody shared’.<sup>25</sup> Blyton’s Elizabeth then reflects on which children noticeably do not share, and what character development they must undertake at the school as a result; this is as a result of her personal experience of not sharing previously. The psychiatric centre novel gives the author an opportunity to represent a variety of mental illnesses and how sufferers of different conditions see each other without providing much detail. Mealtimes are an opportune time to do so. In *Lemmings*, Olive uses the first meal together, which is dinner, to examine the group dynamic, noticing that ‘nobody talks much, but we’re less icy than we were before the induction’ (p. 80). As a result, there is of course no sharing of food between residents. Regarding the food, Bourne details that ‘everything is spinach, or egg white, or fresh. Not a chip to be seen’ (p. 66). Certainly, in comparison to Blyton’s focus on ‘tuckbox’ treat foods, Bourne draws attention to the fact that Camp Reset as a facility is intended to improve the health of the residents, even beyond that of their minds. Bourne’s set-up, then, is not dissimilar to the boarding school stories in which students eat their evening meal together, post arrival.

It is interesting, then, that Tamar’s first meal at Lime Grove is breakfast, which is also the first time that she meets the other patients. Using breakfast as this introduction is a significant choice on the part of Scott; in disrupting the usual script, Scott defamiliarizes the established trope of the genre, enhancing the strangeness of the situation. This discomfort is worsened as Tamar describes the way in which she attempts to assess the most ‘normal’ way to eat her breakfast; she talks of how she ‘watch[es] how much they eat and how fast they eat it, and [she] chew[s] each bit of toast in [her] mouth twenty times accordingly’ (*On a Scale*, p. 14). Much like Elizabeth’s assessment of her peers, Tamar’s surveillance of her fellow patients allows for her to reflect on her personal experiences. This once again addresses how Tamar’s understanding of normal, everyday rituals have already been warped within the institutional setting due to a need to fit in that usually arises in school settings; when taken to a place where ‘recovery’ is the goal, even small routines must be assessed by her in order to relearn

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<sup>25</sup> Enid Blyton and others, *Naughtiest Girl Collection* (London: Hodder Children’s, 2004), p. 12.

her own behaviours. By giving Tamar a new context in which to learn these behaviours, Scott effectively allows her the opportunity to put right her previous experiences with grief and mental illness. This is not dissimilar to the approach taken in 19<sup>th</sup> century children's literature such as *What Katy Did* which addresses relearning the ideal form of femininity; through being bed-bound, Katy is effectively infantilised in order to re-learn the behaviours that allow her to conform to wider society. Moreover, it demonstrates that the norms within the psychiatric facility are not necessarily the same as in other places.

One of the most famous mealtimes that is associated with the traditional school story is the illicit midnight feast, such as the one hosted by Tessie in *The O'Sullivan Twins* (1942), in which the schoolgirls are caught frying sausages at night. Tamar explains in detail the lengths that she and her anorexic friend Jasper undertake to attempt to make green tea; as Jasper suffers from an eating disorder and green tea is sometimes used as an appetite suppressant, this is against facility rules. Upon discovery, one of the nurses sets off the emergency alarm, emphasising the rebellion that such a seemingly ordinary act is seen as in the hospital that she resides in. Here, in combining the well-known children's literature trope of rebelling through a midnight feast with the seemingly mundane activity of making a cup of tea, Scott uses two familiar concepts to a young adult reader in order to truly emphasise the fact that their characters are living far out of an accepted reality. Even the characters themselves are presented as being in on the joke, as they 'both dissolve in helpless laughter at the ridiculousness of the situation' (*On a Scale*, p. 95), with the 'ridiculousness' being the fact that 'rebellion' comes in the form of such an everyday British activity as drinking a cup of tea.

Beyond Tamar's midnight feast-adjacent escapade, both novels explore further moments of rule breaking. Elizabeth Galway establishes that in the school story, one of the commonly used ways that the protagonist 'achieves a sense of belonging with his peers is through the shared experience of rule breaking, a staple of the traditional school story'.<sup>26</sup> There is a definite sense that experiencing being in trouble with others is a bonding activity, and these incidents rarely result in dire consequences for the protagonist. Equally telling is the fact that in both instances (which include running away), the protagonist's plan falls through. For Olive, it is because of her descent into a manic episode, leading to her being hospitalized

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<sup>26</sup> Elizabeth A. Galway, 'Reminders of Rugby in the Halls of Hogwarts: The Insidious Influence of the School Story Genre on the Works of J. K. Rowling', *Children's Literature Association Quarterly*, 37.1 (2012), pp. 66–85, p. 80.

whilst the other patients manage to escape. Tamar's escape with Jasper and Elle is successful, but the realisation that she is now dependent on the centre comes to her very quickly, and she attempts to persuade Elle to return. Perhaps the ultimate message from these acts of rebellion is the dependency that these girls now have on the psychiatric system. Much like the characters of boarding school literature, this transition from resistance to compliance to the rules of the psychiatric facility is crucial to their acceptance of their 'mad' identity. School stories provide a sense of school-related identity to their characters; the characters consider themselves to be 'Malory Towers girls' or 'St Clare's girls'. Attending a facility of this nature, then, encourages the characters to accept and engage with the aspect of their identity that is mentally ill, or indeed 'mad'. This also nods back to Gill Frith's work, which implies that the school story provides a balance 'between safety and danger, risk and control'.<sup>27</sup> These stories provide a safe space for the reader, in which they can observe the potential risks of mental illness but know that the protagonist is ultimately safe in the institution, easing the concern that there will be a dangerous incident. The sense of 'control' for the reader comes from the fact that they only learn about mental illness from a distance, in their own time. The institution also acts as a safe space for the character themselves within the world of the story, as any risks that they take outside of the watchful eye of adults will ultimately be discovered quickly enough that nothing too serious can happen.

Rule-breaking can take more than one form in the school story. Whilst of course there are rules set by the school staff, the day-to-day life of the school within the school story is largely dictated by a set of unwritten rules, upheld by students. Once familiar with the genre, these rules are widely accepted to be the norm of school life by children and young adults alike. Possibly the most prominent of these is the code against 'talebearing': the choice between keeping the secrets of other students/patients or informing the teachers/psychologists of important information. A hugely important part of the school story, breaking the unwritten code against talebearing is seen to be more prevalent, and indeed more acceptable, in the girls' school story than the boys'; it has been speculated by Beverly Lyon Clark that this is due to many male writers of school stories as having lived experience of this code, whilst many woman writers have not.<sup>28</sup> In the school story, these tales are very rarely an issue of

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<sup>27</sup> Gill Frith, "'The Time of Your Life': The Meaning of the School Story', in *Language, Gender, and Childhood*, ed. by Carolyn Steedman, Cathy Urwin, and Valerie Walkerdine, (London; Boston: Routledge & Kegan Paul, 1985), pp. 113-136, p. 118.

<sup>28</sup> Beverly Lyon Clark, 'Introduction', in *Regendering the School Story: Sassy Sissies and Tattling Tomboys* (New York: Routledge, 1996), pp. 1-26, p. 2.

safety, instead simply revolving around tricks or small rule breaches. Very occasionally, they involve a student being put in danger, and suffering the consequences. For example, in *Second Form at Malory Towers*, Gwendoline very hesitantly tells Miss Parker that Daphne has gone to find Mary-Lou in a storm, on a dangerous road. Upon sensing the danger that she is about to be in, Daphne even wishes to herself that Gwendoline will ‘have the sense to tell someone’ (*Second Form at Malory Towers*, p. 133). This particular narrative pattern is an opportunity to teach the reader that sometimes it is good to tell tales; the important skill to gain is knowing when it is appropriate to do so. Of course, this ideology is so ingrained into real school life as well as the fictional, that it is bound to appear as part of the psychiatric narrative.

Interestingly, both novels convey the importance of reporting information to staff in relation to the characters escaping from their facilities. In *Lemmings*, Olive’s talebearing happens as she is unable to accompany her friends on their forbidden visit to Notting Hill Carnival. Olive’s talebearing does not come from a place of concern, but lack of energy to resist Dr Jones’ questions. She claims that it is ‘less exhausting’ (*Lemmings*, p. 384) to tell the doctor her friends’ whereabouts and does not understand the level of danger in which they are placed, even when told so. It is only later that the importance of this decision for her friends’ wellbeing is evident. However, Bourne’s decision for Olive to confess whilst in a depressive state allows for her bad decision-making to be evident to the reader. Bourne emphasises the struggle that Olive’s state causes her to have with speaking, implying that she is unable to fully comprehend the repercussions of her actions. To add to this, in having explained the symptoms of bipolar disorder to the reader earlier in the novel, Bourne demonstrates early on that Olive is unable to conceptualise risk, especially when experiencing a manic episode. In this case, Olive’s late, and forced, action is used to demonstrate the correct action in this situation in a way that is reflective of her illness. Tamar, on the other hand, regrets not having told the staff that Elle had been ‘spitting out her medication’ (*On a Scale*, p. 75) when realising outside of the facility that Elle’s delusions are of a dangerous level. When outside of the facility walls, Tamar demonstrates the increased need to moderate not only her own illness-related behaviours, but those of other people. The safety of the facility setting is effectively used to contrast to this significantly more dangerous environment. The world outside the facility, in being a noticeably more hostile place to these young women, acts as a reminder that mental illness is in part a social issue; whilst within the boundaries of the facility, the characters are able to work on the medical, more ‘curable’ element of their



illness. The social attitude towards the mentally ill, then, is portrayed as something that can be incredibly dangerous when in the vulnerable process of being treated, meaning that distance from the outside world is crucial in order to remain safe and maintain a process of recovery. Thus, in the psychiatric facility narrative, in which rule-breaking may have a much more serious and permanent consequence, tale telling is demonstrated to be the correct course of action to the teenage reader.

Beyond the way in which ‘telling’ is used on an individual basis by the mentally ill protagonist in other types of mental health YA novels, in which the act is one that is significantly more confessional, in these novels a sense of duty to others is conveyed. In being placed in an environment with so much surveillance, the patients are also effectively encouraged to survey each other. In a role that somewhat resembled the coveted positions of prefects and Head Girls in school stories, allowing for the characters to take a level of responsibility for others through aiding in the running of the school encourages the reader to do so in their daily life. This is in part a didactic element of the stories, as it encourages teenage readers to report any signs of mental ill health that they may observe in their friends and schoolmates.

### **Lessons Disguised as Therapy Sessions**

Both *Lemmings* and *On a Scale* provide insight into different styles of therapy. Perhaps the most notable type of therapies that the novels explore is group therapy, which in itself can be seen to consist of several different activities. These are timetabled into their stay at their institutions in the same way that lessons are at the boarding schools of the school story tradition. There is, however, a slight difference in the way that they are portrayed; in a traditional school story, lessons are a way to display interpersonal relationships between characters and explore the personality types of the children and teachers. They are often ‘merely a backdrop for tricks that are played on the teachers,’ presumably because the concept of a lesson is familiar to the reader.<sup>29</sup> The psychiatric hospital story, then, borrows from the likes of *Harry Potter* and *The Worst Witch*, in that it goes into details of the sessions themselves as they are different from anything that the average teenage reader would have experienced. For example, in both of these series, the lessons depicted are that of magical

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<sup>29</sup> Ulrike Pesold, ‘Malory Towers: Tomboy Revisited’, in *The Other in the School Stories: A Phenomenon in British Children’s Literature* (Leiden; Boston: Brill-Rodopi, 2017), pp. 109–32, p. 111.

topics, meaning that the subject matter of the lessons is often explained in detail, as opposed to a lesson that would be familiar to a teenage reader. A depiction of a mathematics lesson, for example, would not require an explanation of the ideas being taught, whereas the topics taught in ‘charms’ or ‘potions’ lessons need to be explicitly told to the reader. Similarly, in these novels the ‘lessons’ are therapy-based, and thus must be explained without an assumed knowledge. This works almost as a sort of defamiliarization technique; whilst grounding the story in a setting that is familiar to a teenage reader (i.e. the classroom), the actual content of the session draws attention to the fact that the characters within the story do not necessarily have the same experience as the reader. The sessions themselves sometimes take up several pages, or even a chapter of the texts, as in *Under Rose-Tainted Skies*, which is telling of how important they are to the life of the protagonist.

It is also notable that Olive decides that there is a binary between ‘good’ forms of therapy and ‘bad’ ones, in the same way that there are often ‘good’ and ‘bad’ lessons in the school story. For example, in *Harry Potter and the Prisoner of Azkaban*, it is noted that whilst Potions is an unpleasant subject, ‘Defence Against the Dark Arts had become most people’s favourite class’.<sup>30</sup> Her first group therapy session, which essentially acts as an introduction for the whole array of characters, eventually becomes ‘sitting in a circle and just laughing at the ridiculousness of it all’ (*Lemmings*, p. 100). This is one of the benefits of setting a story in this type of environment; in the same way that the characters of school stories bond through rebellion and laughing at tricks played on teachers, Olive is seen to warm to those around her only through accepting and laughing about each of their problems. Good therapy, therefore, is a shared experience with others like herself. Her idea of ‘bad therapy’, however, is established as being the one-to-one sessions that she must endure with the head of the facility. In the school story, meetings with the headteacher are sometimes a form of punishment but may become ways in which teachers find out a particular student is in trouble and may then help. *Second Term at Malory Towers*, for example, features a meeting between protagonist Darrell and the headmistress to discuss stealing within the form, in which Darrell alerts the headmistress to Ellen’s illness. Bourne uses Olive’s various reactions to different types of therapy as a way to demonstrate the importance of finding a ‘mad’ community. Rose Miyatsu, in thinking specifically about *The Bell Jar*, weighs up the benefits of this type of representation in literature, determining that within the asylum novel genre, through pushing a number of stigmatised or isolated characters together, authors are able to represent a form

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<sup>30</sup> J. K. Rowling, *Harry Potter and the Prisoner of Azkaban* (London: Bloomsbury, 1999), p. 107.

of ‘mad community’. It is only through the formation of such communities that characters are then able to ‘critically examine the (often hierarchical and patriarchal) “normal” ways of relating with friends, family, colleagues, and others who they feel have failed them’.<sup>31</sup> This is presented through Olive’s group of friends in the facility in *Lemmings*, nicknamed ‘the prime numbers’. Olive names the group this due to the fact that they ‘don’t divide neatly into the world and there’s no way of easily telling if a prime number is a prime number’ (p. 221). Much as the friendships made in school stories are largely dictated by the girls’ form groups, in beginning to relate to each other over their mental illnesses, the ‘prime numbers’ eventually become friends beyond bonding over their mental illnesses. This then indicates a step towards being able to make friends outside of the facility, suggesting that having the option to engage in a mad community allows for a level of support even when not in their presence. It is this sense of community and being able to make light of their problems that the patients can adjust back to their old surroundings. Both protagonists here struggle with making friends in the outside world; this type of environment allows for the authors to give their characters the opportunity to identify with others. This aspect of the novels obviously supports the psychiatric system as a beneficial treatment for those who are stigmatised by wider society.

Scott’s text also gives a nod towards the anti-psychiatry movement. Tamar acknowledges that ‘some people call psychiatry ‘social control’. I understand that now. But I’m also too drugged up to protest for change’ (*On a Scale*, p. 50). Through including this, Scott indicates that Tamar assumes an anti-drug stance that has emerged from several novels from the asylum fiction genre, including Elizabeth Wurtzel’s *Prozac Nation* (1994). Scott’s tone in the text is relatively playful, but the political issue that they skirt around as an author is a serious one and touches on the reality of being placed in a mental health facility; those who are put in that position are effectively deprived of their agency. Bourne’s Olive attempts to combat this through stopping taking her medication altogether, claiming that ‘I just can’t believe that the only way to deal with the world is to dope me up so I don’t feel the pain so much’ (*Lemmings*, p. 213). On the other hand, Tamar willingly accepts this part of her recovery even as she acknowledges that it is numbing her instinct to protest. Though Scott does not delve

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<sup>31</sup> Rose Miyatsu, “‘Hundreds of People Like Me’: A Search for a Mad Community in *The Bell Jar*”, in *Literatures of Madness*, ed. by Elizabeth J. Donaldson (Cham: Springer International Publishing, 2018), pp. 51–69, p. 52.

too deeply into such criticism of the psychiatric system, it is threaded throughout their narrative.

As Mad Studies scholarship emerged from the experiences of psychiatric system survivors, Scott's position as an 'Own Voices' author is an important one. Scott's determination to provide an 'authentic' experience as someone within the psychiatric system is useful in terms of their anti-psychiatric stance, but at times is detrimental to the characterization of Tamar. As an example of this attempt at authenticity, the last line of the book reads:

I yearn for the madness of life and I hope you will, too (*On a Scale*, p. 235).

Lines like this demonstrate the issue with writing from one's own experiences; at times, the author manages to overtake the character in their narration of the story. As writing, this does not only feel extremely out of character for Tamar, but the reference to the reader themselves also feels as though this is from the mouth of Scott themselves, rather than Tamar. Of course, it is not unusual for YA characters to address the reader directly, but this is the first and only time in the novel that Scott acknowledges the reader, allowing the sentiment to be directed away from Tamar and her experiences, and instead pointed towards the reader. After the seemingly difficult battle with mental illness that their protagonist has, Scott's ending feels vaguely flimsy. In embracing the 'madness of life', Scott effectively erases actual experiences of psychiatric madness beneath a commonplace description of everyday normative experience. Tamar being seemingly 'cured', despite admitting that she does not feel as though she has recovered just a few pages prior, causes the ending of the novel to feel rushed, and makes for a slightly confusing and very dissatisfying finish.

Given that the increase in speed of the narrative comes after Elle's departure, it is possible that Scott is attempting to demonstrate the two ways in which staying at a psychiatric facility can end. Those who, like Elle, fight the system, are eventually moved on to another facility, with a less dignified exit from the centre. After a suicide attempt, Elle is forcibly removed from Lime Grove 'in an ambulance with two nurses and a policeman' (*On a Scale*, p. 198), and Tamar is not permitted to say goodbye. There is great emphasis on the fact that Elle's departure is heavily monitored by police; Tamar mourns the loss of her friend, thinking about 'the way she had sat, hunched, in reception, her small frame shrouded by the multitude of policemen blocking her vision' (p. 198). Tamar's view of Elle is representative of the way in which members of a mad community see their peers, as opposed to the rest of society.

Though Elle is considered a danger to herself and is surrounded by law-enforcing policemen,

Tamar's description focuses heavily on the deep sadness of Elle's situation. The way in which her frame is described as 'small', whilst she is 'hunched' to make herself appear even smaller, serves a reminder that Elle is a troubled teenager who does not wish to take up space in the facility, much less the outside world. This final glimpse of Elle is indicative of her defeat at the hands of the psychiatric system and the law; she will never emerge fully recovered. The fact that Tamar is unable to even find Elle on social media after she is taken away, then, appears to make a point that the longer the teenagers stay in these types of places, the less they are able to retain of their 'normal' teenage lives. Tamar's path of less resistance may then be seen to be simply a quicker way to leave the system. The question that remains to be asked here is whether this slightly disjointed ending is because the book comes under the YA category and may therefore be written differently to a novel for adults; is the quick resolve of Tamar's changing mental state and return to daily life due to a responsibility felt by the author to end the narrative positively? This may be a YA-wide issue, certainly given the pressure to end on a positive note for the teenage reader, but other YA authors have demonstrated the ability to do so in a less disjointed and rushed way. Of course, this is entirely possible with trauma-based stories, as trauma can sometimes be resolved, but Tamar's semi-diagnosis of borderline personality disorder makes the situation more complicated, and her problems seem too quickly resolved. There is perhaps yet another parallel with the school story here, as these types of narratives resolve all of the problems for the year, but ultimately encourage the reader to consider what happens next through alluding to future events.

### **Bipolar Disorder and The Case of the Manic Pixie Dream Girl**

Despite this thesis' focus on children's and adult's genre tropes, the above discussion of Elle's behaviour throughout *On a Scale* draws attention to Scott's use of a YA-specific trope that is directly related to mental health: the Manic Pixie Dream Girl (abbreviated to MPDG from here). Holly Bourne also makes heavy use of this trope; in *Lemmings*, Olive is told that she is 'LITERALLY a manic pixie dream girl' (p. 225). It is important to note at this point that the MPDG is not *always* an explicitly mentally ill character, but the 'manic' trait is one that often fits into the fictional narrative as what appears to be impulsiveness.<sup>32</sup> The 'pixie'

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<sup>32</sup> Despite the connection between the MPDG and mental illness, 'manic' in this case refers to the colloquial OED definition of manic, which is 'Hectic, wild; hyperactive; frenetic. Also: excessively enthusiastic'. To differentiate between this and the state of mania, any references to the colloquial term will be in inverted commas.

element indicates that the character is conventionally attractive, and ‘dream’ indicates that the character fulfils male characters’ fantasies. Finally, the emphasis on the ‘girl’ part of the name is important to the inclusion of the MPDG in YA literature; in YA, they must be a teenager. The trope itself originated in cinema but has been co-opted by a large amount of YA novels, usually in YA that is from a male perspective that observes the MPDG from the outside.<sup>33</sup> As such, the MPDG does not have much depth, and instead casts a form of shallow enchantment upon those around her to improve their lives. The trope also has significant links to mental health, in that the impulsivity that is so associated with the ‘manic’ element of the trope is a major symptom of bipolar disorder. Indeed, Jennifer Gouck has observed the ‘manic’ trait as manifesting as a ‘more severe form of trauma or mental illness the protagonist usually romanticises or ignores’.<sup>34</sup> The three characters that appear in this thesis that live with bipolar, Olive, Paris, and Elle, all fit the MPDG trope, as a result.

The trope itself, at least in YA novels, usually refers to a specific type of two-dimensional side character, who is often a love interest that serves to aid a male protagonist. Moreover, Gouck has noted that the MPDG is an example of “‘disposable girlhood’; she is designed to be discarded once the male protagonist has used her for her singular purpose’.<sup>35</sup> As a result, these narratives usually have no indication of the MPDG’s interior. However, due to the similarities to a manic episode, using the destruction of the trope through conveying the perceived MPDG’s thought process has become a common way in which to demonstrate that a female character has symptoms of a mental illness. For example, Olive presents this version of herself throughout the text, such as when she defends herself against the accusations that she is ‘attention-seeking’ by asserting that she ‘can make you feel more alive just by sitting next to me’ (*Lemmings*, p. 163). Here, it is evident that Olive is fully aware of how her outgoing personality can be perceived, and even encourages this kind of reaction to attempt to cover up her issues, making her a self-aware MPDG.

Bourne focuses on the fact that Olive’s manic episodes usually create distance between herself and other girls. This corresponds with the ‘dream’ aspect of the trope, indicating that the MPDG must be the fulfilment of a heterosexual male fantasy. Moreover, this feeds into the symptom of hypersexuality in bipolar disorder; Olive’s promiscuity gesture towards this

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<sup>33</sup> The term originated in this review of Elizabethtown <https://film.avclub.com/the-bataan-death-march-of-whimsy-case-file-1-elizabet-1798210595>

<sup>34</sup> Jennifer Gouck, ‘The Manic Pixie Dream Girl in US YA Fiction: Introducing a Narrative Model’, *The International Journal of Young Adult Literature*, 2.1 (2021), p. 10.

<sup>35</sup> Gouck, ‘The Manic Pixie Dream Girl in US YA Fiction’, p. 5.

aspect of the trope. In more recent works, such as the texts examined here, the idea that the MPDG must be the fantasy of the *male* protagonist has been challenged, and more of these figures are written to appeal to the female gaze. In this way, whilst the MPDG may be a male fantasy, they may also be a source of female aspiration. It is also in line with the idea that the MPDG is ‘a heightened figure: hyperfeminine, hyperbeautiful, and not like other girls’.<sup>36</sup>

As *Lemmings* is from the point of view of Olive, who has had so many negative ideas about her personality reinforced upon her, her MPDG traits are largely portrayed as negative in her own eyes. In creating a main character that has the same traits assigned to her as the MPDG, and it actively being commented on by another character, Bourne effectively adds depth to the trope. Confirmed by Gouck to be a famously two-dimensional character, the MPDG figure is not usually self-serving.<sup>37</sup> However, in Bourne’s narrative, by having a self-aware MPDG as protagonist, it is shown that Olive’s manic episodes cause her to be promiscuous, have delusions of self-grandeur, and ultimately to have her own interests at heart when coming up with schemes. These are all elements that may be misinterpreted by someone who is not privy to Olive’s innermost thoughts, which emphasises the importance of demonstrating mental illness narratives from the perspective of the sufferer. Olive’s sense of duty and kindness to others is displayed by her desire to combat what she sees as being a social problem of worsening mental ill health in young people. However, initially her ideas are purely selfish. For example, despite knowing that she is potentially putting the mental wellbeing of another resident at risk, she continues to flirt with him and endanger his recovery through encouraging him to break camp rules.

Scott also includes the trope of the MPDG in her narrative, though in a more traditional manner. Tamar’s friend, Elle, is also indicated to have bipolar disorder, and is sectioned at Lime Grove. Much like Olive, she swings between manic and depressive episodes, and after knowing Elle for a few days, Tamar claims that in her presence, ‘problems are eclipsed by a haze of positivity and beauty’ (*On a Scale*, p. 57). Scott’s choice of words here is essential; Elle, along with other MPDGs, has a superficial ability to improve the morale of those around her, but ultimately does not actually solve any problems. This is an indication that Elle’s ‘manic’ trait is wholly rooted in her mental illness. Moreover, of the three bipolar characters, Elle is the only one that has little to no agency, due to her having been sectioned, and therefore bound to the psychiatric facility by law. As the MPDG figure is usually involved in

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<sup>36</sup> Gouck, ‘The Manic Pixie Dream Girl in US YA Fiction’, p. 10.

<sup>37</sup> Gouck, ‘The Manic Pixie Dream Girl in US YA Fiction’, p. 10.

a romantic plot, the character often has little agency outside of her romantic relationship, meaning that Elle is perhaps the most direct adaptation of the MPDG.

In addition to this, Elle is used as a character that the reader may compare Tamar to in order to secure Tamar as the 'straight' figure; Elle's symptoms are seen to be much more severe than anyone else's at the facility. Tamar deconstructs her initial perception of Elle as a MPDG throughout the novel; despite her previously glowing opinion of Elle, when Tamar is having a bad day she begins to uncover the reality of Elle's more extreme manic phases, describing her as 'snappy and agitated and too sure of her own abilities to conquer the world and every other universe besides' (*On a Scale*, p. 150). Tamar admits that for those around Elle, 'It's exhausting' (p. 150). Tamar's descriptions of Elle's manic phases also demonstrate the sad, sympathy-inducing side of Elle's illnesses, and emphasise how little control she has over her own bodily processes at times, detailing how 'she forgot she needed to use the toilet because she was too busy telling the world about the time she'd created her own star in the universe' (*On a Scale*, p. 150). Using this particular example allows Scott to take similar language of glamour and positivity and uncover the fact that a lot of Elle's 'positivity' is rooted in delusion of self-grandeur. Moreover, the use of a bodily function being forgotten, in an infantile manner, evokes sympathy towards Elle in a way that some of her more difficult and argumentative behaviour does not.

Although unpicking the MPDG is a trope in itself in YA, Bourne and Scott in particular pay specific attention to how particular labels related to mental illness feed into stereotypes such as these. In having Jamie, a male character, point out Olive's similarity to the MPDG in response to being told that she may be experiencing a manic episode, Bourne focuses on the idea that this type of character is usually used to service the lives of male protagonists. By following it up with Olive 'shoving' Jamie, there is an indication that Olive's frustration is not necessarily related to her embodiment of the trope. However, instead it is Olive's descriptions of herself earlier in the book that demonstrate that at least outwardly, her personality does fit within the parameters of the stereotype. She does not appear to be troubled by being stereotyped as an MPDG itself; rather, Olive appears to resent the conflation between the 'manic' element of her illness, and the manic, impulsive part of the stereotype. She does, however, to some extent embrace the fact that she is known as an MPDG and can be seen to use this to manipulate male members of the facility. As Scott does not directly name the trope in their novel, they do not tackle the stereotype in quite the same way, but Scott moves from glamorising Elle's condition to conveying Elle's behaviour as



erratic and unpredictable; beyond that first description of Elle as a character, Tamar does not romanticise Elle's manic personality. The psychiatric surveillance of Elle increases throughout the novel, much like Olive's does, and both girls are never seen to fully stabilise. Elle's move to a higher surveillance facility, however, places her in a position of having been punished for her MPDG traits. As the protagonist, Olive's MPDG status is only perceived by her fellow residents. It is clear to the reader that she is not the stereotype itself, but that her symptoms simply make it appear so; as such, she is able to move away from the stereotype by the end of the novel and is not disposed of.

Thus, in using, and then challenging, the MPDG trope via explicit descriptions of the symptoms of mental illness, Bourne and Scott (though Bourne perhaps most openly) allow for a demonstration of the way in which casual and psychiatric labelling collide. The danger of glamorising, or even to an extent fetishizing the MPDG trope, is shown through the ways that each character with bipolar eventually stalls after having had a manic episode. Essentially, there are frequently used elements of the stereotype that could be either personality traits or mental illness symptoms, and it is not always made clear by the author which they intend to be intentional. When seen from a different perspective, these potential symptoms are easy to ignore or forget about, but in making them part of crucial characters' identities, Bourne and Scott demonstrate the less glamorous side of the trope. They do still allow for this blurring of lines, however, and use the declining health of their characters to challenge the stereotype from the inside.

### **Psychiatrists or Teachers?**

Returning to the school story influence upon these narratives, it is important to consider the adult characters in these novels. Allowing for several different practitioners to be included in the stories, much as there are several different teachers in the school story, is crucial to the school-like setting of the mental health facility. This also allows for insight into how the protagonists themselves interact with different psychiatric workers. Much as in school novels, different teachers encourage different values, here an array of members of staff encourage various aspects of the character to be shown. Moreover, this also allows for a kind of hierarchy in staff that mirrors that of the students. At the top of it all is the head of the institution, who takes on a very similar role to that of the headteacher.

As initially established in *Tom Brown's Schooldays*, the headmaster (or in girl's school stories, headmistress) is 'an important, almost godlike figure'.<sup>38</sup> Indeed, Doctor Arnold is said to be thought of as 'a very great and wise and good man' by Tom, despite being feared.<sup>39</sup> In these psychiatric centre novels, the head figure is perhaps even more prominent, as they are often the facilitators of the one-on-one therapy appointments with the protagonist, and therefore are rather more present in the novel. In fact, the resemblance between the head of the centre and the headteacher figure is referred to explicitly by Tamar. Upon waiting for a disciplinary meeting, she describes herself as feeling like 'a naughty schoolchild in a headmaster's office' (*On a Scale*, p. 97). This direct comparison allows for the reader to understand the relationship between the pair of characters in the form of expected school behaviour in that the head of the facility is equally intimidating as a 'godlike' figure as a school story headteacher character. Similarly, Olive dreads having a 'special one-on-one with Dr Jones' (*Lemmings*, p. 160) after upsetting another patient, and Bourne indicates that one-to-one therapy is essentially used as a threat for disciplinary reasons. Sarcastically describing the meeting as 'special' allows for Bourne to convey that this is not simply a wellbeing check, and that Olive is aware that she will be in trouble. Tamar, in a one-to-one session with the head doctor of the facility, uses his main source of power against him: knowledge. She describes having 'hurled the books with the hardest covers I could find' at him (*On a Scale*, p. 134) after being asked to discuss her guilt associated with her friend's death. The anti-psychiatry ideology alluded to earlier in the novel is brought in to play again here symbolically, as Scott's protagonist fights against the physical representation of psychiatry, literally weaponizing his books.

In the midst of the book-throwing, Tamar notes that the 'Holy Bible smashed into his computer' (*On a Scale*, p. 134). The use of the Bible as a weapon is particularly interesting here, given the school story's roots in the importance of morality and tradition. Both Scott and Bourne convey the importance of the morals that so often come as a part of the school story narrative; it has been confirmed that Enid Blyton's school stories 'are all in the moral tradition, with each series charting the journey of its young heroine(s) from a variety of

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<sup>38</sup> Ulrike Pesold, 'Tom Brown's Schooldays: The Blueprint of the School Story', in *The Other in the School Stories: A Phenomenon in British Children's Literature* (Leiden; Boston: Brill-Rodopi, 2017), pp. 38–62, p. 39. The headmaster in this instance, Doctor Thomas Arnold, was a literary representation of the real, well-known headmaster of Rugby school, which may have had an impact upon the way in which he is represented.

<sup>39</sup> Thomas Hughes, *Tom Brown's Schooldays* (London: Parragon, 1994), p. 236.

character failings to ultimate redemption'.<sup>40</sup> If one exchanges the term 'character failings' with 'symptoms of mental illness' this description most definitely applies to psychiatric facility YA novels. Given that both novels feature their protagonists referring to themselves as a 'bad person' because of their mental health-related symptoms, this is a reasonable connection to make. Focusing particularly on women, Peter Breggin comments that 'psychiatry is the institution socially mandated to respond to personal helplessness and failure'.<sup>41</sup> The parallel between the two institutions is made clear here, particularly as schools are essentially socially mandated to produce well-rounded adults: the only difference being that of course, mental illness is not an actual character failing, and this is emphasised to the reader on several occasions by both Bourne and Scott. In the school story, these 'character failings' may include having a bad temper or withdrawn behaviour. For example, school stories with bad-tempered heroines, such as *The Naughtiest Girl* series, show progression not through the complete elimination of bursts of anger, but the ability to contain them. This same technique is what is usually sought after in psychiatric facility novels.

Other teacher figures in school novels are not immune to the tropes that feature in the genre; either they are strict, terrifying figures or helpless adults that struggle to control their pupils. Tamar struggles to take the facility's occupational therapist, Janice, seriously; Janice is seen to be much like the figure of the school story stereotype, the French mistress, popularised in the works of Enid Blyton as the 'figure of fun', in the sense that the schoolgirls often play tricks on her.<sup>42</sup> Tamar looks down on Janice's way of running the therapy sessions, stating that she

often says that she likes to 'explore through play', but she also seems to forget what she is supposed to be exploring a lot of the time, or that play is supposed to be fun... [she] is waiting with a childish expression on her face for us to draw a tree of our choice (*On a Scale*, p. 146)

The use of 'explore through play' here is an interesting one, mainly because it is a frequently used term, not in school stories, but in real-life Early Years practice. Melanie Klein claims

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<sup>40</sup> Julian Lovelock, 'The Sunny Story: Enid Blyton – The Naughtiest Girl in the School (1940), The Twins at St Clare's (1941) and First Term at Malory Towers (1946)', in *From Morality to Mayhem: The Fall and Rise of the English School Story* (The Lutterworth Press, 2018), pp. 138-149, p. 138.

<sup>41</sup> Peter R. Breggin, 'Suppressing the Passion of Women', in *Toxic Psychiatry: Drugs and Electroconvulsive Therapy; the Truth and the Better Alternatives* (London: Fontana, 1993), pp. 391-424, p. 402.

<sup>42</sup> Judith Humphrey, 'Who Is Sylvia? The Questioning Woman: Character in the Texts', in *The English Girls' School Story: Subversion and Challenge in a Traditional, Conservative Literary Genre*, (Palo Alto: Academica Press, 2010), pp. 115-39, p. 123.

that ‘play is the child’s most important medium of expression’ that allows for young children to convey even their unconscious desires.<sup>43</sup> Using this to interpret Scott’s use of play in therapy may indicate that there is in fact value in treating the patients in the same way as young children, although the reason behind this may be unclear to the teenagers themselves. Tamar and her peers, as a result of this, infer this as being infantilised through their psychiatric experiences. The NHS determine ‘exploring through play’ as an important aspect of children’s ability to ‘learn about how they can influence the world around them.’<sup>44</sup> Taking such a basic concept that usually applies to toddlers effectively allows Scott to demonstrate that in order for these teenagers to progress in their recovery, they must unlearn much of their disordered behaviour. The fact that Janice apparently ‘forgets what she is supposed to be exploring’ is an important addition by Scott; despite Tamar’s clear feelings that she is incompetent, what actually appears to be happening here is that Janice uses seemingly simple techniques to draw out more information from the patients. This also works as a nod to some of the teachers that make an appearance in the school story; *Malory Towers*’ Mam’zelle Dupont, for example, is often seen to be distracted from teaching by talking about her home in France. However, her students do succeed in their studies, suggesting that these types of teacher figures are not incompetent so much as unconventional in their methods. The fact that later in the novel, when building her routine for being at home, Tamar decides to follow Janice’s advice, indicates that Tamar’s initial assessment of her as a practitioner is reductionist and reflective of Tamar’s own troubled mindset at the time.

Tamar’s attitude here, disparagingly referring to Janice as ‘childish’, once again indicates a hurry on her part to grow up, allowing for Scott to tackle one of the main issues with young adults (and therefore also YA fiction): being caught up in a place between childhood and adulthood. In the particular case of the novels at hand, acceptance of childhood is implied to be an important step to recovery, as shown by therapy sessions such as the above. Placing the protagonist in this environment, much like in boarding school novels, allows for them to have a moment frozen in time, and allows them to remain in a state of childhood in which they can take the time to attempt rehabilitation without the pressure around them to grow up and face the adult world. Thus, the institutions of school and mental health facility work in a very similar way; both are microcosms stuck in a bubble of adolescent time, within a safe and

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<sup>43</sup> Melanie Klein, ‘The Psychological Foundations of Child Analysis’, in *The Psychoanalysis of Children*, trans. by Alix Strachey, Third Edition (London: The Hogarth Press Ltd, 1949), pp. 23–39, p. 30.

<sup>44</sup> NHS, ‘Explorative Play’, *NHS Greater Glasgow and Clyde* <<https://www.nhs.gov.uk/kids/life-skills/play-leisure/explorative-play/>> [accessed 10 December 2020].

contained space. Both institutions promote the idea that all experiences within the confines of the institution will be essential for living an adult life on the outside.

Bourne's Olive takes on a similarly sneering tone towards some of the professionals leading her sessions, particularly as she descends into a worsening episode of mania and attends them less frequently. She admits that when initially attending a workshop on affirmations and amending core beliefs, she 'dismissed [the lady running the workshop] as a hippy know-nothing' (*Lemmings*, p. 107). There is a link here, in that the activities most criticised by the protagonists are those that appear to be the simplest, or creative. The fact that Olive's 'know-nothing' practitioner is a 'hippy' is a crucial piece of information that indicates a larger ongoing problem here; she believes that as American 'hippies', those running the institution hold a different belief system from her and her peers. Scott indicates this of Janice as well, with Tamar making note of her 'dreadlocks': a hairstyle that is conventionally associated with the 'hippie' movement. Of course, these types of teachers are not represented in the most traditional of school stories, but there is a notable parallel here with J.K Rowling's Sybil Trelawney. Professor Trelawney is Hogwarts' Divination teacher, and her subject is dismissed by Hermione as being 'a waste of time' (*Harry Potter and the Prisoner of Azkaban*, p. 219). She is presented as being the series' madwoman figure, though towards the end of the series it is one of her predictions that is crucial to Harry's fate. The discomfort around Trelawney as a character is mirrored in both of these novels; much as Harry eventually accepts Trelawney's premonition, it is foregrounded that the main issue is not the treatment itself, but the protagonist's willingness to accept and try unconventional methods.

Olive, after her disparaging remarks about the session leader, eventually admits that the session causes her to feel as though her 'brain has been hacked into' (*Lemmings*, p. 107). Herein lies Bourne's main takeaway about the psychiatric facility: that much like achieving good grades at school, to recover as best they can the residents must work hard on their belief system. The resistance to therapy that the protagonists have is perhaps best explained by this quotation, as there is a sense in both novels that therapy, both in the form of one-on-one sessions and group therapy, is in some way invasive to the mind. Olive sees therapy sessions as a personal attack on her wellbeing, rather than a way to assist her in her recovery. Bourne, like many authors writing on mental health before her, uses physical descriptions to convey the effect that therapy has on Olive's character, going so far as to claim that simply filling out a worksheet feels as though her insides have been disintegrated. Taking up an entire chapter

in the novel with the details of this core beliefs workshop is crucial, as Bourne manages to convey the difficulty of determining the problem itself, before trying to change it.

### **Self-Development and Optimistic Endings**

On psychiatric centres in YA, Jeremy Johnston's conference paper at the YA Studies Around the World conference noted that 'even short-term stints encourage active self-development and an increased sense of control over one's desire to live a healthy, meaningful life'.<sup>45</sup> This is, of course, not entirely unrelated to the development of self in school stories; the course of the school narrative is intended to allow for the heroine to emerge ready to face the adult world. Given how integral their illnesses are implied to be to their identities, the two heroines' self-development in *Lemmings* and *On a Scale* is not necessarily related to their recovery. Of course, both heroines suffer from insurmountable illnesses, with the hope of full recovery being impossible; neither character ends their story as a fully compliant, 'normal' person. Instead, they arrive at a point at which they can function, accept, and to some extent control their condition as part of their identity; as such, this is the point at which these types of novels diverge from the school story, as the social issues associated with mental illness cannot be fixed quite so neatly as those within the school story.

Scott and Bourne, then, rely on character development to inform the narrative shape of their novels. For example, if one refers back to the wellbeing quadrant system, introduced in the introduction of this thesis, in *Lemmings*, Olive rises from Q4, to Q1, before crashing back down to Q4 at the end of the novel, with the narrative being left open to her improving her mental wellbeing, but not being cured of her illness. Sadly, though possibly 'authentically', treatment does not actually seem to have made any difference to her illness, as the novel's focus is more on Olive's rejection of the psychiatric system in her manic state. In terms of her identity and self-development, it has helped her to acknowledge the importance of kindness. Considering that at the beginning of the novel, Olive is portrayed as unlikeable, with her only having one consistent friend, this is a significant development in her attitude towards the world around her outside of the facility. This, rather than the intended 'cure', or 'formula' that she initially searches for, ends up being her main takeaway from her time at the facility. It is

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<sup>45</sup> Jeremy Johnston, 'Capital Limitations: Psychiatric Hospitals & Pre-Industrial Living in YA Fiction', Paper delivered at the YA Studies Around the World Conference, 4<sup>th</sup> November 2020.

important here to consider that school stories usually come as part of a series; in a way, the ending of Bourne's novel acts similarly to that of the first in a school story series. First novels in school story series often show a great amount of development for the protagonist, due to their change in environment; the biggest changes in character often occur during the first in a series. For example, in Enid Blyton's *Naughtiest Girl* series, Elizabeth Allen's 'naughty' behaviour largely ceases throughout the plot of the first book after beginning to realise the reasons behind her own bad behaviour. In *Lemmings*, this is reflected in Olive's character; Olive has learned a great deal and is now open to more treatment and medication use beyond the confines of the narrative. Essentially, this is the embodiment of Johnston's ideas; despite only being at the centre over the summer, Olive learns which aspects of contributions to mental illness are within her control.

Bourne's representation of Olive's mentally deteriorated state, however, is another important reminder to the reader. In allowing for the epiphany of treating others with kindness to combat societal mental illness to occur at the same time as Olive's increasing mania, the message that is displayed clearly to the reader is that as well as having a duty to society, we also have a duty to ourselves. The clearest demonstration of this is as Olive learns at the end of the novel that the cure of 'kindness' that she planned to teach to wider society is only effective if she treats herself with kindness first; the head of the facility teaches her that rather than being a negative trait,

Being selfish can sometimes be the most selfless act there is. It gives you the strength to *really* help. Sometimes you need to put you first and get fit and strong so you can go out and save the world when you're in the best shape to  
(*Lemmings*, p. 391)

There is much to be said about this approach to tackling mental health recovery; in this message, Bourne effectively encourages the reader to consider the importance of recovery not only to the sufferer themselves, but to wider society. Novels that take place in such an isolated environment, such as psychiatric facility novels and school stories, use this kind of ending as a way in which to justify the importance of these facilities. Just as the school setting is presented as a vehicle for the characters to develop skills needed in real life, *Lemmings* encourages the reader to think about psychiatric facilities as places for the characters to develop important skills, rather than be 'cured'. The overall message to be taken

away from *Lemmings* about self-development, then, whilst being overly optimistic, is seemingly more in keeping with the nature of mental illnesses.

Scott's interpretation of the situation of personal development differs slightly. Tamar accepts that the death that triggered her symptoms is not her fault and eventually manages to stop self-harming, so the novel should be considered more of a success in relation to treatment. However, in literary terms, Scott is not as successful as Bourne in providing an ending that is simultaneously optimistic and realistic. Scott also takes what appears to be an easy way out of an ending, in which she uses a traditional physical indication of recovery. Namely, Tamar embraces what is important to her 'true self', abandoning her hair dye after having been without it in the rehabilitation centre and taking up cross country running again. Tamar's development throughout the narrative can be charted as a fairly straightforward one; she transitions from Q3 to Q4 to Q1. Again, as this is based on the experience of the author herself, it is not necessarily an inauthentic take on the situation. It is indicated that the main obstacle for Tamar's development as a character is accepting her lack of accountability for the death of her friend. Once she has begun to realise this, the sudden transition to embracing the 'madness of life' is rather startling for the reader. The main issue here, and indeed the source of a lack of satisfaction, is that Scott does not directly deal with Tamar's actual mental illness, instead seeing the 'cure' as removing the trigger of Tamar's issues. As the reader has been aware that Tamar did not kill her friend for a while by the time the end of the novel is reached, simply having Tamar accept that fact is not revelatory enough to provide a satisfactory ending. Scott's tendency to leave other elements unresolved throughout the narrative by suddenly announcing Tamar's recovery also creates a flimsy ending to the novel, which conveys a confusing message to the reader; for example, she is unable to provide any update on most of her friends from the facility. Whilst leaning on being realistic, this only provides one framework for successful recovery, in the form of Tamar's significantly undetailed one.

In essence, Scott implies that the psychiatric system is negative, but if one can stand to make their way through treatment, they are able to return to their everyday life as if nothing had happened. This is an indication of the influence that the school story has upon Scott's narrative; the traditional girls' school story, in particular, is indicative of the fact that at a certain period of time, after school, girls were to return to the type of family life that they had



lived previously.<sup>46</sup> Similarly, Tamar announces to the reader that she has returned to her normal life as she has ‘killed [her] monster, then destroyed the evidence’ (*On a Scale*, p. 235). The fact that she refers to having ‘destroyed the evidence’ indicates Tamar’s need to go back to her life almost exactly as it was prior to her mental health issues, without acknowledging anything except her mental progress. In view of this, the fact that Tamar is well enough to return to her previous life lines up with the school story tradition of being ‘fixed’ by the end of the school year.

As has been determined in the previous chapter concerning domestic mental health narratives, psychiatric conditions, much like physical illnesses, can cause the sufferers to be infantilised by those around them, due to their childlike state of dependence. As it is generally the most severely afflicted that are sent to facilities, it therefore seems apparent that there may be a parallel between the way that children and the mentally ill are treated. Of course, there is also an element of glamour that accompanies the school story due to the fact that the setting represents an aspirational education and lifestyle that would not have been available to the majority of working-class children. This glamour carries over into the setting of *Lemmings*; whilst probably not representative of the British psychiatric system as a whole, this effect allows Bourne’s story to maintain the level of intrigue that school stories have traditionally had for working class children. These facilities also lie on the border of being realistic, as some schools and indeed mental health facilities are indeed housed in grand 19<sup>th</sup> century houses. Moreover, the subject of finance is treated in a very similar manner in both types of stories; psychiatric ward narratives and school stories allude to or even directly mention questions of class and funding, but the isolated school-like setting helps the books to suppress the class/economic divisions as to not detract from the main story. They are simply acknowledged by mention of the scholarship girl character (in the school story), the physical state of the NHS-run Lime Grove, and Olive being offered her treatment as a free trial.

Essentially, the British school story is a natural framework for stories set in psychiatric facilities. The parallels between the fixed structure of the day, the freedom within a supervised setting, and the relationship between patient/student and therapist/teacher are particularly key to this comparison. By recontextualising these traditions by showing them being used by the mentally ill, then, the focus is redirected back to the key features of structure, rules, and moral teachings regarding kindness to others. All of these are important

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<sup>46</sup>Clark, *Regendering the School Story*, p. 15.

aspects of coping with mental health issues, and as such are important to teach young people about whilst maintaining the entertaining nature of the traditional British school story. As such, of all of the YA psychiatric subgenres examined in this thesis, it is the psychiatric facility novel that most closely aligns with its children's literature counterpart.

## Chapter III: ‘We can go on an adventure together!’: Resistance to Psychiatry and The British Adventure Story

### Adventure Stories

‘Adventure’ itself is a broad genre that can cover a lot of ground in children’s literature, as it contains many subgenres; generally speaking, any novel that presents the idea of danger to the reader can be classed as an adventure novel. This chapter examines the parallels between some YA mental health stories and the framework of ‘mystery’ or ‘child detective’ adventure stories, in the tradition of novels such as Enid Blyton’s *Famous Five* series. These terms are often used interchangeably in scholarship, but are referring to the same type of narrative; the OED defines the mystery story as ‘a detective or crime story; a novel in which a mystery is investigated or solved’.<sup>1</sup>

The British adventure story, like most genre fiction, has a predetermined structure. Although elements do vary between texts, the general framework can be demonstrated through Dennis Butts’ work on the genre, which condenses it down to ‘the adventure story structure of the hero, the quest, the crisis and the triumphant homecoming’.<sup>2</sup> In comparison to the family and school story-influenced novels of previous chapters, mental health novels that are influenced by adventure stories are not as heavily structured by tropes of their associated genre. There are, however, structural parallels. In particular, a strong comparison may be drawn with Robert Louis Stevenson’s *Treasure Island* (1882), which is a traditional children’s novel with a teenage protagonist. Moreover, the only child (or in this case, teenager) in the narrative is Jim Hawkins, the protagonist. In fact, when considering the lack of children in the novel, Peter Hunt eventually concludes that it is the genre of the story that excludes it from the adult canon. Hunt claims that ‘*Treasure Island* hovers on the borders of the ‘adult’ canon largely because it is an adventure story,’ solidifying the idea that the adventure story is firmly held within the realms of children’s literature alone.<sup>3</sup>

The conventions of the adventure story that appear in pre-psychiatric intervention narratives are:

- The hero figure
- The crisis
- Adults as villains and helpful figures
- The homecoming
- Hopeful endings

<sup>1</sup> ‘Mystery Story’, *OED Online* (Oxford University Press) <<https://www.oed.com/view/Entry/124644>> [accessed 27 May 2023].

<sup>2</sup> Dennis Butts, ‘Exploiting a Formula: The Adventure Stories of G.A. Henty (1832-1902)’, in *Popular Children’s Literature in Britain*, ed. by Julia Briggs and M. O. Grenby (Aldershot, England; Burlington, VT: Ashgate, 2008), pp. 149–164, p. 156.

<sup>3</sup> Peter Hunt, *Children’s Literature*, Blackwell Guides to Literature (Oxford, UK; Malden, Mass: Blackwell Publishers, 2001), p. 236.

Novels in which the protagonist is resistant to the idea of therapeutic practices for most of the narrative are highly popular in contemporary British YA. Unsurprisingly, these narratives usually end with the protagonist entering some form of therapy, whether willingly or by force. If we consider the ‘climate of ignorance and fear’ around mental health treatment in British popular media that has been considered in works such as *Media and Mental Distress*, the fact that this type of subgenre exists is very much in keeping with British culture.<sup>4</sup>

‘Therapy-resistant’ is used as a term throughout this chapter to describe the way that the narratives are not influenced by the psychiatric system in the same way that the other ‘therapy-based’ texts throughout this thesis are. This also ensures that the novels are not mistaken for being ‘anti-psychiatry’; all of the characters in these novels eventually accept the assistance of the psychiatric system, and psychiatry is advocated. This is to distinguish from the ‘anti-psychiatry’ element of Mad Studies, which is a response to having been failed by the psychiatric system. The resistance to psychiatry in the main bodies of these novels is driven by the fear of being stigmatised for having a mental health condition. Thus, it is key to bear in mind that these novels all support the use of and importance of professional therapists.

Moving fictional representations of therapy sessions to the end of the novel allows for more freedom in terms of the plotline. Where the therapy-based novels of previous chapters are significantly more formulaic than these, as they run within systems dependent on surveillance, therapy-resistant novels provide an opportunity for representing mental illness in an uncontrolled environment, resulting in more opportunities to demonstrate the range of the severity of mental illness symptoms. Moreover, the focus is at times shifted from the mental illness itself, giving readers an understanding of everyday life for the protagonist. For this reason, the three novels examined in this chapter are all left rather open-ended, as they finish where most of the other novels in this thesis begin: as the protagonists engage with the psychiatric system. Essentially, if a story takes us through a character’s experiences in therapeutic environments and active recovery, it becomes a very different type of novel from one that depicts their unmedicated, pre-recovery selves. Resistance to therapy means that these novels follow characters from being in a state of emotional and mental disturbance at the beginning of the novel, through responses to and various counters of response to these states, actions taken or nearly taken to the point where the need for actual therapy is

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<sup>4</sup> *Media and Mental Distress*, ed. by Greg Philo and Glasgow University Media Group (London; New York: Longman, 1996), p. 112.

acknowledged. Usually, the novels end at the point of the first few interactions with psychiatry.

Stories of resistance towards mental health services in YA are frequently seen to borrow elements from the adventure story genre. The YA key texts focused upon here are Yasmin Rahman's 2019 novel *All the Things We Never Said* (2019) and Emma Barton's *The Million Pieces of Neena Gill* (2019).<sup>5</sup> *The Girl in the Broken Mirror* (2018) by Savita Kalhan, will also be considered because it contains many of the same characteristics as these two novels and also draws on tropes from the adventure story. There is also some overlap in the illnesses looked at; *All the Things* examines depression, self-harm, trauma caused by sexual abuse, and grief. *Neena Gill* looks at psychosis triggered by grief and alludes to the eponymous main character's past experiences of anxiety. *Broken Mirror* is also a rape survivor narrative, with a thorough explanation of the main character's response.

*All the Things* notably makes use of multi-voiced narration, using the viewpoints of three different teenage girls. Mehreen, Cara, and Olivia are brought together by a suicide pact website named *Memento Mori*. Mehreen is a severely depressed teenager who struggles with her identity as a British Muslim and feels ignored by her immediate family. Cara is paraplegic as the result of a car accident that killed her father, and so her narrative is one of dealing with her grief for both her father and her previously able-bodied life. Finally, Olivia is a wealthy teenager who has been sexually abused by her mother's boyfriend for years. Although initially intending to complete suicide together through using instructions sent to them by *Memento Mori*, the three eventually decide to reform as a 'support group' instead. However, as they miss deadlines set by the website to complete harmful actions, they become the targets of cyber-attacks, courtesy of the website creators. When Mehreen's mental health deteriorates again by the initial planned date of their suicide, it is left to Olivia and Cara to find her before it is too late. The eventual decision for all three girls to attend therapy is borne out of Mehreen's solo suicide attempt. As the identities of the creators of *Memento Mori* are brought into question, the reader is encouraged to think about the story as a detective story. The novel investigates the importance of faith, family and friends as a coping mechanism when learning to improve one's mental health, but not as an alternative to therapy.

*Neena Gill*, on the other hand, follows Neena as she copes with life after her brother's disappearance. As the novel progresses, Neena attempts to find out information about her

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<sup>5</sup> Referred to from here as '*All the Things*' and '*Neena Gill*', respectively.

brother's last moments before disappearing and is seen to suffer with anxiety attacks that predated her brother's disappearance. Her behaviour becomes increasingly more erratic, her academic work begins to decline, and her mental health deteriorates rapidly, which is reflected in Neena's narration throughout the story. It is not until page 276 of the novel that Neena admits that Akash has not disappeared, but instead died in what is later determined to have been an accident. Her grief is seen to have triggered psychosis, which resulted in a manic episode; Neena is taken by her friends to the hospital after having unintentionally been close to suicide during a psychosis-spurred delusion. Ultimately, Neena is given medication again at the end of the novel, in conjunction with therapy sessions, stating 'I know I'll be on meds for a while yet, to make sure I don't get ill again, but that's ok. I'm learning that mental health is always a continuing journey anyway'.<sup>6</sup> Similarly to the heroines of *All the Things*, Neena is only able to seek help and begin to recover through the support of her friends and family.

*The Girl in the Broken Mirror* presents another representation of a sexual assault sufferer. Savita Kalhan leans heavily on narrative style to convey how her sexual assault has affected both Jay's mental health and her ability to connect with others emotionally. *Broken Mirror* begins with a devastating description of the aftermath of Jay's attack. The narrative then flashes back, recounts the ways in which the incident eventually came to be, and Jay's attacker is revealed to be her cousin in a graphic description midway through the novel. The rest of the novel details how she is eventually aided in her recovery by her mother and previous school matron, Sita. After a great deal of resistance, Jay is persuaded to go to therapy at the very end of the novel. Furthermore, Jay is grieving for her father, like Cara and Neena (for her brother). Unusually for these types of novels, her grief is not the trigger for any mental health deterioration. Grief is a significant element of all of these novels, for good reason; grief, in causing the character to focus on the past, colours their perspective of their present day.

Perhaps the most significant similarity between these three novels, beyond the use of adventure story features, is the emphasis on mental health in relation to both South Asian and British culture. All three novels feature a second-generation immigrant protagonist, meaning that their family, religion, and culture play an important role in the texts. Up until this point, this thesis has focused almost solely upon white female characters. This has not been the

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<sup>6</sup> Emma Smith-Barton, *The Million Pieces of Neena Gill* (London: Penguin Books, 2019), p. 306.

result of a selective process, but rather reflects the state of cultural representation within contemporary YA fiction. It is well-established that ‘a large portion of YA is focused on the interest of white, affluent teenagers’, even in issue-led fiction.<sup>7</sup> Even more so, in recreating these representations throughout the canon, ‘YA—in general—defines and reinforces [a specific set of cultural] practices over time’.<sup>8</sup> Melanie Ramdarshan-Bold’s study of YA publishing demonstrated that only thirteen percent of YA authors published in the UK between 2017 and 2019 were of colour, which was an improvement from the eight percent that had been recorded between 2006 and 2016.<sup>9</sup> The three novels examined in this chapter were all published during this time period. It is important, then, to acknowledge the fact that there have been novels written on teenage mental health by authors of colour, despite the white majority. The three novels here are all authored by British-Asian women; Yasmin Rahman is of Bengali heritage, Emma Smith-Barton is of Pakistani heritage and Savita Kalhan is Indian-born but has lived in the UK for most of her life. It is also worth noting that, as a sign of positive action, *Neena Gill* was published through the Penguin *WriteNow* competition, which is aimed at authors from minority backgrounds. Aside from the many issues with racial representation in the publishing industry, reading stories from underrepresented backgrounds that represent deteriorating mental health is crucial. It is important to note that all three of the Asian characters spoken about in this chapter – Mehreen, Jay and Neena – have issues that relate back to how their religions and cultures are perceived in the UK setting. There is also an element of othering here; all three girls are isolated by the fact that many of their peers are white and/or from a Christian background.

### **Features of the Adventure Story**

When discussing the adventure story, Judith Armstrong establishes that the use of the term ‘mystery’ in regard to certain types of stories indicates that ‘successive events have to be ordered in such a way as to produce fear and anxiety, which is only pleasurable because of

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<sup>7</sup> Antero Garcia, ‘Reading Unease: Just Who, Exactly, Is Young Adult Literature Made For?’, in *Critical Foundations in Young Adult Literature*, by Antero Garcia (Rotterdam: SensePublishers, 2013), pp. 1–12, p. 5.

<sup>8</sup> Antero Garcia, ‘Reading Unease’, p. 5.

<sup>9</sup> Melanie Ramdarshan Bold, ‘The Thirteen Percent Problem: Authors of Colour in the British Young Adult Market, 2017-2019 Edition’, *The International Journal of Young Adult Literature*, 2.1 (2021), p. 1. <<https://doi.org/10.24877/IJYAL.37>>, p. 10. This acts as a follow-up to Ramdarshan Bold’s previous work, ‘The Eight Percent Problem’. Note on terminology used here: ‘of colour’ has been agreed in Ramdarshan Bold’s work to be the most representative term that can be used in this context. BAME is used in some other scholarship (and is in general use in the UK), but it will not be used here as it can be a contentious term and is not fully representative of the array of ethnicities that the acronym represents.

the certainty that release will follow, and everything will be alright in the end.’<sup>10</sup> This explanation of the ‘mystery’ story fits with the intentions of the therapy-resistant mental health novel, in which the main conflict hinges on the decline in the mental health of the protagonist. As issue-led YA novels, there is a level of certainty on the part of the reader that solutions to the issues at hand will become evident by the end of the novels. As the mystery story is part of the wider adventure genre, it will be indicated as to whether particular parts of this discussion are relevant to the adventure story as a whole, or specifically the mystery subgenre. There are other closely related genres, such as detective or crime fiction, that appear in the adult canon, and some of these examine the same topics as the YA novels used in this chapter; Wilkie Collins’ *The Woman in White* (1859) is an early example of adult detective fiction that also features a woman with a mental illness.

Matthew Grenby characterizes the adventure hero as someone who was ‘born with, or come into possession of, a special asset which helps them’; Grenby’s example is that of Jim Hawkins’ map in *Treasure Island*.<sup>11</sup> In the case of the three texts looked at here, this ‘asset’ can be paralleled with the existing mental illness that influences the character’s behaviour. Although not as positive as the ‘asset’ of the adventure hero, and not always helpful, the mental health issue at hand is usually the driving force behind the conflict within the text. For this reason, the condition of the protagonist should not necessarily be considered an asset, but rather an aspect of their life that sets them apart from others.<sup>12</sup> The ‘crisis’ in these texts is usually a downturn in the mental wellbeing of the protagonist, often resulting in the need for mental health services to step in. The ‘triumphant homecoming’, then, is not so much a literal return to a home as it is a return to taking control of one’s own mental health through taking part in psychiatric services. This is where therapeutic practices become central to the novel, and therapists may begin to appear as a source of information about mental health for the teenage reader. This entry into therapy, combined with the clear information given to the protagonist and reader, also act as the ‘solution’ to the mystery of the story.

The biggest difficulty with comparing frameworks is perhaps determining which element is most similar to the ‘quest’ in the traditional adventure story format. In the mystery or child

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<sup>10</sup> Judith Armstrong, ‘In Defence of Adventure Stories’, *Children’s Literature in Education*, 13.3 (1982), pp. 115–121, p. 117.

<sup>11</sup> Matthew O. Grenby, ‘The Adventure Story’, in *Children’s Literature*, Edinburgh Critical Guides to Literature, Second Edition (Edinburgh: Edinburgh Univ. Press, 2014), pp. 170–98, p. 183.

<sup>12</sup> An example of this outside of the mental health bracket is Mark Haddon’s *The Curious Incident of the Dog in the Night-Time* (2003), which follows an autistic protagonist.



detective story, this takes the role of the ‘mystery’ that must be solved. Enid Blyton’s *Famous Five* novels, for example, are largely named after the events or setting of these ‘mysteries’, perhaps most notably in *Five Have a Mystery to Solve* (1962). Due to the nature of mental illness as something that comes with many relapses, other difficulties and no guarantee of complete recovery, the quest for health and a full recovery can never be fully achieved. Thus, the elements that appear to be the beginning of a quest instead act as more of a ‘false lead’ in a detective story. These narratives essentially change the traditional paradigm of going on a ‘quest’, as even when protagonists set out to complete a distinct goal, it is usually overtaken by the ultimate goal of recovery. In *All the Things*, for example, the three protagonists initially band together with the goal to assist each other in completing suicide, but this is replaced throughout the novel by a desire to recover from their mental health issues; as follows, their quest changes from being the suicide attempt to the recovery attempt. The initial plan to complete suicide together, then, is a crisis point. The ‘mystery’ part of the narrative arises in each novel as a way to present a ‘quest’, but in each novel this does not take the expected format. In *All the Things*, the mystery of who runs the suicide pact website arises, almost as though it will be the main conflict, but this matter is handed over to the police and the focus moves over to the heroines’ acceptance of therapy. *Neena Gill*, similarly, sets the plot up for Neena to find her ‘missing’ brother, only for Barton to reveal that he is dead, and that there is no real mystery to be solved. Again, Neena’s own health is made to be the main focus of the end of the story. In order for the adventure hero to return from their ‘quest’ or having solved their ‘mystery’ as a different person, they must in some way change their mindset and beliefs about the world as a whole. In this rather more specific case, it is changing their attitude towards psychiatry and finally accepting that they need psychiatric help, which acts as the ‘homecoming’ for the protagonist. Moreover, the idea of the ‘quest’ suggests the journey of an individual hero, which is not an idea that is encouraged in novels about mental health. In novels about reluctance to attend therapy, the hero almost never makes the eventual decision to attend themselves but rather is encouraged to do so by others, and all three of these novels focus on the importance of community in the beginning of the recovery process.

Some of the conventions examined in this chapter go beyond the scope of Butts’ chapter on adventure stories but are still taken directly from the plot of child detective or mystery stories. For example, *All the Things* demonstrates the forming of a group by the child characters to achieve their goals, as made popular by Enid Blyton through series such as *The Famous Five*

and *The Secret Seven*. In looking at the figure of the boy detective, Lucy Andrews has observed that it is British stories that often include the boy detective as part of ‘mixed-gender investigative groups’.<sup>13</sup> Traditionally, the ‘group’ adventure story requires the participants to unite in order to reach their positive ending, particularly in the case of Blyton’s *Famous Five* stories. *Neena Gill* and *Broken Mirror* present the importance of friendship in a different way, by reintroducing friendships at the same time as recovery begins. Again, this use of companionship in tandem with psychiatry emphasises the importance of friendship upon wellbeing and refers back to the idea that goals are best achieved with others. This emphasises the importance of the group in British mystery stories. The role that adult characters play is also worthy of mention, as most of the villains portrayed are adults. Conversely, should the child protagonist require saving at the end of a story, the societal and physical limits of children mean that adult authority figures must step in. Traditionally, the protagonist of an adventure story achieves a more autonomous or powerful position by the end of the book without reaching full adulthood, which is effectively the same for mental health therapy reluctance novels, but with a less definite ending. In this particular example, the empowerment of the heroine comes directly from the choice to attend therapy, which is the most common ending to these types of novels. There is further empowerment to be found in the community that each of the heroines finds themselves embedded in by the end of each novel. Female friendship and community provide a hopeful ending to each of the texts, in the absence of the absolute resolution that traditional adventure and mystery stories bring.

### **Typography and the Hero**

In relation to the structure of the traditional British adventure story, discussing the ‘hero’ figures of these stories requires an exploration of the significance of narrative voice. Notably, in examining the hero in children’s literature, Margery Hourihan suggests that narrative voice is the most significant way in which ‘the reader’s perceptions and sympathies are manipulated’.<sup>14</sup> Of course, the way in which a character’s internal voice is conveyed is central to novels about those experiencing mental illness without psychiatric assistance, as they will experience the world of the novel differently from other characters. There is an

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<sup>13</sup> Lucy Andrew, ‘Introduction: The Birth of the Boy Detective’, in *The Boy Detective in Early British Children’s Literature*, by Lucy Andrew (Cham: Springer International Publishing, 2017), pp. 1–12, p. 1.

<sup>14</sup> Margery Hourihan, ‘The Story’, in *Deconstructing the Hero: Literary Theory and Children’s Literature* (London; New York: Routledge, 1997), pp. 9–57, p. 38.

element of understanding that mentally ill narrators are unreliable to an extent, but due to the fact that these stories feature delayed diagnoses, the fluctuating symptoms of the illnesses are expressed through narrative style. In a way, then, the stories are entirely ‘authentic’ in their representations of mental illness, as they reproduce the effects and experiences of mental health issues faithfully.

Each author ultimately uses narrative voice to achieve a different effect. Through using different narrative voices, Rahman allows us to see just how much mental illness, or even poor mental wellbeing, can impact the perspective that someone has on a particular event. Maria Nikolajeva argues that this technique is effective in YA literature, as a way to ‘subvert immersive identification, while inviting empathy, since it makes readers aware of the discrepancy between subjective perceptions.’<sup>15</sup> The three perspectives allow for both an insider and outsider look at mental illness. At times, we are provided with the internal thoughts of one character on one page, followed almost immediately by a description by another character that does not convey the same information about the situation. Furthermore, Nikolajeva observes that the three most prominent features are ‘first person perspective, present narrative tense, and visual emphasis, such as italics and other variable fonts, used to demarcate narrative levels.’<sup>16</sup> For Olivia, the ‘visual emphasis’ that Nikolajeva refers to here is used in an unconventional manner. Olivia’s trauma caused by her sexual abuse is represented through her disordered thoughts. Text in Olivia’s chapters is fragmented, and at times is almost like poetry; she often writes sentences out in what bears more resemblance to verse than prose, with use of enjambement and what appear to be stanzas. There is also great variety in the size of the font, and also in the frequent use of italics and bold font. Though these features are used, as Nikolajeva suggests, as a means of emphasising certain words, they also have a visual effect that makes the chapter distinctly Olivia’s. Some sentences, and even words, have large gaps in the middle of them, bringing the reader to understand which parts of the text should be slowed down and focused upon. Alternatively, the meaning of her words may be demonstrated through their position upon the page. For example, whilst experiencing sexual abuse, Olivia states that

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<sup>15</sup> Maria Nikolajeva, ‘Voicing Identity: The Dilemma of Narrative Perspective in Twenty-First Century Young Adult Fiction’, in *Modern Children’s Literature: An Introduction*, ed. by Kimberley Reynolds and Catherine Butler, Second Edition (London; New York, NY: Palgrave Macmillan, 2014), pp. 251–67, p. 262.

<sup>16</sup> Maria Nikolajeva, ‘Voicing Identity’, p. 251.

‘I **LOCK** myself away in my head

In that place I’ve learned to go,

The place where I’m not in this body,

This vessel

~~This isn’t happening to me~~<sup>17</sup>

In this example, the gap between ‘not’ and ‘in’ demonstrates the disassociation that Olivia has begun to experience in response to the trauma of being sexually assaulted. Moreover, the placement of ‘this vessel’ is crucial; the separation of Olivia’s thoughts from her body are demonstrative of her trauma response. Finally, the strike-through of ‘this isn’t happening to me’ conveys her denial and attempt to disassociate within her own mind, almost as if in real time. This is an effective choice to focus upon for the teenage reader. In explaining Olivia’s process of coping, Rahman steers the reader away from any description of the physical abuse. Instead, the reader is kept inside Olivia’s head with her, and the attack itself is left to the reader’s own imagination. Eventually, the separation between her mind and body changes to accommodate her physical movement after ‘telling’ her mother.

Kimberley Reynolds has examined the ways in which literature for young people can be disrupted by experimental stylistic techniques such as these. Reynolds observes that using experimental typography such as this is a response to the ‘inadequacy of language – and especially literary language – to convey what it feels like to be in the world.’<sup>18</sup> Of course, this is certainly true of Rahman’s approach to illustrating Olivia’s internal distress when being sexually assaulted, but also explains this shift to the representation of her physical actions. Rahman uses this technique as a way to emulate Olivia’s movements in real time. For example, the way in which she describes diving into the sea to attempt to save Mehreen from drowning is physically represented on the page. As shown, not only is the word ‘dive’ (*All the Things*, p. 369, Figure 6) written vertically down the page, but the page beforehand gradually moves the text to the middle of the page and narrows the sections of text moved on each line, as though preparing the reader to follow Olivia to the bottom of the sea.

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<sup>17</sup> Yasmin Rahman, *All the Things We Never Said* (London: Hot Key Books, 2019), p. 356.

<sup>18</sup> Kimberley Reynolds, ‘Growing Up Is Hard to Do’, in *Children’s Literature: From the Fin de Siècle to the New Millennium*, Writers and Their Work, Second Edition (Tavistock: Northcote House, 2012), pp. 35–74, p. 52.

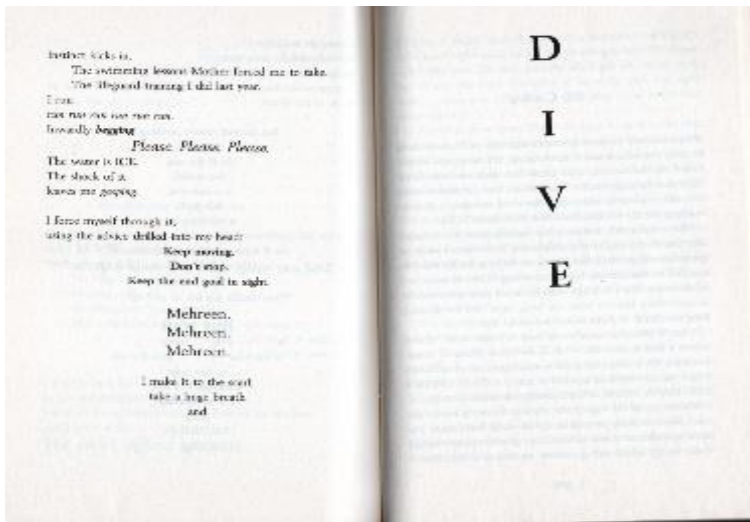


Figure 6

In addition to this unusual mise-en-page, there are no page numbers in Olivia's chapters, further emphasising her state of mind and the lack of separation between her inner thoughts and physical experiences. These chapters are not so much a narrative account of what is happening around her, like Cara or Mehreen's, but rather a very focused imitation of her thought process. The lack of page numbers almost functions as a slowing down or pausing of time. This directly corresponds to Olivia's response to the trauma that she has experienced, in that it contrasts with the way that she is represented from the other two perspectives. Olivia's fractured sentences reveal that despite being the most outwardly confident and sophisticated member of the group, Olivia's internal sense of self is splintered.

Changing narrators is used by Rahman as an opportunity to experiment with different typography to represent different types of mental illness. In contrast to Olivia's verse chapters, Mehreen's are littered with intrusive thoughts, which are in a bold, larger, and different font to the rest of the narrative (*All the Things*, p. 322, Figure 7). They appear handwritten, emphasising this intrusion into Mehreen's everyday life.

**YOU'RE SO UGLY. Disgusting.**  
**YOU'LL NEVER FIT IN.**  
*Why can't you just be normal?*

I hate it. Absolutely hate being the odd one out. I wish more than anything I could get as excited about make-up and clothes as Riya and Tahereh, that I could feel as comfortable around people as everyone else seems to be.

I stumble over to the bathroom on the other side of the hallway. I can feel my chest heaving, a panic attack about to overtake me.

**YOU'RE SO USELESS.**  
*You don't fit in anywhere.* **WORTHLESS.**  
*No one would even notice if you were gone.*

I can't push the Chaos away any more. I try to focus on my breaths, but I'm gulping and gasping for air. I try to focus on the bathroom tiles, try to count them, but the Chaos pushes the numbers out of my head.

**USELESS.**  
**WORTHLESS.**  
*Cut. You'll feel better if you cut.*

I clutch the sink basin with both hands and look up into the mirrored cabinet door. My vision is already blurring, part tears, part impending panic attack. All I can see through the

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Figure 7

Referred to as her 'Chaos', this comes across as a way in which Rahman demonstrates to an inexperienced reader that Mehreen's depressive and anxious thoughts are related to her own, but uncontrolled. Mehreen's own description of the Chaos is that it is:

Like all my thoughts are a bunch of voices in my head. A cacophony of voices screaming, yelling horrible things, telling me I'm useless, that everyone hates me, that they're laughing at me. And then that triggers my depression, leading me to actually *believe* I'm useless and that everyone would be better off without me, and basically just makes me not want to exist. And, like, when it's *really* bad, I can't... I genuinely can't function. (*All the Things*, p. 92).

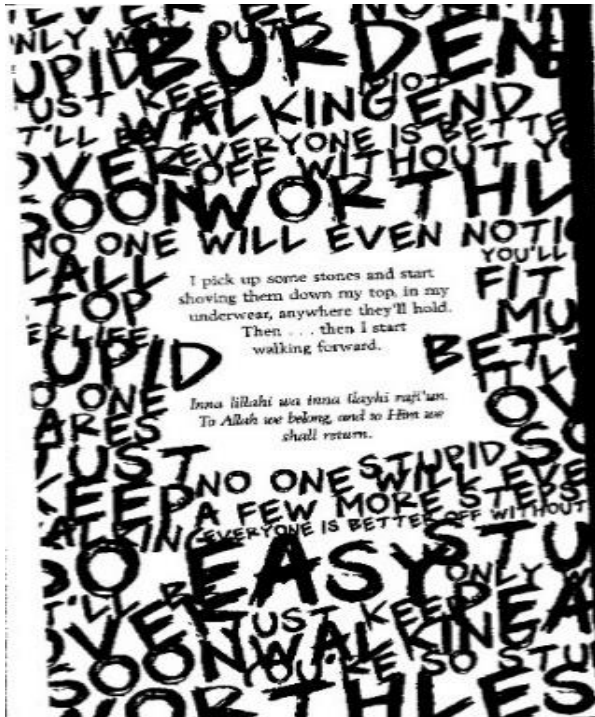


Figure 8

The more that Mehreen’s mental health deteriorates, the more of these intrusive thoughts appear. Eventually, as Mehreen nears her suicide attempt, the intrusive thoughts take up most of the page, with her thoughts only in the very centre of the page (*All the Things*, p. 346, Figure 8). As demonstrated by Figure 8, the handwritten ‘Chaos’ does resemble multiple voices; the way in which they are written in different sizes and overlapping one another makes for a very literal visual representation of Mehreen’s nature as a multi-voiced character. Additionally, it is impossible to read coherently, only allowing the reader to see fragments of the abuse that Mehreen’s intrusive voice directs at herself.

Unlike other representations of mental illness that are given a name, such as the previously mentioned ‘monster’ of Ceylan Scott’s *On a Scale of One to Ten*, the use of ‘the Chaos’ as a name is telling. As shown above, the Chaos is shown to be an entity separate from Mehreen herself, which emphasises the lack of control that she has over her mental health. However, it is also crucial to note that Chaos is capitalised as though it is a name; this almost causes the reader to feel as though the Chaos is a fourth narrator of sorts. This type of external voice is not unusual in YA mental health novels; in fact, a lot of eating disorder-related novels, such as *Papergirls*, feature this disembodied voice that is ultimately revealed to be within the mind of the protagonist. This to some extent allows for the displacement of blame from the

protagonist; despite being a part of her mind, the intrusive thoughts are not something that she is able to control.

‘The Chaos’ as a name is certainly loaded with meaning. The term ‘chaos’ has varied in definition over time. Notably, one of its definitions is a state of ‘utter confusion or disorder’.<sup>19</sup> It is perhaps this definition that most closely aligns with the experience of mental illness, given the physically disordered representation of Mehreen’s intrusive thoughts on the page. However, chaos has in previous years been defined as the ‘formless void believed to have existed before the creation of the universe’ (*OED*, 2b), which in the context of Mehreen’s condition is indicative of the depression that she falls into. This also parallels with the fact that mental illnesses are not caused by any one thing and are all-consuming without treatment. The idea of infinite darkness, which is suggested by a ‘void’, is alluded to by the way that the Chaos is seen to close in on Mehreen’s thoughts, physically making the page appear as though it will be engulfed in darkness. As indicated by this definition, Chaos has also been used as a name for the state of the universe before creation (*OED*, 2b), which may indicate that Mehreen believes that she is predisposed to mental illness. It suggests that she believes that the Chaos may predate even her own birth. This may even be perceived to be a literary allusion to John Milton’s *Paradise Lost* (1667); however, given that most of the literary references in contemporary YA narratives tend to be signposted unambiguously, this is not necessarily the case.

Cara’s narrative style in *All the Things* is essentially what would usually be expected of a YA novel. The book is set nearly a year after her father’s death, so she learns to cope with her grief for both her father and her former able-bodied life more rapidly than her friends do with their issues. The formatting of her chapters indicate that her grief is not a permanent state of being, and the initial issues with coming to terms with her disability disappear quite quickly into the story. In fact, of the protagonists discussed throughout this chapter, Cara is the only one that does not attempt to complete suicide at any point. Although not visually significant, if we consider this through the social model of disability, in which it has been stated that ‘it is not the disabled person who is to blame, but society’, this is an effective choice for Rahman to make.<sup>20</sup> This essentially levels out what is considered ‘typical’ about each character; whilst physically, the other two characters can pass for being a typical teenager, Cara’s

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<sup>19</sup> ‘Chaos, n.’, 3a, *OED Online* (Oxford University Press) <<https://www.oed.com/view/Entry/30539>> [accessed 13 April 2022].

<sup>20</sup> Tom Shakespeare, ‘The Social Model of Disability’, in *The Disability Studies Reader*, ed. by Lennard J. Davis, Fifth Edition (Taylor & Francis, 2017), pp. 195–203, p. 199.



narrative voice is the closest to what we would associate with a neurotypical teenager. As a blunt and sarcastic character, the fact that Cara's narrative is the only one with no artistic method of demonstrating her inner thoughts is suggestive of the fact that she is perceived by those she speaks to exactly as she perceives herself. The significance of this, of course, is that the only factor that influences negative perceptions of Cara's character and do not line up with her real personality is her physical disability. However, Cara's straightforwardness may also be representative of the fact that, as the only character to already be partaking in talk therapy, she has inadvertently already begun to adopt some of the features of therapy into her daily life.

Similarly to Cara, Neena's narration in *Neena Gill* does not offer a visual indication of the way that the protagonist's mental health condition is triggered by making use of changes in form or structure. This does not mean that the narrative voice of the novel is not impacted by the condition that Neena suffers from; indeed, *Neena Gill* uses confused sentences, which are perhaps more indicative of the way that narrative voice is used in most YA mental health novels. This aligns with her condition, as the NHS website identifies the symptoms of psychosis as including 'disturbed, confused, and disrupted patterns of thought'.<sup>21</sup> One of several examples of this is Neena's confusion between memories of her deceased older brother and thoughts about her unborn baby brother. She thinks about how she and Akash

Went to the library together sometimes. He chose books for me, always ones about being strong. Now mum's having a baby and the exams are coming and I'm going to the library to deliver the baby (*Neena Gill*, p. 221).

The final sentence of this sentiment, in particular, demonstrates the effect that the psychosis has had upon Neena's narrative voice; her voice races from one thought to another without any punctuation, indicating that she has no control over her thoughts. This is also indicative of the anxieties Neena is experiencing as a result of having both lost and gained a brother in a short space of time, whilst studying for her GCSE exams. This sentence is a perfect example of her disordered thinking as it represents how her psychosis blends the three events together. By interrupting the confused thoughts about Neena's brothers with anxiety about her exams, Smith-Barton ensures that reaching a particularly irrational point does not separate Neena from the world of the teenage reader. In fact, anxiety around GCSE exams is used as a device

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<sup>21</sup> 'Symptoms - Psychosis', *Nhs.Uk*, 2021 <<https://www.nhs.uk/mental-health/conditions/psychosis/symptoms/>> [accessed 19 May 2022].

in all three of these novels to demonstrate the influence that a stressful external factor may have upon someone with mental health issues. The feature of impending exams is a useful plotline that allows for other characters to have a reason to not worry too much about the protagonist's mental health; it is easy to explain that low mental wellbeing is simply assumed to be exam stress.

In addition to the flashback method, the fact that *Broken Mirror* is written in past tense, third person narration is worthy of note. This demonstrates a deviance from the expectations for YA narrative voice as set out by Nikolajeva. YA is usually mostly concerned with the internal experience of the narrator, meaning that a great deal of YA is written in first person. On the other hand, Kalhan makes use of the third person to emphasise the distance that Jay feels between herself and those around her after her assault. To some extent, it also demonstrates the fact that Jay no longer feels like herself and experiences her everyday life in an almost out-of-body manner. The reader is, of course, still aware of Jay's thoughts and feelings, but there is a distinct lack of intimacy between protagonist and reader that is present in first person, confessional YA novels.

Significantly, there is also a chapter from the perspective of Jay's mother; to have a chapter in a YA book from the perspective of an adult, rather than another teenager is subversive of the YA category, which usually focuses heavily only upon the experiences of the teenagers themselves. Shifting the perspective from teenager to adult even for such a short period of time in the second half of the novel is almost disorientating for the person reading, adding to this sense of distance between character and reader. Much like the approach taken in *Finding Audrey* in the family stories chapter, Kalhan's unusual technique provides insight into how Jay's actions may be perceived by those around her. As Jay's mother does not know that Jay has been assaulted, this draws attention to the importance of telling adults information about traumatic events, as well as indicating to adult readers that they should probe teenagers further. Furthermore, including the viewpoint of an adult opens up the impact of Jay's trauma; rape does not only affect the victim, and so Nikolajeva's theory that changing narrative perspective is an effective way to encourage empathy from the reader is expressed in this way. The wider impact of Jay's actions in response to her rape are made evident by the way that Kalhan details Jay's mother's entire day after Jay has run away. In condensing an entire day into a chapter, Kalhan changes the pace of the novel from the excruciatingly drawn out, graphic description of the rape, to Jay's mother's oscillating between emotions of worry, anger and upset. In doing this, Kalhan hints that the novel may also be suitable to be read by

adults. Thus, although only used for one chapter, changing viewpoint is a crucial element of Kalhan's narrative.

As Rahman's approach to representing the mindset of mental illness is so unusual, it is important to consider how Smith-Barton and Kalhan approach the same idea outside of their characters' voices. One such example of this is the use of the broken mirror. Broken mirrors are, of course, an important symbol used not only in *Broken Mirror* but also in *Neena Gill*. Smith-Barton uses the image of the broken mirror in an explicit fashion, as she encounters a broken mirror in a nightclub and declares that 'it's me, Neena Gill, but in a million pieces... this is exactly how I feel inside' (p. 199). When looking in a broken mirror, Kalhan's narrative reads that 'the girl in the broken mirror was not Jay' (*Broken Mirror*, p. 11). This draws attention to the alienation that sexual assault can cause between the victim and their own body. Despite the difference in use between texts, the broken mirror becomes an image that explicitly demonstrates the experience of mental illness, to create a similar effect to Rahman's approach to typography. Broken mirrors have previously been an emblem of mental illness in adult mental health literature; perhaps most notably, Sylvia Plath's *The Bell Jar* features a moment in which Esther, the protagonist, breaks a mirror in response to her reflection whilst in a psychiatric facility. The nurse's response is that this will cause 'seven years' bad luck' (*The Bell Jar*, p. 169). Kalhan and Smith-Barton's use of the broken mirror trope also point to this superstition; it may be inferred that the 'seven years' bad luck' that these mentally ill heroines suffer from will be due to the long-term nature of their mental health conditions.

One of the most influential factors on the narrative voices of the heroines is the point at which they begin their narrative. Due to the similarities in their mental situations, readers may assume that the three heroes of *All the Things* are effectively facets of each other. However, they are all shown to be at slightly different stages of their experiences with mental health issues and recovery: Cara is in (ineffective) talk therapy before the novel begins, Olivia has already attempted suicide once, and Mehreen's lowest point comes as the other two improve in their wellbeing. By beginning *Broken Mirror* with the aftermath of Jay's attack and then flashing back to her life beforehand, Kalhan shows the stark difference in mindset between Jay pre- and post- assault. Also worth noting is Neena's position in comparison, as she has already been diagnosed with depression before the novel begins. The difference in starting periods, whilst being reflective of the journeys of the mentally ill in real life, influences the action taken later in the narratives.

## The Crisis

Despite the term ‘hero’ having connotations of a strong, capable, usually male character in mainstream media, the creation of the struggling character as a protagonist may in fact lie within one of the major novels of the adventure genre. Peter Hunt attributes the wide success of *Treasure Island* as a novel to the fact that ‘Jim Hawkins, the narrator, [was not] the pure and hearty true British hero... but a rather uncertain, struggling character’.<sup>22</sup> Of course, Jim Hawkins does not struggle in the way of mental health issues or suicidal thoughts, but rather knowing who he is, what the right thing to do is, and who to trust. This may in fact relate back beyond the children’s adventure story to William Shakespeare’s *Hamlet*; in fact, the mental struggle that is central to Shakespeare’s play is alluded to briefly in *All the Things* by Olivia. The idea of struggle, however, is still effective in the same way in order to aid in the trajectory of the story as a whole. By using characters that are struggling from the start of their story, more attention is paid to the evolving identity of the heroes as they move towards adulthood, which is mirrored in these mental health stories. In issue-led fiction, the crisis section is so important to the narrative because ‘it is when the characters are responsible for solving their problems that adolescent readers are most likely to be empowered to develop confidence in overcoming similar problems of their own.’<sup>23</sup> This is the strongest tie of this type of fiction with the adventure story, as the emphasis of the narrative is very much placed on the empowerment of the reader, as well as the protagonist.

The ‘struggle’ or ‘crisis’ depicted most often in these stories is that of suicide, or suicidal ideation. Kimberley Reynolds refers to suicide as ‘the form of self-harm that is least frequently written about for young people.’<sup>24</sup> This is perhaps due to the fact that successfully completing suicide effectively ends the narrative control of the protagonist, causing it to have to be the end of the story. This, of course, does not allow for a hopeful ending or a positive resolution, which these novels make use of due to their use of adventure story features; the adventure story genre focuses upon ‘solving the mystery or overcoming the struggle against

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<sup>22</sup> Peter Hunt, *Children’s Literature*, p. 235.

<sup>23</sup> Belinda Y. Louie and Douglas H. Louie, ‘Empowerment through Young-Adult Literature’, *The English Journal*, 81.4 (1992), 53–56, p. 53.

<sup>24</sup> Kimberley Reynolds, ‘Self Harm, Silence, and Survival: Despair and Trauma in Children’s Literature’, in *Radical Children’s Literature: Future Visions and Aesthetic Transformations in Juvenile Fiction* (Basingstoke: Palgrave Macmillan, 2010), pp. 88–114, p. 103.

the enemy/enemies, not about the end of the hero/heroes'.<sup>25</sup> Indeed, although all three texts feature the concept of suicide, and *All the Things* revolves around a suicide pact website, none of the characters' attempts are successful. This idea is crucial to this discussion of the use of an adventure story framework in these YA novels, as using these adventure story expectations allows for the reader to not be concerned about the potential death of the protagonist. In effect, whilst being able to enjoy the experience of the unknown, allowing the reader to be certain that the protagonist will survive is a comforting element of a genre that is otherwise intended to be an unpredictable experience. In terms of real-life representation, Mental Health First Aid England estimate that in 2018, for the 6,154 deaths by suicide in Great Britain, there were ten to twenty times that number of attempts.<sup>26</sup> The fact that suicide attempts are less represented than other forms of self-harm is perhaps indicative of the fact that the plot can only go in one clear direction in order to stay appropriate for YA. For the struggling hero figure to successfully overcome their crisis, they must survive their suicide attempt; this smaller number then, is represented through novels that follow the friends of those that complete suicide after their death. Likewise, in adventure stories the hero must overcome and survive their crisis.

Rahman has stated that 'with Mehreen, [she] wanted to write a Muslim character where her faith is just a given — it's not an issue, it's not part of the plot, it's just a thing that's there. That's genuinely what [she] really want[s] more of in books — to have Muslim characters who are at peace with their religion.'<sup>27</sup> This is in part an answer to the ways in which religion has been used in traditional children's literature, as Christianity is often assumed to be the protagonist's religion, and their actions often follow the moral teachings of Christianity. By attempting to do the same with Islam, Rahman allows for her novel to be more representative of a more modern, diverse Britain through this adaptation of faith. As shown by some of Mehreen's anxieties, however, it is not necessarily the case that her religion is simply a 'thing that's there'; all elements of her life, and therefore the plot, are heavily influenced by her religion. It is important to consider, however, that for Mehreen, being Muslim in a non-Muslim country places a lot more emphasis on the cultural element of her religion than the

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<sup>25</sup> Nilay Erdem Ayyildiz, 'The Role of Textuality in British Colonialism and Children's Adventure Stories', in *British Children's Adventure Novels in the Web of Colonialism* (Cambridge Scholars Publishing, 2018), pp. 39–53, p. 43.

<sup>26</sup> 'Mental Health Statistics', *Mental Health First Aid England* <<https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/#suicide>> [accessed 30 June 2022].

<sup>27</sup> Yasmin Rahman, "'I Grew up with Characters I Couldn't Relate to": Yasmin Rahman on Representation in Young Adult Fiction', *Bonnier Books UK* <<https://www.bonnierbooks.co.uk/news/i-grew-up-with-characters-i-couldnt-relate-to-yasmin-rahman-on-representation-in-young-adult-fiction/>> [accessed 6 August 2021].

theological. Essentially, Mehreen is at peace with her identity as a Muslim, but not with the cultural expectations of being a British Muslim.

Indeed, the religious aspect of Islam is crucial to not only Mehreen's understanding of the world around her, but also her mental illness. Prior to Mehreen's suicide attempt, her method of self-harm is telling as to how her religion influences her thinking. In a novel that is deeply concerned with visually representing the experience of mental illness, cutting works as the most aesthetically significant choice of self-harm method. Kimberley Reynolds determines that 'both the act [of cutting] and the state of mind/body it is associated with (distancing and cleansing) appeal to writers'.<sup>28</sup> Reynolds' words here are significant, particularly in relation to Mehreen, in that 'cleansing' has a role within religious practice. Particularly within Islam, cleanliness is related to prayer rituals, and physical cleanliness is highly connected to spiritual cleanliness; this is important as 'cleanliness is... accepted as both the foundation of the religion and as half of the faith'.<sup>29</sup> As established by Reynolds, the physical act of cutting may be seen as a way in which to represent cleansing the body of bad thoughts. Mehreen, however, establishes her cuts as an active cry for help. When her mother notices the marks on her arm at the beginning of the novel, she claims that it is the 'moment [she has] been both dreading and waiting for' (*All the Things*, p. 4). However, Mehreen's mother misinterprets the marks, blaming them on her bracelets, which she refers to as 'cheap jewellery' that 'ruin[s] your body' (*All the Things*, p. 5). Instead of having the reaction that Mehreen both wants and fears, her mother simply berates her for not having a job in order to pay for more expensive jewellery, showing 'no love on her face, no concern' (*All the Things*, p. 4). Of course, there is an irony in the fact that Mehreen's mother blames her daughter for the marks on her arm; the addition of this element is perhaps an indication that this novel may be intended for adults to read as well. Similarly to Kalhan's technique of moving over to the mother's perspective in *Broken Mirror*, Mehreen's mother's jump to conclusions acts as a reminder to adult readers to probe teenagers for more information. In a manner, this provides an understanding of the importance of narrative voice; a heavily symbolic image for Mehreen, and by extension the reader, such as a self-harm scar, is easily missed or misunderstood by those who do not share the same insight into Mehreen's thought process.

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<sup>28</sup> Kimberley Reynolds, 'Self Harm, Silence, and Survival', p. 108.

<sup>29</sup> Remzi Kuscular, 'Chapter 1: What Is Cleanliness?', in *Cleanliness in Islam* (Tughra Books, 2008), pp. 1–24, p. 3.

Mehreen claims that her religion ‘soothes me, drowns out the voices in my head’, and at the start of the novel, she even writes a letter to Allah about her depression, hoping that this will help her mental wellbeing (*All the Things*, p. 1). Although this is evidently not the only outlet that Mehreen uses, as she is seen to turn to self-harm, she claims that to cope with her Chaos, ‘I look for things that bring me peace. Prayer, music’ (*All the Things*, p. 208). Using religion as a comforting or peaceful way in which to approach the problem is not a method that appears often in YA, but in real life, it is not an uncommon place for people to turn to in times of stress. Conversely, Mehreen is seen to use rules of Islam as a framework to plan her suicide within. Unable to take matters into her own hands, Rahman attributes Mehreen’s use of the website *Memento Mori* to her religion, establishing that in Islam,

[suicide is] a big sin... but I started feeling like it was my only way out. So I thought that if there was someone else instructing me... then it wouldn’t feel like it was my fault. (*All the Things*, p. 413).

The fact that she refers to attempting suicide as her ‘only way out’ within the context of this passage emphasises the extent of Mehreen’s mental suffering, with regard to the amount that the character refers back to the importance of her faith throughout the novel. Displacing the blame towards the website is effectively a loophole for Mehreen, demonstrating to a teenage reader that this is to an extent a delusion on Mehreen’s part; in conforming only to the technicalities of religious rules as it ‘wouldn’t feel like it was [her] fault’, Mehreen has failed to acknowledge the sentiment behind the rules themselves. In admitting to doing this, Mehreen also admits to the fact that attempting suicide was always her own decision.

Mehreen further comments on the understanding of mental illness in the context of her religious culture, stating that her family are unfamiliar with depression as ‘it’s not really a thing in our culture. They’d probably blame it on black magic or tell me to pray it away, as if I haven’t already tried’ (*All the Things*, p. 51). Despite being a disparaging comment made in jest, the fact that Rahman uses ‘black magic’ as a cultural reason for mental illness is perhaps an indication of why Mehreen’s illness is presented in the way that it is, textually. In having Mehreen’s chapters represented as a diary-like format, it is suggested that the presentation of ‘The Chaos’ on the page is intended to be taken as the way in which it feels to Mehreen herself. In having ‘The Chaos’ be a clearly separated voice from Mehreen’s, as well as making the pages become visibly blacker as her mental health declines by increasing the amount of handwritten text on the page, Rahman alludes to the fact that Mehreen may

understand her illness as a form of ‘black magic’. *Neena Gill* also uses religion as a potential way in which to aid the protagonist; as her behaviour begins to appear steadily more erratic, Neena’s mother suggests that they should possibly ‘get someone in, to pray for her?’ (*Neena Gill*, p. 160). It is interesting that in both narratives, prayer is initially speculated to be a cure for mental illness. However, both Rahman and Smith-Barton approach the sometimes-contentious topic of religion with care and sensitivity, and generally present it as being a beneficial aspect of characters’ lives. Religion can be a helpful way to understand the manner in which the world works, but in both of these novels, it is apparent that it is not enough to cure an illness; rather, it works best as a belief system to provide comfort and structure in tandem with therapy. However, although not huge reasons for Neena’s crisis, it is Mehreen’s issues with her culture and family that essentially move her further towards her crisis point, culminating in her leaving her cousin’s wedding to drown herself.

Olivia is arguably reminiscent in character of the child detective character Nancy Drew of the *Nancy Drew Mystery Stories* (1930–2003); although a figure of American children’s literature, Drew is said to have provided readers with ‘a version of girlhood that blended conventional femininity with practicality, physical resilience, and overwhelming competence.’<sup>30</sup> These are the features that are prominent in Olivia’s character, as seen upon occasions such as when she takes control of the “support group” by researching resources to use. The most evident response to her traumatic experiences is that she carefully crafts an outward display of hyper-femininity, which is mostly seen through the perspective of the other two girls. She creates a very purposeful and at times distinctly false persona in order to protect herself from the outside world after her traumatic experience. At one point in the text, she determines that in order to prevent elements of one’s life being tainted, it is important to ‘avoid letting anyone know what you value’ (*All the Things*, p. 285). Instead, much of Olivia’s character as seen by the other two girls is informed by her expensive clothing, careful way of speaking (which is interpreted by the other two as her being pretentious), and the fact that she causes them to feel ‘mothered or teachered’ (*All the Things*, p. 50) when in her presence. Furthermore, Cara likens her to a ‘stuck-up middle-aged housewife’ (*All the Things*, p. 50).

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<sup>30</sup> Chris Routledge, ‘Crime and Detective Literature for Young Readers’, *Chris Routledge: Words and Pictures*, 2010 <<https://chrisroutledge.co.uk/writing/crime-and-detective-literature-for-young-readers/>> [accessed 21 April 2022].



Essentially, all of these elements are Rahman's way of indicating that Olivia has had to mature quickly due to her traumatic experiences, and as a result attempts to act in an adult manner in all areas of her life. Although not common in contemporary fiction, the image that Olivia attempts to project is in fact not unlike that of many teenage girls in classic British children's literature. This motherly or teacherly attitude towards her peers is reminiscent of figures such as Wendy from *Peter Pan* or *The Famous Five's* Anne. In group narratives, this type of character, who is at times portrayed as being physically weak, is a crucial part of the adventure story by way of passive action. In fact, in discussing Anne, David Rudd takes note of the common interpretation that her happiness at carrying out typically feminine household tasks equates to powerlessness. However, Rudd argues that typically feminine, submissive girls 'use their control of the domestic sphere to enable them in others. As Anne proclaims, "Although Julian thinks he's in charge of us, I am really!"'.<sup>31</sup> This is reflected in Olivia's character, as she takes on her 'motherly' role through baking for the other girls, and even her own mother.

She also uses literary references to attempt to keep up this image; for example, when forced to write a suicide note by *Memento Mori*, Olivia simply writes a quotation from Shakespeare's *Hamlet*:

Mother,  
To die, to sleep – perchance to dream.  
I'm sorry.  
Yours,  
Olivia. (*All the Things*, p. 55)

There are several important things here. Firstly, this quotation is taken from Shakespeare's famous 'To be or not to be' soliloquy in *Hamlet*, in which the titular character contemplates attempting suicide.<sup>32</sup> Moreover, the very fact that Olivia relates more to the character of Hamlet than that of Ophelia (who is used often as an early example of a 'mad' young woman in literature), demonstrates Olivia's understanding of her own mental wellbeing. Whilst Ophelia is implied to be driven mad by the death of her father, Hamlet's contemplation of suicide is based on both the death of his father and the fact that he has been put in a position

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<sup>31</sup> David Rudd, 'Five Have a Gender-Ful Time: Blyton, Sexism, and the Infamous Five', *Children's Literature in Education*, 26.3 (1995), 185–96, p. 193.

<sup>32</sup> William Shakespeare, 'Hamlet', in *The Complete Works*, ed. by Stanley Wells and Gary Taylor (Oxford: Clarendon press, 1986), 3.1.58.

that he does not know how to get out of. The comparison of Olivia to Hamlet also indicates her fate; like Hamlet (and unlike Ophelia), she does not act upon her suicidal ideation within the timeline of the novel. Moreover, Olivia's internal conflict compared to her cool exterior is comparative to the way that Hamlet's soliloquys function in *Hamlet*, in which the thought process behind his 'madness' is fully conveyed to the audience, but not the other characters of the play. Of course, this is a fleeting enough reference that if a teenager does not understand it, it has no bearing on the understanding of the actual story. To think about the quotation in the context of the chapter itself is also interesting; this is taken from one of Mehreen's early chapters when she does not know Olivia well. As a result, this is a representation of the way in which other people perceive Olivia. This means that as Olivia reveals very little about herself due to using another person's words for her suicide note, she remains a mystery to both the other two characters and the reader. In doing this, Rahman evokes the uncertainty of who is trustworthy that appears in adventure stories, such as Jim's doubt about his peers in *Treasure Island*. This is in part caused by the fact that Jim informs the reader that he 'felt sure that [he] could trust' the character of Hands, shortly before Hands attempts to kill him.<sup>33</sup>

Moreover, Olivia's reluctance to provide any personal information is not dissimilar to George's first appearance in the *Famous Five* books when she initially meets her cousins; George's reluctance to do so conveys her hesitancy to joining the group. Olivia, similarly, only appears to wish to follow the instructions from *Memento Mori*, with no intention to discuss her issues with other people. The letter is very different from Olivia's own writing style, as the reader has already observed by this point. Therefore, the refusal to even use her own words on the page conveys the extremes to which she masks her true personality. Furthermore, this distance from acknowledging the emotional depth of her decision to attempt suicide is indicative of the way in which she dissociates when experiencing sexual assault; thus, it is suggested that as an extension of this, Olivia disassociates herself from any traumatic emotional situation. Interestingly, this works as a mirror to Mehreen's need to be instructed by others to complete suicide; both girls are shown to handle their pain by distancing themselves from the emotional aspect of it.

Cara's grief extends beyond her late father, to the recent loss of her everyday life before becoming disabled. One of the first examples of her daily life that the reader is presented with includes her Pat Pinsent makes note of the fact that children's literature has historically

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<sup>33</sup> Robert Louis Stevenson, *Treasure Island* (Bristol: Parragon, 1993), p. 133.

portrayed disabled people as being pitied or demonised.<sup>34</sup> If we are to consider disabled child characters such as Katy Carr from Susan Coolidge's *What Katy Did* (1872), this is proven to be true. In Katy's case, disability comes with pity from others, but is also depicted as being the result of disobedience. Katy eventually loses pity and has to learn how to be liked, and of course recovers unlike her permanently disabled cousin. She has to choose between being pitied and demonised, and ultimately avoids demonization by performing traditionally female tasks, such as tidying her bedroom. For Katy, disability is transient and is both punishment and lesson. This is not only an issue that arises within children's literature; it has been established that 'the problems of disabled people have been explained historically in terms of divine punishment, karma, or moral failing'.<sup>35</sup> Cara's belief that she caused the car accident that both killed her father and caused her disability may be a manifestation of this cultural belief. The adventure story genre traditionally includes disabled characters as secondary, and/or villains, so here Rahman actively subverts the genre not only by having Cara as a protagonist, but also by including her as a main viewpoint. For example, *Treasure Island* uses disability to determine whether characters are to be trusted, with the disabled characters Long John Silver and Blind Pew both transpiring to be evil. Similarly, J.M. Barrie's *Peter Pan and Wendy* (1911) features Captain Hook, whose evil is signified through his lack of hand. Cara is noticeably written to not conform to this type of ableist reading; of the three characters, she is shown to be the most open and honest with her friends regarding her thoughts.

For Cara, the narrative notably mostly follows her grief and mental struggles, rather than her physical struggles, and the issue that is solved throughout the novel is the strained relationship that she has with her mother in light of her father's death. In Disability Studies, the social model of disability dictates that the disabled person 'does not have to change, society does. Rather than feeling self-pity, she can feel anger and pride'.<sup>36</sup> This is an accurate description of Cara's place in the novel; rather than wallowing in pity, she has a lot of misplaced anger, which comes both from frustration at her change in ability and the loss of her father. The associated genre of the story is important here, as it has been asserted that

Genre affects how disabled people are depicted, and how those depictions are interpreted; it influences how frequently people with impairments are portrayed,

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<sup>34</sup> Pat Pinsent, 'Language, Genres and Issues: The Socially Committed Novel', in *Modern Children's Literature: An Introduction*, ed. by Kimberley Reynolds and Catherine Butler, Second Edition (London; New York, NY: Palgrave Macmillan, 2014), pp. 137–52, p. 145.

<sup>35</sup> Tom Shakespeare, 'The Social Model of Disability', p. 195.

<sup>36</sup> Tom Shakespeare, 'The Social Model of Disability', p. 199.

which impairments those characters possess, and whether they appear in primary, secondary or marginal character roles.<sup>37</sup>

In the case of *All the Things*, Rahman demonstrates the link between Cara's mental and physical state, claiming that 'my bad mood isn't something that I'll get used to, like I have the chair' (*All the Things*, p. 52). As Cara is able to give her point of view, the reader is therefore presented with the idea that whilst her physical disability is difficult to cope with on a social level, it is her mental anguish that is more of a pressing issue to her. By answering back to traditional models of disability as punishment or a sign of evil in children's literature, Rahman is successful in using YA to offer diversity in a way that not only represents the under-represented, but also undoes some of the harmful messaging that has been presented to the reader in their childhood reading.

Neena is a multi-faceted example of a hero in the mental health story due to the way that her eventual diagnosis does not hinge on one particular condition. Also suffering from grief, she demonstrates the idea that a mental illness does not always have to be constantly evident; it can be triggered or exacerbated by outside circumstances. The novel begins with her being comforted by her brother as a child as she has a panic attack, which she does not address until much later in the novel when having another one. This sows the seed that Neena struggles with her mental health before suffering from grief. However, grief is not the only factor that influences her mental state. Like Mehreen, Neena finds that her cultural and family expectations also weigh on her mentally, as she considers the impact of her family's views on her decisions. Put simply, she claims that 'I feel guilty a lot of the time. And torn. Like I can't just be myself without upsetting someone' (*Neena Gill*, p. 292). This adds weight to the name of the book; rather than just being representative of Neena's mental stability being shattered, the 'million pieces' are also indicative of the parts of Neena's life that are influenced by her family, and those that go against her family's beliefs.

Just as the hyper-feminine Olivia may be seen to emulate *The Famous Five's* Anne, post-assault Jay in *Broken Mirror* is not dissimilar in character to Blyton's George; causation aside, she cuts her hair, and is short and abrasive (mostly towards her mother). Even Jay's name, like George, is shortened to a traditionally male name. Jay's attempt at isolating herself from her friends and previous boyfriend is another indication of a hint towards her George-

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<sup>37</sup> Ria Cheyne, 'Disability in Genre Fiction', in *The Cambridge Companion to Literature and Disability*, ed. by Clare Barker and Stuart Murray (Cambridge, United Kingdom New York, NY: Cambridge University Press, 2018), pp. 185–98, p. 185.

like characteristics. Like George becomes more sociable with her cousins as the *Famous Five* books progress, as Jay recovers, she becomes more open to speaking to others beyond her mother and Sita. On the character of George, David Rudd comments that ‘it is precisely by standing apart from society that she manages to be powerful (in not subscribing to the standard relationships of power)’.<sup>38</sup> In the case of the adventure story, this is a successful way for the female character to provide herself with a sense of power and control; rejecting femininity is a choice that allows characters such as George to determine their own identity through participating in masculine activities. However, when dealing with the aftermath of a traumatic event such as this one, the opposite is true, which is an element that Kalhan explores. Unlike George, Jay’s rejection of her femininity does not feel so much like a choice, but rather is forced upon her. This indicates the power of trauma to a reader who may not have experienced anything similar. By using elements of gender as symbols of power, a part of teenage life that is formative - testing the boundaries of gender and the understanding of one’s own identity – becomes a central theme to the novel. Kalhan relates this back to Jay’s experience by demonstrating how her entire identity may be coloured by the assault, due in part to the age at which she experienced it. Of course, Jay’s initial rejection of her femininity is then completely contrasted by her staying in Sita’s daughter’s pink, feminine room, and the children’s books that she reads, which are primarily aimed at girls. This part of her recovery implies that in order to recover from the trauma of her sexual assault, Jay must reclaim her femininity on her own terms.

It would seem that this is not an unusual reaction from a sociological point of view, as it has been suggested that ‘masculine power and feminine powerlessness neither simply precede nor cause rape; rather, rape is one of culture's many modes of feminizing women.’<sup>39</sup> This, along with the idea that a rapist ‘strives to imprint the gender identity of “feminine victim” on their victim, would indicate that Jay’s reaction to her assault acts as a way to rid herself of the label of ‘victim’.<sup>40</sup> Ridding herself of the ‘victim’ label does not only refer to her gender identity. Kalhan’s description of Jay’s initial reaction to her assault demonstrates the character attempting to remove the physical effects of the assault from her body, which includes her using disinfectant to thoroughly cleanse herself of the experience. Jay is seen to be a practicing Hindu, which is another religion that places great importance upon the idea of

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<sup>38</sup> David Rudd, ‘Five Have a Gender-Ful Time’, p. 187.

<sup>39</sup> Sharon Marcus, ‘Fighting Bodies, Fighting Words: A Theory and Politics of Rape Prevention’, in *Feminists Theorize the Political*, ed. by Judith Butler and Joan Wallach Scott (Routledge, 1992), pp. 385–404, p. 391.

<sup>40</sup> Marcus, ‘Fighting Bodies, Fighting Words: A Theory and Politics of Rape Prevention’, p. 391.

cleanliness, but Jay is seen to take this to an extreme. Rahman's description of the occurrence is graphic, stating that 'She tipped the contents of almost a whole bottle of Dettol on to her body, and put the rest on to a sponge and scoured her skin with it. Scoured each and every part of her body that hurt'.<sup>41</sup> Cleaning herself with Dettol is important as it is a product that is sometimes used to disinfect wounds. However, Jay is extremely thorough and given the situation, is implied to be using it on her vagina. Dettol is not recommended for this as it is very harsh, which causes Jay to unintentionally self-harm. By quite literally attempting to take off the top layer of her skin through 'scouring', therefore, Jay figuratively removes herself of the 'victim' label.

### **Villains and Adults**

One of the defining aspects of the adventure narrative is the villain character. These may sometimes be an almost nameless figure, brought in with no personal connection to the hero, such as the thieves featured in *Five on a Treasure Island*, or they may be present throughout like *Treasure Island's* Long John Silver. Notably, the villain in child detective stories is usually an adult (most commonly a grown man), empowering the child reader by emphasising that the children of the story are able to best an adult. This also, incidentally, disempowers or even infantilises the adult villain. For this reason, adults and villains are discussed in tandem here. In stories such as *Nancy Drew*, it has been established that the question of the identity of the villain is rarely the main question, as it is often either made obvious or not important to the plot; rather, it is the details of the crime and the way in which the child detective solves it that is crucial.<sup>42</sup> This idea translates to the novels under discussion here, especially as all of the stories contain a criminal that can only be convicted with the aid of the protagonists. Despite the level of understanding by the character, readers are expected to understand that mental health is the issue beneath the climax of the storyline. There is almost a comfort in the fact that the reader is always at least one step ahead of the protagonist, and the details of their condition become clearer as the novel goes on.

In terms of traditional children's adventure stories, Grenby addresses the fact that 'in triumphing over the criminals [the protagonists] assert their equality with, or actually

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<sup>41</sup> Savita Kalhan, *The Girl in the Broken Mirror* (Ardleigh: Troika Books, 2018), p. 9.

<sup>42</sup> Eloise Knowlton, 'Unknowns Made Known: Nancy Drew's Enigmatic Evasion', *Children's Literature Association Quarterly*, 20.1 (1995), 19–22, p. 20.

superiority to, adults'.<sup>43</sup> This is an element that carries over to issue-led YA fiction but does not work in the same way. Instead of the child hero coming out on top without or despite the advice of adults, these novels emphasise that adults do sometimes know the best form of action to take. This is for good reason, as it effectively encourages the teenage reader to seek help from adults in the event of the deterioration of a friend's, or even their own, mental health. Interestingly, this gives almost the opposite message to the child's adventure story; these novels encourage an element of reliance upon adults in dangerous situations, rather than the independence that tends to be supported in children's adventure fiction and YA.

*All the Things*, in using a format that is very similar to a child detective story such as the *Famous Five* stories, ends in an incredibly similar way. The first *Famous Five* novel, *Five on a Treasure Island* (1942), for example, ends in having the five provide information about a set of unnamed criminals to their Uncle Quentin, who informs the police. Bringing this convention into the twenty-first century, the creators of *Memento Mori* are nameless and faceless villains, and perhaps the most like the traditional unknown villain character, who not only encourage the characters to complete suicide, but also harass the participants if they do not follow their instructions. By handing them over to the police at the end of the novel, Rahman essentially confirms that they are a problem too big for teenagers to fix, and that by choosing to strengthen their own mental wellbeing, the girls can attempt to resist being able to be preyed upon again.

However, *All the Things* contains more than one human villain. As Olivia's storyline revolves around her sexual assault, her mental distress is actively caused by the trauma of her situation, making her sexually abusive stepfather the villain of her story. Olivia's stepfather makes an appearance and is caught committing the crime by her mother, allowing for Olivia to be directly involved in his downfall. This meets Ayiana Altrows' demand that 'the figure of the rapist needs to be included in rape narratives so that the focus of the story does not always shift to the trauma of the victim'.<sup>44</sup> However, for *Broken Mirror*, whilst Jay's cousin Deven is included, he features briefly, and he is never seen again after the incident. He is rarely even mentioned, despite being the clear villain of the story. As such, his trial and arrest are a secondary element of the story, with Jay's wellbeing and experiences of trauma being much more significant. Contrary to Altrows' opinion on how trauma should be handled, Kalhan

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<sup>43</sup> Grenby, 'The Adventure Story', p. 175.

<sup>44</sup> Aiyana Altrows, 'Rape Scripts and Rape Spaces: Constructions of Female Bodies in Adolescent Fiction', *International Research in Children's Literature*, 9.1 (2016), 50–64, p. 63.

intends for Jay dealing with her trauma to be the main focus of the novel, rather than the trauma itself, and so deals with the topic by maintaining her protagonist and the community of women as the focal characters.

Roxanne Harde addresses the fact that novels with a rape narrative, ‘do not engage with the difficulties survivors face after the point of telling’.<sup>45</sup> Indeed, telling can be contentious, given that psychologists have determined that sometimes, ‘the telling creates a reliving’.<sup>46</sup> *All the Things* avoids having to show the ‘telling’ by having Olivia’s mother witness the act itself. Rahman does, however, have Olivia agonise over whether to ‘tell’ throughout the novel. This is effectively the main internal crisis for Olivia, and also the reason that she ultimately does not complete suicide, after Cara and Mehreen ask her, ‘if you die without reporting it, what’s to stop him forcing himself on someone else?’ (*All the Things*, p. 173). Olivia’s social standing also comes into her concerns about who is useful to tell, claiming that ‘If I could tell anyone about what’s happening to me, I’d tell [Maria, the housekeeper] ...but she wouldn’t/shouldn’t/doesn’t care. She’s just the help’ (*All the Things*, p. 40). Given that on the same page, Olivia refers to Maria as ‘the closest thing I have to a best friend’ (p. 40), this says a great deal about Olivia’s perception of class. There is a long-standing trope within children’s literature of children being close with servants, and this is what is being evoked here. However, when it comes to disclosing something as shameful and emotional as sexual assault, being of a lower social class combined with being a woman prevents Olivia from seeing Maria as someone to assist with her mental struggles, despite her very prominent word choice. The use of the term ‘help’, whilst being somewhat dated, and therefore in line with Olivia’s carefully crafted ‘sophisticated’ persona, indicates that she does know that Maria is there to help her family, but once again creates a divide between the mental and physical. Olivia sees Maria’s position within the house as one that allows her to help with physical issues, but not her mental anguish. Moreover, on a more practical level, the use of such an unusual, class-driven term seemingly emphasises to the reader that this is perhaps the result of an overheard ‘adult’ conversation, in Olivia’s attempt to be ‘mature’.

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<sup>45</sup> Roxanne Harde, “‘No Accident, No Mistake’: Acquaintance Rape in Recent YA Novels”, in *Beyond the Blockbusters: Themes and Trends in Contemporary Young Adult Fiction*, ed. by Rebekah Fitzsimmons and Casey Alane Wilson, (Jackson: University Press of Mississippi, 2020), pp. 171–186, p. 173.

<sup>46</sup> Philip M. Bromberg, ‘Something Wicked This Way Comes: Trauma, Dissociation, and Conflict: The Space Where Psychoanalysis, Cognitive Science, and Neuroscience Overlap.’, *Psychoanalytic Psychology*, 20.3 (2003), 558–574, p. 563.



Roxanne Harde's criticism of the representation of acquaintance rape in YA novels lies in the fact that rape narratives do not usually deal with the actual problem beyond handing over knowledge of the situation to an adult character. However, Rahman offers a counter to Harde's criticism, in having Olivia claim that telling an authority figure about her abuse is 'not going to get rid of what's up here... I have to live with this... seeing it all playing out in my head... for the rest of my life' (*All the Things*, p. 126). Here, Rahman reveals that the psychological trauma and mental health problems that come from this kind of abuse are far more daunting than the idea of handing over this information. Where YA novels about rape like Laurie Halse Andersen's *Speak* (1999) treat the issue of 'telling' as a form of closure for both the character and the reader, *All the Things* considers it an important step towards recovery. Ultimately, this allows Rahman to leave Olivia's recovery narrative open; in gesturing towards the possibility of mindset improvement but not presenting telling as a cure, there is no false closure in the form of disclosure.

The ending of Jay's sexual assault narrative is similar in nature to Olivia's but presents more than one reason for 'telling'. It is revealed that Jay's cousin, Deven, had previously committed the same crime at university, but that the girl in question had been too frightened to report it; Jay's story encourages her to come forward at the end of the novel. Alongside this, Sita tells Jay about her daughter-in-law's sexual assault to bring to light that hers is not an uncommon experience, but one that she can help to prevent by revealing her attacker. This once again emphasises the importance of telling more out of duty to other women than for peace of mind, which is the initial implication of these actions. By widening the impact of Deven's actions, and presenting another example of a sexual assault, Kalhan acknowledges that these types of attacks are not isolated incidents, but more representative of a wider social problem. Kalhan even represents Jay following the issue through the news, including that 'she'd read somewhere that a woman was raped every half an hour in the UK' (*Broken Mirror*, p. 290). This eventually acts as an impetus for her to attempt to live with her trauma, as 'she wasn't alone. Thousands of women somehow managed to live with it' (p. 290). Thus, *Broken Mirror* demonstrates how 'telling' can be one of the ways in which sexual assault may be combatted by treating it as a social issue, rather than on an individual basis. As a result, these novels encourage the teenage reader to understand that despite the level of shame involved, the abuser is the character that is at fault. Moreover, they position the act of 'telling' as a preventative measure that may help on a wider level.

The pressures of cultural expectations for a second-generation British Asian are as prominent, if not more so, in *Broken Mirror* than the other two texts. Beyond her traumatic assault, a main concern for Jay is that having grown up in the UK, ‘no matter how hard Jay tried, she couldn’t make herself more Indian’ (*Broken Mirror*, p. 25). Jay is seen to feel the pressure to conform with cultural norms from her Indian family, which is primarily fuelled by the characterisation of her aunt and the mother of her attacker. Jay describes her aunt as ‘a certain kind of Indian woman, one who had super-strict rules for girls and very different ones for boys, and the same went for her expectations of them’ (*Broken Mirror*, p. 31). In contrasting Jay’s aunt with her mother, however, we are able to see that the true issue with the aunt is not related to her race, but to her age and inability to adapt to a newer time. Where Jay’s auntie forces upon Jay an internalised racism, she herself has internalised misogyny. As the unsympathetic mother of Jay’s rapist, the aunt features as another major villain, perhaps even more so than the rapist himself. This seemingly combats criticism of the well-known rape novel, *Speak*, as expressed by Angela Hubler. Hubler states that ‘the novel’s focus on the individual psychology of the protagonist and her solitary journey to healing deemphasises the social factors contributing to rape’.<sup>47</sup> *Broken Mirror*, by comparison, focuses mainly on Jay’s healing process but does also shine a light on a family home in which a rapist is forgiven by his mother. Between the fear of ‘telling’ and the acceptance of abhorrent behaviour by family members, Kalhan effectively addresses more than one of the social issues related to rape. Given the manner in which support between women is demonstrated to be one of the most effective ways in which to cope with a sexual assault of this type in *Broken Mirror*, Jay’s aunt is seen to be a villain due to her betrayal of her own gender.

Mental health narratives with no human villain still have to provide this figure in another manner in order to cause conflict or a suitable impetus for the protagonist to seek out recovery. Obviously, in not having a villainous person, the danger of the narrative is displaced; it is a figure within the characters’ minds and therefore indicates the potential for villainy within even the ‘good’ characters. This indicates that the mind is full of demons to fight, figuratively and literally. *Neena Gill*, for example, has no human villain figure. However, Neena’s delusions cause her to believe that the danger she faces is an external kind, posed by those who attempt to help her. She responds to the suggestion from school staff members that she should attend counselling by worrying that ‘*everyone’s turning against me.*

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<sup>47</sup> Angela E. Hubler, ‘It Is Not Enough to Speak: Toward a Coalitional Consciousness in the Young Adult Rape Novel’, *Children’s Literature*, 45.1 (2017), 114–137, p. 117.

*What do they want from me? What are they trying to DO to me?* (Neena Gill, p. 146). In a way that is not dissimilar to Rahman's use of formatting in Olivia's chapters, the italics here separate the words from Neena's usual narrative, emphasising her manic and muddled state of mind. A few pages later this escalates in to fully-blown paranoia, as she tells Josh that 'they might be watching, spying – they're always watching me' (Neena Gill, p. 149). Although implied to be the staff at school and her parents, 'they' remain an ambiguous group of people. Neena's lack of specificity in exactly who poses a threat to her, then, is an early indicator to the reader that the 'danger' is not as she perceives it to be. Without naming the condition of psychosis, this behaviour is used by Smith-Barton to display how signs of mental illness before diagnosis may manifest, at the same time as showing the internal experience. Moreover, this establishes how actions that are an important part of recovering from mental distress, such as being monitored, can be perceived by the person themselves as harassment or being targeted when not in a receptive frame of mind. The doctor and psychiatric nurse explicitly position Neena's mental health as the 'villain', telling Neena that 'your friends... think you're behaving unlike yourself and they're worried you might be a danger to yourself' (Neena Gill, p. 233). Although it is not given a name like Mehreen's Chaos, there is still the understanding here that Neena's condition is not something she can control, and naming her condition as psychosis allows the reader to separate the blame for Neena's actions throughout the novel from Neena as a character and protagonist.

Whilst villains are always adults, not all adults are villains. One way in which YA mental health fiction does not fit the adventure/detective fiction structure is the role played by other, non-villain adults, especially parents. Within the adventure story genre, parents often play a fairly small role; Dennis Butts refers to them as 'shadowy creatures, often dismissed from the tale very quickly'.<sup>48</sup> Antero Garcia discusses the fact that in children's literature, such absence translates to a sense of passivity on the part of the parent characters, in order to shift social responsibility upon the teenage characters; 'adults cannot rectify the past nor can they correct the future'.<sup>49</sup> Whilst this may be the case in a children's literature story, in YA novels this is not how parent characters function. Of course, parents to young adults cannot change the past, and these novels all provide examples of traumatic incidents that are out of the control of the parents in the story. However, particularly in issue-led fiction concerning

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<sup>48</sup> Dennis Butts, 'Exploiting a Formula', p. 154.

<sup>49</sup> Antero Garcia, 'YA and the "Emerging Self": Looking Ahead at the Genre and Our Classrooms', in *Critical Foundations in Young Adult Literature*, by Antero Garcia (Rotterdam: SensePublishers, 2013), pp. 129–34, p. 133.

storylines with such pressing matters as mental health, the issues raised cannot be solved without the help of a parent, meaning that the endings of these novels are often different in convention to the mystery novel.

The passivity and absence of parents is explained in a variety of ways for each heroine, most commonly through grief or cultural issues. For Mehreen and Olivia, for example, the ‘passivity’ of their parents is due to their willing ignorance regarding their daughters’ wellbeing. For example, Mehreen’s mother notices self-harm marks on her daughter’s wrist very early in the novel, but does not press the matter; instead, she simply assumes that they are caused by Mehreen’s jewellery (*All the Things*, p. 4). Olivia’s mother, despite finding Olivia during her suicide attempt, is said to be

‘ADAMANT

That it was just an innocent mistake,

That I had just fallen asleep,

While listening to the radio’ (*All the Things*, p. 119).

Later in the novel, this is seen to be willing denial, as Olivia’s mother admits that she knew what her daughter was attempting to do; she confesses that she thought that by not addressing it, Olivia would not attempt suicide again. The idea that adults actively ignore what is going on is an adaptation of a trope taken directly from the mystery genre, as ‘child detectives are seen to work without being noticed by the adults around them’.<sup>50</sup> *All the Things* follows this format, with most of the novel following the three girls as they attempt to tackle their mental health problems alone. Eventually, the teenage characters of *All the Things* are only able to make steps towards recovery when their parents move from passivity to action, once again pointing out the importance of adults’ involvement in teenagers’ lives. Whilst this is another example of addressing the adult reader, it is also an important part of the child detective story. This is once again seen through the example of Uncle Quentin’s report to the police on the children’s behalf in *Five on a Treasure Island*.

Routledge attributes this to working as part of a team, which is misinterpreted by adults as social interaction between groups of friends, thus raising no suspicion from parents or adult villains. Indeed, within *All the Things*, even Cara’s ever-present mother often leaves her alone when she is with the other protagonists. This is used by Rahman to indicate the benefits of

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<sup>50</sup> ‘Chris Routledge, ‘Crime and Detective Literature for Young Readers’.

being unsupervised in a group. Beyond their plans to commit suicide together, this encourages the friendship between the three girls, resulting in a temporary improvement in their wellbeing. As has been demonstrated in other chapters of this thesis, strengthening relationships with peers is a crucial part of mental health YA novels, and often acts as one of the most important elements of recovery. In particular, this relationship works in the same way as those in psychiatric facility novels, in that the girls initially bond over their sense of understanding each other's mental health issues. Therefore, despite the lack of openness towards their parents regarding their mental health issues, which ultimately becomes a detrimental issue, Rahman's narrative emphasises the importance of allowing teenagers more agency through being left 'alone'.

For Neena, the passivity of her parents is due to the grief that they are also experiencing. At the beginning of the novel, she observes that 'Mum hasn't left the house for months. Dad's impossible to be around since everything happened' (*Neena Gill*, p. 4). Despite describing them as 'strict', the fact that they are focused on their own grief allows Neena to descend into manic behaviour, almost undetected. This is perhaps a commentary on the fact that 'strict' parents can at times be less involved in their children's lives, as more intense rules lead to a lack of transparency in the family home. It is also revealed that Neena's mother 'switched from sleeping all the time to cooking and cleaning all day too' (*Neena Gill*, p. 25). This is not dissimilar to the way in which Cara's mother deals with grief in *All the Things*; both mothers deal with their grief by immersing themselves in looking after their families. In this way, both mothers are physically present for much of the novel, but not always emotionally available, this echoes mothers in adventure stories like *The Famous Five's* Aunt Fanny. Whilst present to provide the four children with picnics and treats, Aunt Fanny rarely acts as an important part of the Famous Five narratives, instead giving the children freedom. Neena's father's reaction to his grief is that he 'drank too much and was quiet all the time' (*Neena Gill*, p. 24). Here, the idea that parents only play a very small role in adventure stories is subverted, if mainly because Neena's parents' grief is a catalyst for a lot of the action that happens in Neena's story. The fact that her parents are also grieving allows for Neena to sneak around in a way that would be harder to achieve if she was under constant surveillance. The fact that her parents are immobilised by their grief makes them passive characters in the narrative, ultimately providing the protagonist with the freedom that we see in adventure stories as the result of more absent parents.

*All the Things*' most present parent is Cara's mother, who must be accessible due to Cara's disability. On her ever-present mother, Cara claims that 'being with [Mum] all day is harder than you'd think; she's like a toddler bursting with energy, trying to get me to play when it's literally the last thing I want to do' (*All the Things*, p. 13). Due to her disability, Cara's mother takes a very different approach to her being supervised, reverting to treating her almost as a young child. Cara expresses this concern as she worries about how to make it to the meeting with the other two girls; 'How the fuck am I going to get away from Mum?' (*All the Things*, p. 31). Thus, this narrative, in addition to being a tale of working through grief, also demonstrates the importance of giving a disabled figure a chance at independence. Independence in this case means something different from what it would to an able-bodied person. The issues that Cara faces with accessibility mean that to an extent, her independence still includes an element of reliance upon her mother. However, a great deal of her independence goes hand-in-hand with trust. Once again, this ties back to the adventure story; much as the parent figures learn to trust their child after they are proven to be right about the villain, Cara's mother must learn to trust her child after she has proven her ability to have an element of independence. To some extent, it is the way in which Cara's mother misinterprets her daughter's disability as infantilising that acts as the central conflict of Cara's storyline, more so than her issues with grief or suicidal ideation.

In *Broken Mirror*, Jay inadvertently runs into Sita, the matron from her previous school, whilst running away from home. As another Asian woman who has already been in a position of care for Jay, she takes Jay and her mother in to live with her in order to avoid their family home. Jay declares that 'Sita's strength, her different Kenyan-Indian background, had all helped her mum... But they came too late for Jay' (*Broken Mirror*, p. 262). This is shown not to necessarily be the case, as Sita eventually creates an environment within the home in which Jay is able to overcome her distress. In this way, Sita effectively takes on the second parent role, in the way that is seen in the novels about agoraphobia. Sita manages to break through to Jay through talking to her about her daughter-in-law's similar experience with sexual assault, which encourages her to 'tell' her experience for the sake of others. Furthermore, Sita provides Jay with a bedroom containing a collection of children's books. Having been established as a voracious reader early on, Jay re-reads these novels, which are established as being favourites from her childhood, upon her arrival. Thus, Jay's initial alternative to therapy, in a metafictional move, is to initially attempt to recreate a sense of safety and comfort through reading familiar works of children's literature; she describes

herself as ‘losing herself in the innocent little melodramas of the girls at Malory Towers’ (*Broken Mirror*, p. 161). This is one of the examples in these specific types of novels that require a level of pre-determined knowledge of children’s genre fiction, as the reader is expected to know about the *Malory Towers* series, even if they have not read the novels. There is a possibility that this regression is an attempt to return to her previous state, allowing for her to grow up again without having lived through this experience. In fact, later on Jay even takes comfort in a ‘formulaic detective novel’ (*Broken Mirror*, p. 291), which she finds comforting as ‘she guessed who’d done it by page fifty’ (p. 291). Here, Kalhan speaks to the familiarity that comes with genre novels of this type, as well as the comfort of being able to ‘solve’ a literary problem. In novels about mental health, there is rarely a simple solution to the problem at hand, and so Kalhan uses Jay solving the problem as a way for the reader to contrast the simplicity of the detective structure with her own narrative.

Unlike the other heroines, Jay distances herself from her peers, eventually only spending time with her mother and Sita. To some extent, this can be seen to be a result of having been violated, and therefore separated from the ‘child’ world; Jay only appears to be able to speak to her peers after spending time at Sita’s house reading children’s literature. Consequently, ironically it is the adult Sita that reunites Jay with her essence of childhood, although after her experience she can never fully return to a state of childhood. The estrangement between Jay and her peers is also indicated to begin because her peers are white and are not seen to understand the way in which Jay’s life changes after moving into her Indian aunt’s house.

### **Therapy as the Homecoming**

Therapy-resistant novels, especially if representing a particularly intense period of low mental wellbeing, often provide alternative methods of coping for the protagonist. Although not always healthy as a standalone method, these elements provide a form of support for the protagonist that usually eventually becomes supplementary to their therapeutic recovery. In these three novels alone, everyday support systems that are shown include friendship, religion, and romantic relationships.

Grenby’s theoretical work on the adventure story, when focusing particularly on the hero, examines the adventure story as being ‘a fantasy of empowerment’.<sup>51</sup> This essentially means

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<sup>51</sup> Grenby, ‘The Adventure Story’, p. 174.

that characters who would otherwise be unimportant are given the opportunity to be not only significant, but in control of their own life in a way that most children are not. The ‘fantasy of empowerment’ is still applicable to these YA mental health stories, but in a more misleading manner. Namely, this is the part of the story before the characters are willing to take part in therapy, when they think that they have taken control over their own mental health. In this particular case, the ‘fantasy’ is not for the reader to aspire to, but instead the ‘fantasy’ of the protagonist themselves. For example, the three protagonists of *All the Things We Never Said* decide to form their own support group, after Cara lies to her mother about attending one. Mehreen’s justification for this is that ‘I just think it’s really helped, having people who feel the same, who understand. I can talk to you two about things I wouldn’t mention to anyone else, and you don’t make fun of me’ (*All the Things*, p. 180). They also refer to ‘addiction support groups’ on ‘American TV’ (*All the Things*, p. 208), joking that they should use the scripts by which group therapy/support sessions should run based on popular American media: ‘Be sure to start by saying “My name is Mehreen and I’m an alcoholic”’ (*All the Things*, p. 209). Whilst Mehreen’s comfort in sharing her experiences is valid, the three girls are shown to not understand that they require a professional to provide real support. This is the point at which the ‘fantasy of empowerment’ is particularly evident; as the girl’s mental wellbeing is improved, they consider themselves as having solved their own issues. However, the later events of the novel indicate that this type of empowerment may actually be damaging, as it provides a false sense of ability to manage one’s own health. This conflation of ‘support’ and ‘comfort’ is one that appears in a lot of novels that follow this format.

In a typical use of the teen romance trope, Neena finds the same comfort in her romantic relationship, which eventually breaks down due to her mental health issues. When explaining the beginning of her romantic relationship, Neena states that during her first kiss, ‘all the crappy stuff that’s happened over the last ten months, went away for a while. We were all that mattered’ (*Neena Gill*, p. 55). Here, she is effectively using her relationship as an almost drug-like crutch. Whilst she refers to her prescription medication as her ‘magic pills’ (*Neena Gill*, p. 27), it is the relationship that she feels has rid her of her symptoms. In fact, her psychotic break includes a delusion in which she has an imagined date in the middle of the night. Ironically, Neena refers to this date as going on an ‘adventure together’ (*Neena Gill*, p. 170), demonstrating Neena’s own positioning of herself as the heroine of an adventure story. With Neena, this need for an escape or sense of empowerment is even more prominent because her parents are referred to as being overly strict by Neena throughout the narrative.



This is perceived by Neena as being due to racial reasons, it is evident to the reader that their rules are related to Akash's death. This is later clarified when she is in therapy, as she realises that her parents are 'just scared, that's all' (*Neena Gill*, p. 293). Moments such as this, along with the reveal that the 'date' was a dream sequence, remind the reader that Neena is ultimately an unintentionally unreliable narrator, in that she records her genuine experiences with delusion. Once it is revealed that Neena suffers from delusions, it is the reader's responsibility to discern which parts of her experiences were genuine, and which were only experienced by Neena herself. Smith-Barton also uses this to gesture towards an expected feature of the 'sick lit' novel: the love interest that 'cures' the protagonist.<sup>52</sup> Neena herself sets up the narrative as though her boyfriend will save her and aid her in being 'cured', but Smith-Barton, perhaps quite responsibly, subverts this internalised romance plot. Eventually, Neena confesses that 'I wanted him to fix me so much – but now I realize you can't rely on other people for that' (*Neena Gill*, p. 306). By being one of the characters that takes her to the hospital, he does aid her in her recovery, but not in the miracle cure way that she initially suggests. The fact that he is given little background detail as a character is indicative of the way in which he is not the answer to Neena's issues, and Smith-Barton does not leave the door to this relationship open.

In these novels that demonstrate an initial resistance to the psychiatric system, it is important to reflect on the way in which the confessional voice is used. Sara Day's concept of using the reader as therapist is an interesting one to consider in this context. Day determines that in using the assumed reader as a therapist figure, authors 'draw on contemporary representations of and assumptions about the therapist-patient relationship, particularly when the patient is an adolescent woman.'<sup>53</sup> For these novels, in which professional help is not sought until far in to the narrative, this is crucial; the confessional style of a therapy session is almost mimicked by chapters such as Olivia's, which go in to great detail about her mental state, rather than moving the plot along. The unloading of information is only done in this way until they attend therapy, at which point the weight of the sensitive topic is supported by a therapist. It is at this point in the novel that authors, through their therapist characters, provide thoroughly researched scientific information about mental health. For example, Mehreen's therapist tells her that 'one in four people suffer from some form of mental illness' (*All the Things*, p. 275).

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<sup>52</sup> The trope of the love interest as a cure is explored in more detail in the family stories chapter of this thesis.

<sup>53</sup> Sara K Day, "'She Doesn't Say a Word': Violations and Reclamations of Intimacy", in *Reading like a Girl: Narrative Intimacy in Contemporary American Young Adult Literature* (University Press of Mississippi, 2014), pp. 101–143, p. 106.

It is through the therapist character, then, that we remember the didactic purpose of these novels. They are designed not only to tell readers about the conditions themselves, but also to be instructional in the case that the child reader encounters the problem in real life.

A lot of Mehreen's anxiety appears to stem from internalised racism; when meeting Cara and Olivia, she suspects that other people in the shopping centre see her as 'the shifty-looking Muslim girl with a backpack standing next to the cash machine' (*All the Things*, p. 73). More specifically towards her race, at one point her Chaos makes her worry that 'there actually is something in [her] bag that could be used to make a bomb' (p. 73), despite her knowing that this is not the case. External racism is only represented fleetingly in the *All the Things*, as some of Mehreen's schoolfriends are shown to make stereotypical assumptions about her based on her race. For example, they ask her, 'aren't Asians meant to be smart?' (*All the Things*, p. 24) when Mehreen attends a GCSE study session to catch up on schoolwork. However, internalised racism is not only the result of these kinds of encounters. Instead as Suzette Speight observes, 'the target's awareness and internalization of society's stereotypes is enough to produce a psychologically threatening situation'.<sup>54</sup> In fact, Speight goes on to argue that rather than racially motivated attacks, the most damaging psychological injury related to racism may instead be that of internalised racism.<sup>55</sup> Thus, the awareness that Mehreen shows about how her race is regarded is significant even if she is not attacked directly by others; overall, her concerns about her race come from her own mind and what is perceived to be the understanding of her race and religion by society.

More so than internalised racism, Mehreen and Neena both struggle with the expectations of those within their families and cultures. Notably, Mehreen's breaking point before her suicide attempt is whilst getting ready for a cousin's large wedding ceremony. As an introverted, anxious person, Mehreen primarily struggles with the expectation that she socialises at large family events. The depth of this expectation is demonstrated earlier in the novel as Mehreen and her immediate family arrive at the bride's home before going to the ceremony as a larger group. Mehreen asserts that in the opinion of the wider family, 'if we don't show our face at the house beforehand, we're basically the worst, most selfish humans on earth' (*All the Things*, p. 316). Using a cultural element of her religion, rather than a belief-based one, to be the trigger for her suicide attempt is emblematic of her struggle between having Muslim

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<sup>54</sup> Suzette L. Speight, 'Internalized Racism: One More Piece of the Puzzle', *The Counseling Psychologist*, 35.1 (2007), 126–134, p. 131.

<sup>55</sup> Speight, 'Internalized Racism: One More Piece of the Puzzle', p. 130.

beliefs and finding the cultural aspects of being in a Muslim family difficult. The cultural aspects that she particularly struggles with are social events. When asked why this is by a mental health specialist, she explains that ‘there’s this expectation in my head... in my parents’ heads, in all my relatives’ heads, of who I should be, what I should be like’ (p. 401). For this reason, the identity of the therapist is an important aspect of novels that include difficulties surrounding race and culture. Mehreen’s therapist is portrayed as being helpful because she is also Asian; therapist and patient are said to have ‘the same frames of reference and [the therapist] understands how horrible social gatherings can get’ (*All the Things*, p. 432). For Mehreen, at least, having discussions around the expectations included in these events is an important step for dealing with her anxiety and intrusive thoughts. Through this, Kalhan indicates that much like friendships based on shared experiences, relationships with medical professionals may be more successful if there is a common ground. By contrast, both Jay and Neena have white therapists. Jay, who has been traumatised by her experiences with her Indian family, actively rejects the offer of an Asian therapist. In doing this, Savita Kalhan emphasises the importance of choice in these situations; using Jay as a case study allows the reader to understand the individual nature of therapeutic practices. Both approaches make sense in the context of their respective narrative, and therefore validate the freedom of choice that the heroines are able to have here.

In *Neena Gill*, Neena is not given a choice as to the identity of the individual treating her. Her psychologist, Laura, is indicated to be white. In discussions about critical race theory in relation to mental health, it has been agreed that ‘therapists who are not familiar with race or take race for granted tend to avoid any discussion of it,’ which may become an issue in situations that require attention to issues of race and culture.<sup>56</sup> It may be assumed that as a white character, Laura is within this category of being able to take race for granted. Thus, the race and words used by the therapist in this type of novels is an important choice made by the author. Laura attempts to address some cultural issues through encouraging Neena to question her own thoughts about her Pakistani culture, asking her,

Have you ever separated what is *actual* cultural pressure from your parents, and what is *perceived*? You might be projecting some of your own fears of letting

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<sup>56</sup> Roy Moodley, Falak Mujtaba, and Sela Kleiman, ‘Critical Race Theory and Mental Health’, in *Routledge International Handbook of Critical Mental Health*, ed. by Bruce M. Z. Cohen (London; New York: Routledge, Taylor & Francis Group, 2018), pp. 79–88, p. 83.

them down on to them, and you could be viewing their rules as tight cultural boundaries when actually they're not about that (*Neena Gill*, p. 292).

By centring the discussion on Neena herself, rather than a culture that Laura may not be familiar with, Smith-Barton encourages the conversation to be diverted from the therapist character, instead allowing it to be about Neena's identity. By drawing attention to the possibility of Neena 'projecting' her 'own fears', more is learned about Neena and her understanding of her place in the world. Once again, this indicates that at least some of Neena's issues are rooted in internalised racism, and the influence that it has on the way people of colour perceive the world around them. There is also the comforting indication that despite the clear influence that her nationality is seen to have on her life, there is no clear link between Neena's race and her mental health problems. This kind of clarity is needed in order to demonstrate the way in which those undertaking therapy may begin their own recovery through recontextualising their issues, and changing the way that they think. As a result, in encouraging Neena to think about the reasons behind her parents' rules beyond accepting them as the 'done thing' within their culture, Smith-Barton presents the reader with ways in which to approach 'strict' parents. By moving away from the cultural element of her issues, Neena embodies the idea that teenagers may politely push back or question rules that are negatively impacting their mental wellbeing.

Smith-Barton's technique of displaying symptoms before diagnosing her heroine places Neena's diagnosis as the 'solution' to the 'mystery' of her experiences. In fact, Neena's attitude towards her medication and mental health is the primary reason that this novel has been paired with one in which no characters have been given diagnoses at the beginning; she is shown to not have a thorough understanding of her illness despite having already been prescribed medication. This theme of reluctance or misunderstanding is common in YA that examines mental illnesses; it has been established that in YA mental illness novels, 'many characters struggle to accept their diagnoses/medications or overtly reject them.'<sup>57</sup> Indeed, after Akash's death, Neena is provided with antidepressants almost immediately, but is not given the chance to fully accept her condition. As a result, she does not have to experience therapy of any kind and is reassured by her mother that her medication may remain a 'secret' between the two of them. Neena mistakes this reassurance for insistence, and her immediate reaction is '*God, the shame*' (*Neena Gill*, p. 76). This effectively sets up Neena's attitude

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<sup>57</sup> Diane Scrofano, 'Disability Narrative Theory and Young Adult Fiction of Mental Illness', *The Journal of Research on Libraries and Young Adults*, 10.1 (2019), 1–33, p. 21.

towards medication and mental health services in general throughout the novel. In fact, shame acts as the element that ties all three of these novels together. This is possibly reflective of the way that adventure stories are similarly tied together by elements such as a sense of bravery and curiosity. The main reason behind the heroines being reluctant to seek out psychiatric help is because of shame. Olivia and Jay both convey the shame that can come with being sexually assaulted. Even as post Me-Too novels, these stories convey the fact that women are still unable to report their sexual assault because of shame; rapecrisis.org.uk states that 40% of women who are raped do not report it to the police, out of embarrassment.<sup>58</sup> Mehreen's shame is rooted in her wanting to attempt suicide despite it being against her religion. Like Neena, her reluctance to ask family or professionals for help is related to family expectations related to culture and religion. Finally, Cara's shame lies in the fact that she believes herself to be the reason for her father's death. It is only after admitting this to her mother and being informed that someone else was at fault that she can let go of her sense of shame and benefit from her therapy sessions. Thus, shame is indicated to be the biggest barrier between the protagonists and the psychiatric system.

It is important to note that Neena's lack of education with regard to mental health issues directly leads to her psychotic break. Neena claims that before visiting the doctor, 'It hadn't even occurred to me until that moment that I might be depressed. That the way I felt might be something 'curable', that I could take medication for it' (*Neena Gill*, p. 76). The idea that her depression is a 'curable' problem is problematic on several levels; firstly, because mental health problems are enduring, even if not necessarily consistent, and secondly because Neena is experiencing grief for her brother. Depression can be a symptom of, or triggered by grief, and so conflating the two like this simplifies a more nuanced issue. It is also revealed – both early on and then in her therapy session at the end of the novel – that Neena does have a pre-existing anxiety disorder. This means that she may have been misdiagnosed initially, and that the medication is not necessarily the right step to have taken if she was unable to participate in the conversation before being given it. The idea of her condition not being 'curable' becomes apparent as she observes that 'I didn't stop feeling sad, exactly, but they did help' (*Neena Gill*, p. 76). This is seemingly to prove to the audience that Neena's grief is entirely rational, and not a symptom that can be easily taken away by medication.

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<sup>58</sup> 'Statistics about Rape, Sexual Assault and Sexual Abuse', *Rape Crisis England and Wales* <<https://rapecrisis.org.uk/get-informed/statistics-sexual-violence/>> [accessed 29 June 2022].

She also stops taking the medication, going so far as to ‘bury’ the tablets in the bin to ensure that they are hidden, which is proven to be the trigger for all of the events that unfold due to the deterioration of her mental health, including suffering from delusions. The fact that she can so simply ‘bury’ the tablets works as a representation of her attitude towards receiving psychiatric help; whilst medication is easy to hide, as implied by her mother at the beginning of the book, receiving talk therapy or any other type of therapy that requires physical presence and a great deal of time, is not as easy to hide from outsiders. Moreover, actively taking a medication may be seen as a daily reminder to oneself of the affliction. This is also reflective of a much larger problem, which is that mental illness is not only a chemical phenomenon; therefore, medication can only be used to regulate the symptoms of mental illness, rather than ‘fix’ the illness itself.

Neena compares giving up her medication to an awakening, stating that her mindset has been altered so drastically that ‘I suddenly can’t understand why I haven’t been working harder already. It’s like I’ve been sleeping. Or sleep-walking. Or something’ (*Neena Gill*, p. 49). Smith-Barton makes use of irony to show the importance of taking prescribed medication by comparing the symptoms of Neena’s withdrawal to recreational drug-taking; Neena’s dad speculates that ‘She looks like she’s taken something. Lost weight. Tired all the time’ (*Neena Gill*, p. 137). This is the first indication that the symptoms of Neena’s psychotic episode have become physical, before she later finds that ‘The ground sways. People whoosh past me. The traffic on the road seems super fast. Everything’s suddenly in a major rush, even more than usual. A weird buzzing sound vibrates in my ears and I feel dizzy.’ (*Neena Gill*, p. 186) This is not an uncommon stance on psychiatric drugs in YA; we often see protagonists being as reluctant to take psychiatric drugs as they are recreational ones, with them also often not being encouraged by parents. This is perhaps due to the conflation between the two types of medication; as substances that deal with the mind, there are negative connotations surrounding both legal and recreational drugs.

In terms of therapy, Jay shows the most reluctance of all the girls in this chapter. At one point, she lists ‘all the things she was afraid of – doctors, police, shrinks’ (*Broken Mirror*, p. 211) as being involved in the legal side of her problem. She has counselling sessions arranged for her by Miss Basma, her school counsellor. She has experience with this type of therapy, as she is said to have already been for grief. This emphasises the fact that Jay’s resistance to therapeutic practices stems from her rape, and that she has lost the ability to trust authority figures. It is really Sita that features as the ‘therapist’ character, but very importantly is never

working within that role throughout the narrative. In a suitable fashion for YA, Sita tells her that she must talk her problems through with someone; ‘It doesn’t matter who it is – so long as it’s not just you and that voice in your head’ (*Broken Mirror*, p. 301), and soon after Jay is settled into a routine with her therapy sessions. Previous to this, Jay determines herself unable to tell anyone of her experience ‘until she could say the word for what had happened to her – that terrible, vile, shameful word’ (*Broken Mirror*, p. 13). Here, Kalhan addresses the fact that until the traumatic event itself has been processed and understood fully, it is not possible for some young people to seek help. As Jay’s rapist is later charged for his crime, it is possible that Kalhan adds this detail to encourage young readers to report any issues of this kind, even if they do not feel that they have fully processed it.

### **Hopeful Endings**

In these near-adventure stories, teenage readers are expected to know that limited harm will come to the primary characters, in the same way as children’s adventure stories. Although all the characters here either suffer from suicidal ideation, or have even attempted to complete the act itself, it would be unusual to represent a successful attempt by a protagonist.<sup>59</sup> In addition to the ‘safe’ environment that these narratives take place in, this because of the general rule that ‘stories *for* children often have happy endings’.<sup>60</sup> Of course, there are YA novels in which the protagonist’s friend completes suicide, examples of which include Gayle Forman’s *I Was Here* (2015) and *Hold Still* by Nina LaCour (2009). However, the fact that novels for children and young adults so infrequently deal with the death of an immediate protagonist provides an expectation that the narrative remains somewhat safe. This unwritten rule, then, indicates to a reader that the focus of these novels is the struggle of the protagonist with their mental health condition, rather than a build up to their death.

Notably, these novels were all published in 2018 and 2019, therefore making them products of the world after the Me-Too movement, which became prominent on the internet in 2017.<sup>61</sup> It is fitting, then, that part of Jay’s recovery comes from the reassurance of knowing that she will live with her mother and Sita, in a comfortable community of women. Kalhan states that

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<sup>59</sup> Although unusual, this is not impossible; for example, Cat Clarke’s *Undone* (2012) features the protagonist completing suicide at the end of the novel. She does, however, experience regret as she does so.

<sup>60</sup> Peter Hunt, *Children’s Literature*, p. 71.

<sup>61</sup> ‘Homepage’, *Me Too Movement* <<https://metoomvmt.org/get-to-know-us/history-inception/>> [accessed 30 June 2022].

‘with these two women at her side, [Jay] felt loved and wanted, and all else paled. There was a future’ (*Broken Mirror*, p. 319). Just as Enid Blyton’s George begins the first *Famous Five* novel by isolating herself and ends it by planning to go to school in a community of girls, Jay moves towards being social again by spending time in a community of women. *All the Things* is mostly interested in the protagonists fixing their relationships with their mothers, and they all eventually attend therapy with them. Neena’s mother is seen to be used in a different way; as someone who has experienced mental distress due to grief, she is seen to be more understanding of Neena’s condition than her father. *All the Things* makes the case for the importance of a female community, as the protagonists form their ‘support group,’ which eventually develops into a friendship beyond mental health discussions. Similarly, Neena is seen to re-connect with her childhood best friend as part of her recovery. Thus, although not all stories of sexual violence, these novels all appear to have been affected by the Me-Too movement in their attitude towards female relationships; they rely heavily on the experiences, beliefs and understanding of other women as an aid to recovery and to eventual happiness.

Taking the *Famous Five* novels as a model again, the mystery story often ends with a tightly knit solution to the mystery, and the end of the school holiday. School works as a representation of the end of the adventure, and the return to mundane daily life, whilst leaving the promise of another adventure for the next school holiday. *All the Things* takes place in the school holidays, but due to the time-sensitive nature of the suicide plot, Rahman moves this to the Easter holidays. This is significant in that these holidays are usually only two weeks long and precede GCSE examinations. For all three novels, the looming threat of GCSE exams recurs throughout the narratives, whether they be immediately imminent or a long-term focus. Jay ends the novel by seeing GCSE grades as a motivational force to improve her mental health, whilst Neena has overcome her psychotic episode in time to sit her exams. Mehreen is the only character of *All the Things* that discusses her GCSEs, and they are ultimately postponed in order for her to recover. GCSE examinations, then, are used in all three novels as a parallel to going back to school after a mystery story; they are an opportunity to edge closer towards adulthood and a return to their normal life. As adulthood and recovery are somewhat conflated in YA mental health narratives, the positive attitude that the three girls have towards their exams by the end of their stories conveys a sense of hope towards the future. This is not unlike the similar hopeful feeling that there may be another adventure at a later date at the crux of the mystery story.



Essentially, these three novels end on a very important note of hope that is different from novels that have more representation of therapy. All three novels, despite the indication that there is much more therapy and medical assistance to come in the future for the characters, heavily emphasise the importance of the initial seeking-out of therapy. In comparison to the other novels that this thesis examines, which largely address some of the issues that come along with entering the British psychiatric system, this is crucial in creating the message for young people to seek help. Therefore, whilst not being the most indicative of the British psychiatric system, what therapy is, or how to cope with a mental illness, these types of novels are the closest to the experience that those who are on the periphery of mental illness sufferers may have. Although not always as neatly resolved as the mystery narrative, these endings provide the same sense of hope that the world will be a significantly better place for the protagonists after the end of the novel.

## Chapter IV: ‘Like every horror film you have ever seen’: Gothic Horror and the ‘Madwoman’ in Contemporary British YA

### Horror Stories

Children’s literature primarily makes use of ghost stories as an introduction to the horror genre, steering away from the more graphic elements that appear in adult and YA horror fiction.<sup>1</sup> Perhaps the most famous children’s horror literature is the *Goosebumps* series (1992-1997) by R.L. Stine. The horror genre stems from eighteenth century Gothic fiction; in some cases, the terms ‘Gothic’ and ‘horror’ are used interchangeably in academic scholarship that is used throughout this chapter. The use of the term ‘Gothic’ in horror, however, usually indicates an element of the supernatural, even if that element is eventually disproven or explained away. Horror literature is varied in nature and lacks the set framework or narrative structure that is present in much other genre fiction, as it rests mostly upon the use of particular features to evoke certain emotional reactions in the reader. The genre is defined not by stock characters or settings, but rather the particular emotions that it encourages readers to experience through the power of their own imaginations.<sup>2</sup>

According to the *Penguin Dictionary of Literary Terms*, a well-written horror story ‘ventures into the realms of psychological chaos, emotional waste-lands, psychic trauma, abysses opened up by the imagination [and] explores the capacity for experiencing fear, hysteria and madness’.<sup>3</sup> In view of this definition, there is an automatic tie between state of mind and horror even if not intended; both ‘madness’ and ‘hysteria’ are previously diagnostic terms for mental illnesses. Crucially, both for the reader and the characters within the horror story, the possibility of ‘madness’ is ultimately intended to be an end point; unlike other mental health narratives, ‘madness’ in a horror novel is rarely seen as a state that one can return from. For example, in *The Strange Case of Dr Jekyll and Mr Hyde* (1886), the ‘mad’ character must die as the only way to be relieved of their madness.

The conventions of the Gothic horror story that appear in mental health narratives are:

- The epistolary format
- In-text literary references
- Body horror
- Voices and possession
- The literary doppelgänger
- The psychiatric facility and anti-psychiatric representation
- Open endings

<sup>1</sup> Becky Siegel Spratford, ‘Ghosts and Haunted Houses: Home, Scream Home’, in *The Readers’ Advisory Guide to Horror*, Second Edition (Chicago, Ill: American Library Assoc, 2012), pp. 56–62, p. 56.

<sup>2</sup> ‘Introduction: What, Why and When Is Horror Fiction?’, in *Horror: A Literary History*, ed. by Xavier Aldana Reyes (London: The British Library, 2016), pp. 11–25, p. 11.

<sup>3</sup> John Anthony Cuddon and Claire Preston, *The Penguin Dictionary of Literary Terms and Literary Theory*, Penguin Reference, Fourth Edition (London: Penguin books, 1998), p. 389.

Mental health issues, as touched on in the previous chapters of this thesis, can be terrifying to experience. It is fitting then, that particularly before the move towards destigmatising mental illness, literary representations of mental illness have frequently taken place within the horror genre; notable examples of this include Robert Louis Stevenson's *The Strange Case of Dr Jekyll and Mr Hyde* (1886) and Robert Bloch's *Psycho* (1959). Furthermore, *The Woman in White*, as mentioned in the previous chapter, also fits into this genre.

This chapter focuses on the use of Gothic horror genre tropes in Nick Lake's *Whisper to Me* (2016) and Dawn Kurtagich's *The Dead House* (2015).<sup>4</sup> *Dead House* openly declares itself to be a horror novel and makes use of several supernatural elements. *Whisper* uses horror and mythology references to allude to the genre upon which it draws, whilst maintaining a realist plot. It is hardly surprising that a framework drawn from an adult genre is likely to be more complicated and contradictory than one used for children's literature; thus, the uses of the horror framework are more complex than those of the other genres. There are many elements of the Gothic horror genre that are used by both Lake and Kurtagich, so a selection of these have been chosen. The novels examined in previous chapters, as firmly realist texts, are representative of a newer, more politically and socially conscious attitude towards mental illness, and primarily aim to actively destigmatise it. They are openly didactic in nature and are markedly all in favour of psychiatric intervention. This chapter, however, examines contemporary YA texts that provide more traditional approaches to representing mental illness and focus on the entertainment aspect of the reading experience more than teaching about mental health.

*Whisper* is written in the form of a long email from protagonist, Cassie, to her unnamed love interest as a way to explain the way that her mental health has influenced her behaviour towards him and others. Prior to the beginning of *Whisper*, Lake's protagonist, Cassie, has already witnessed several traumatic events. Finding the severed foot of a serial killer's victim whilst swimming at the beginning of the narrative triggers hallucinated voice-hearing. Cassie is institutionalised and then assigned a psychiatrist upon her discharge; through this experience, she discovers that her voice-hearing is a trauma response to having witnessed her mother's graphic murder during a burglary. Whilst institutionalised, Cassie meets and befriends Paris, who introduces her to group talk therapy specifically for voice-hearing. As Cassie prioritises this form of therapy over her medication, the tension between medicated

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<sup>4</sup> Referred to from here respectively as '*Whisper*' and '*Dead House*'.

and non-medicated treatment is a recurring theme throughout the novel. It is the symptom of the voice itself that is more important to the narrative than an explicitly labelled mental illness. Lake does offer up diagnoses such as psychotic dissociation and schizophrenia as speculation from the psychiatrist, but Cassie never openly accepts a psychiatric label, and it is voice-hearing that drives the plot. Throughout *Whisper*, Lake uses the setting of a bleak seaside town and the subplot of a serial killer on the loose to pay homage to traditional cinematic and literary representations of mental illness.

*Dead House* is a horror novel that explores the circumstances behind a fire in a boarding school that killed three students and resulted in the disappearance of the protagonist, Kaitlyn. In contrast to *Whisper*, *Dead House* names Kaitlyn's mental illness diagnosis explicitly; she has been diagnosed with dissociative identity disorder (DID) before the beginning of the novel. The NHS identifies DID as one of a group of dissociative disorders, declaring that those with DID 'may feel the presence of other identities, each with their own names, voices, personal histories and mannerisms'.<sup>5</sup> In-text, Kaitlyn's psychiatrist, Dr Lansing, defines DID as 'a disruption of identity. There are usually two or more distinct personality states'.<sup>6</sup> Here, we see that Kurtagich uses the NHS definition of the condition. It is revealed that Kaitlyn is in fact one of these 'other identities' or 'alternative personalities' of the 'main personality', Carly Johnson. Throughout *Dead House*, these alternative personalities are referred to as 'alters'. Despite initially being billed as the 'main personality', Carly only appears a few times at the beginning of the narrative, as the two communicate with each other through a 'Message Book, and little notes scribbled on purple Post-its' (*Dead House*, p. 17). The narrative is told almost entirely through diary entries from the point of view of Kaitlyn which sometimes include her emails to her friends, and messages to Carly. There are also court documents regarding the fire, psychiatric evaluations taken from Dr Lansing, and some video diary entries. As the novel begins, Carly is 'awake' during the day, and Kaitlyn's diary entries take place during the night, before the pair are seen to 'integrate', with Kaitlyn having full control of the body she and Carly share. From this point, Kaitlyn is defined as being the 'main personality'. After this integration, Kaitlyn spends the rest of the novel attempting to reanimate Carly, with the assistance of her friend, Naida. The eponymous 'Dead House' is a setting within Kaitlyn's mind that she believes Carly to be trapped within.

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<sup>5</sup> 'Dissociative Disorders', NHS.Uk <<https://www.nhs.uk/mental-health/conditions/dissociative-disorders/>> [accessed 25 October 2022].

<sup>6</sup> Dawn Kurtagich, *The Dead House* (London: Hachette Children's Group, 2015), p. 68.

The latter half of the novel indicates that Kaitlyn may be under the influence of a demon, rather than mentally ill. This half of the novel is decidedly more reliant on the supernatural than the first, but there are still some indications that Kaitlyn may suffer from a mental illness; eventually, the reader of the documents is encouraged to ‘decide for [them]selves what [they] believe’ as the novel draws to a close (*Dead House*, p. 439). Through doing this, Kurtagich shifts the novel from being a psychological horror novel to a Gothic one, in which the supernatural is taken as real and active. However, in maintaining an ending that casts reasonable doubt, Kurtagich does not ever fully disentangle these two types of horror. Unlike the trope found in psychological horror novels such as Dennis Lehane’s *Shutter Island* (2003), in which the eerie events of the narrative are eventually explained away as the protagonist’s mental illness, Kurtagich’s novel essentially does the opposite.

Logically, mental illnesses would be assumed to be affiliated with psychological horror, in which ‘the “monsters” spring from the psyches of human characters, so many readers find the stories more realistic and thus more horrifying’.<sup>7</sup> In the two novels discussed here, the ‘monsters’ of the story are the mental illnesses, as authors use the sensory symptoms of these conditions to intensify fear for both readers and characters. As a result, the novels both make use of elements associated with the ‘psychological’ horror subgenre, which takes much inspiration from the Gothic. However, both novels also make use of body horror elements. Body Horror has been defined as ‘a particular type of horror subgenre concerned with the total or partial destruction, mutilation, deformation, transformation, or (evolutionary) degeneration of the human body.’<sup>8</sup> Perhaps the most famous example of body horror in literary form is that of Mary Shelley’s *Frankenstein* (1818).

### **Epistolary Narratives**

In terms of narrative structure, *Dead House* and *Whisper* pay homage to the epistolary horror novel. Due in part to novels such as Bram Stoker’s *Dracula* (1897) and Mary Shelley’s *Frankenstein* (1818), the epistolary format is popular in horror fiction, and has even influenced the film genre in the form of ‘found footage’ horror films. *Dead House* directly takes this format, as the novel is a combination of Kaitlyn’s ‘found’ diary entries, notes

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<sup>7</sup> Becky Siegel Spratford, ‘Psychological Horror’, in *The Horror Readers’ Advisory: The Librarian’s Guide to Vampires, Killer Tomatoes, and Haunted Houses* (Chicago: American Library Association, 2004), pp. 90–97. p. 92.

<sup>8</sup> Xavier Aldana Reyes, ‘Body Horror’, in *The Cambridge Companion to American Horror*, ed. by Stephen Shapiro and Mark Storey (Cambridge University Press, 2022), pp. 107–19, p. 107.

between Carly and Kaitlyn, messages between Kaitlyn and her love interest (Ari), psychiatric reports, court documents and film transcripts cobbled together to tell the story. As Kaitlyn/Carly is presumed dead at the end of the novel, using diary entries is an effective way to convey Kaitlyn's mental processes, whilst the psychiatric and court documents provide a more neutral commentary that do not comment on the supernatural elements of the novel. The psychiatric and court documents, in particular, as more reliable sources, cast doubt as to whether Kaitlyn's supernatural experiences are real or a result of mentally ill delusions and/or her abundance of medication.

Diary entries allow for some freedom in terms of how Kaitlyn's thoughts are demonstrated on the page, and a lack of conformity allows the reader to track the state of Kaitlyn's mental health at any given point in the novel. As expressed in previous chapters, the diary entry is a common feature of YA, and *Dead House* shares several features with *All the Things*. These include the use of strikethrough font for some of Kaitlyn's more explicitly dark thoughts, and occasional indications that Kaitlyn's frame of mind has changed; for example, 'whereareyou' is repeated with no spaces between pages 174 and 177. Similarly, between pages 202 and 208 'the girl is here' is written repeatedly.

Kaitlyn's diary is written to an imaginary recipient. 'Dee', as Kaitlyn names her, is proven to be a physical figure in Kaitlyn's mind, as she tells her,

You have dark hair (I've always wanted dark hair). Your eyes will be brown, a colour that holds secrets well... You're tall, because I'm not. You have three tattoos – an asp on your left wrist, a sparrow on your right ankle, and a dagger on your thigh (*Dead House*, p. 78).

Crucially, this visualisation of her diary as a physical person is one of the elements that indicates that Kaitlyn may simply be mentally ill, and some of the story is the result of her delusion. This description of her visual perception of 'Dee', beyond allowing for a stand-in for the reader within the text, creates another double for Kaitlyn, as the opposite of her appearance in every way. In attributing Dee with opposing traits to Kaitlyn, Kurtagich effectively emphasises the difference between her protagonist and her reader. To add to this, there is an indication that Kaitlyn's mental illness influences the events of the rest of the novel through the way that Kurtagich uses foreshadowing in Kaitlyn's description of Dee.

Kaitlyn's choices of images for her fictional friend's tattoos all appear later in the novel; the 'asp' appears several times as Kaitlyn has a vision of a snake whilst in a psychiatric hospital,

and when she ‘enters’ the Dead House with Naida, another snake attempts to attack Kaitlyn. Each time the image of an animated snake is referred to, however, it is described as a viper. Although aspids are usually considered to be Egyptian cobras, asp viper is also sometimes referred to as asp.<sup>9</sup> Of course, snakes have great significance, which is addressed later in this chapter, but the fact that Kaitlyn uses two names to refer to the same animal is perhaps representative of the fact that she and Carly are the same person, referred to by two names. Moreover, ‘viper’ as a term has more connotations than simply a snake; it may also be used in a figurative manner to refer to a venomous or spiteful person. This, then, may be considered to be foreshadowing that Kaitlyn will later be betrayed by her friend, Ari. The sparrow figure reappears in the form of Dr Sparrow, who is consulted on how to best deal with Kaitlyn’s worsening mental state. Dr Sparrow decides that she should be sedated, which lasts for fifty-six hours. Finally, a version of the dagger appears in the knife that Naida uses to sever her tongue, and which is later used by Kaitlyn to kill her friend John. This method of repetition, and indeed the idea of parallels between the ‘real’ world and the ‘supernatural’ one is highly indicative of the novel’s Gothic nature; Joseph Crawford observes that repetition of images in Gothic horror acts as a representation of the ‘habit that individual scenes of terror have of recurring again and again in the thoughts and dreams of those who suffer through them’.<sup>10</sup> This reading of the use of the Gothic would encourage the reader to understand the images in the context of the supernatural world as just that: Kaitlyn’s prescription drug-induced projection of important images from her real life into her dreams and the world of the ‘Dead House’. To add to this, the fact that all of the tattoo images are made real throughout the narrative is not something that the reader is reminded of, which indicates that it is more likely to be found upon re-reading. As the narrative is intended to be confusing and open-ended, the chances of a reader reading the novel again is likely. This particular feature, as it foreshadows so much of what is to come in the narrative, is the strongest indicator that the supernatural elements of the novel may be the result of Kaitlyn’s mental illness. In predicting some of the key figures of her story physically etched into the skin of her fictional friend, Dee, it is implied that some of Kaitlyn’s writings are the result of delusions. Indeed, Dee may be argued to be a version of Kaitlyn that she has created for herself, which would certainly support this argument.

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<sup>9</sup> George R. Zug, ‘Asp | Snake | Britannica’ <<https://www.britannica.com/animal/asp>> [accessed 15 February 2023].

<sup>10</sup> Joseph Crawford, “‘Every Night, The Same Routine’: Recurring Nightmares and the Repetition Compulsion in Gothic Fiction”, *A Moveable Type*, 6 (2017), 1–9, p. 4.

*Whisper* also alludes to the epistolary format but uses the conventions to demonstrate the fate of Cassie's relationship without directly speaking it. The text takes the form of a lengthy email from Cassie to her unnamed love interest, framed as an attempt to apologise and explain her behaviour due to her voice-hearing. Occasionally, Cassie interrupts the standard prose style to write out conversations in the style of a 'scene' from a play. *Whisper* ends with Cassie's proposal to meet with her love interest, leaving the ending open to interpretation. Through the lack of response from this character, it is evident that Cassie is adamant in proving her own sanity not only to the recipient, but also to herself. Much like many other YA novels discussed in this thesis, *Whisper* is implied to be a romance novel by the way it is marketed; the front cover, for example, features a sketch of a fairground over colours that are reminiscent of a sunset, and the back cover refers to the narrative as 'the most screwed up love letter ever'.

Laura Kremmel, in discussing the prevalence of the unreliable narrator in Gothic Horror stories, draws attention to the issues that this may cause for representation. Of course, the term 'unreliable' in itself is difficult to navigate in mental health novels and deserves a level of scrutiny as the term may present a paradox: Kaitlyn and Cassie's experiences are real to them when experiencing symptoms of their mental illnesses, and therefore are reliable expressions of their experiences. So, for example, Cassie's experiences of voice-hearing are reliable, as they are conveyed as she experiences them. However, narrators may be perceived as 'unreliable' in horror narratives when their experience does not line up with the reality of the situation to others within the same novel. Moreover, when considering texts from a Disability studies perspective, using such narrators promotes a false understanding of the nature of certain mental illnesses. Kremmel states that using an unreliable narrator with a foregrounded mental illness 'produces an invitation to disbelieve patients, one that contradicts the Gothic's ability to provide unheard and unusual voices with credibility'.<sup>11</sup> Of course, most of the texts that have been written from the perspective of a mentally ill person have an element of being told from an unreliable source, particularly if illustrating a psychotic or manic episode. Contrary to Kremmel's comment, for some illnesses this is the most realistic approach to describing the effects of the condition. Due to this, all mentally ill protagonists have the potential to be unreliable in their narration, but there is almost an expectation for this to happen in a horror narrative in order to provide unforeseen events

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<sup>11</sup> Laura R Kremmel, 'The Asylum', in *The Palgrave Handbook of Contemporary Gothic*, ed. by Clive Bloom (Cham: Springer International Publishing, 2020), pp. 449–465, p. 457.



within the plot. Lake manages to undermine this, by using the strategy of an ‘apology’ email, in which Cassie makes a note of the points at which her memory is unclear. In apologising for her misconceptions of the reasons behind her love interest’s actions, Cassie re-establishes herself as a narrator that is worthy of being believed, and therefore as reliable as any one person can be portrayed as being.

*Dead House*, on the other hand, deliberately maintains a lack of clarity around whether the events of the novel are supernatural, hallucinated, or indeed a mixture of both. Whilst it is heavily implied that Kaitlyn’s condition is of a supernatural nature at the end of the novel, this is never absolutely confirmed. Moreover, Kaitlyn’s narration is deliberately set up to be viewed as unreliable, as the court documents and psychiatric reports sometimes do not state the same events as Kaitlyn’s viewpoint. To an extent, Kaitlyn encourages the reader to question the validity of her accounts, which is deliberately set up by Kurtagich through demonstrating at the beginning of the novel that Carly and Kaitlyn have no shared memories with each other. Instead, they must rely on each other’s word to determine what has happened during the periods that they lack consciousness. Matters are further complicated when Kaitlyn herself says that she withholds information from Carly, stating that once she began lying to Carly, ‘it became a habit’ (*Dead House*, p. 107). This is an early indication of her intended lack of reliability as a narrator. She also directly refers to herself as ‘crazy’ on multiple occasions, and the way in which the novel oscillates between Kaitlyn’s account of events and official court statements from her psychiatrist adds to this intentional confusion.

Aside from the lack of clarity surrounding the truth of Kaitlyn’s narration, a large amount of the plot of *Dead House* hinges upon Kaitlyn’s psychiatrist not believing her. Kurtagich deliberately defines Kaitlyn’s view of the world as being different from those around her, by showing her recounting hallucinations and referring to video clips that are never found. Most significantly, Kaitlyn refers to not remembering her parents’ cause of death frequently. Kurtagich shows Kaitlyn attempting to remember, but

It’s useless. No matter how hard I try, no matter how many synapses I burst looking for the memory, it isn’t there. In the blink of an eye, Mum and Dad went from living to dead.

I don’t know how they died. (*Dead House*, p. 56)

The fact that Kaitlyn attempts to remember to the extent of using the hyperbole of a figuratively ‘burst’ synapse, indicates that this lack of memory is intended to be taken as

genuine by the reader. Repressing memories due to traumatic circumstances is an event that can happen in real life, so the fact that Kaitlyn struggles to remember the circumstances of her parents' death throughout the novel is not as shocking as other elements of the narrative. As the narrative continues, the language that Kaitlyn uses to refer to her parents' death changes to 'the ~~accident murder accident death~~... our parents left us' (*Dead House*, p. 225). Using the method of representing 'crossing out' in Kaitlyn's diary allows for Kurtagich to suggest to the reader that Kaitlyn knows more about the cause of her parents' death than is initially shown and is monitoring her own written word. The eventual revelation that Kaitlyn was at fault for the car accident that killed her parents due to distracting her father by arguing with him does not come until the 96<sup>th</sup> chapter of the novel (p. 387), but when it is revealed, the car accident is not the main issue. Kaitlyn is seen to have reacted to her parents' death by telling her friend John that it was 'the best night of [her] life' (*Dead House*, p. 389). It is this turn of events that acts as a suggestion that Kaitlyn herself may be more dangerous than the 'demon' that she believes possesses her. The fact that Kaitlyn is seen to express her sorrow at her parents' deaths many times leading up to this point in the narrative is a sharp enough contrast that the reader should become aware that anything written by Kaitlyn previously is likely to be intentionally unreliable. Thus, this allows for the reader to consider that Kaitlyn's narration of the supernatural elements of the text may be fabricated or a result of her mental health deteriorating. The fact that Kaitlyn has repressed this information is proof that even if the reader takes the supernatural elements of the novel to be real, Kaitlyn does suffer from some form of mental health issue triggered by trauma, and that her version of events is not reliable outside of her own experience of mental illness.

Similarly, the fear of not being believed is an issue that Cassie faces. Cassie's full name being Cassandra insinuates this, as Cassie considers herself, like the Ancient Greek figure, to be 'doomed to give true prophecies about the future but have no one ever believe her'.<sup>12</sup> Cassie's ability to recover is initially hindered by her deep belief that she will not be believed. Moreover, Cassie's view of herself as dangerous adds to this; her belief that she contributed to the death of her mother causes her understanding of her mental health to have the opposite trajectory to Kaitlyn's. Ironically, the fact that Cassie does not communicate that she is receiving treatment through a talk therapy group to her psychiatrist is one of the main reasons that her recovery is so difficult. Effectively, Cassie's fate is the opposite of her namesake's; she lies about how she is approaching her recovery, claiming to be taking her medication, and

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<sup>12</sup> Nick Lake, *Whisper to Me* (London: Bloomsbury, 2016), p. 21.

Dr Rezwari and her father believe her. When finally forced to bring the leader of her group therapy, Dr Lewis, together with her psychiatrist, Cassie notes that in her next group session,

he made me talk first, so of course he'd spoken to Dr Rezwari, so I had to humiliate myself by talking about the bomb I had placed under myself by lying to her, by lying to my dad (*Whisper*, p. 457).

In acknowledging her lack of honesty as being equivalent to setting up a 'bomb placed under [her]self', Lake allows for Cassie to provide a reference to her many mentions of sparagmos. In telling many Greek myths, Cassie defines sparagmos as 'the act of tearing a person or an animal to pieces, usually for sacrificial purposes' (*Whisper*, p. 16). Cassie's use of a 'bomb' indicates an awareness that she is not the victim of the situation, as she illustrates Echo to be, but instead the cause of her own splintering, in that she has blown her own life into pieces. There is a parallel here between mental separation and the way that Cassie tries to keep all parts of her life separate. Much as she cannot recover until she has begun to reconcile her splintered mind, she similarly cannot do so without bringing together all of the separate parts of her life through being completely honest. Given the concept of the book as an email that promises honesty to her love interest, and the frequent mentions of sparagmos, it is clear that Lake's intention is for the reader to equate honesty with mental unity. Of course, thinking about YA mental health novels more widely, honesty with adult characters is one of the main factors of therapy in these novels, as has been demonstrated in several of the texts that have already been discussed. Thus, this allows Lake to demonstrate the power of belief and the way that deeming something a 'curse' can in turn cause it to become a self-fulfilling prophecy.

As a novel, *Whisper* is pressingly concerned with the female voice and the ways in which it may be silenced. In particular, the way in which Lake sets Cassie's narrative against the backdrop of a serial killer that targets women draws attention to the importance of preserving the female voice. To emphasise this, Lake uses the format of the sole email as a way to provide the reader with only Cassie's perspective. Hence, Cassie subverts the gendered norm of the Ancient Greek myths she tells by positioning herself as the hero of the text; whilst Ovid offers a pattern for this female-led narrative in his *Heroides*, the mythology that Cassie recounts is not part of this collection. Thus, the approach that Lake takes contrasts with the tragic heroines of Procne, Philomena, Echo and Cassandra. The frequent use of these Greek heroines and the Cassandra link demonstrate that the best of YA novels does not condescend

to their readers; Lake's use of intertextuality encourages the reader to explore these stories for themselves and does not oversimplify the narratives. The 'letter of apology' framework is mostly used as a vehicle to explain the multiple layers that contribute to the deterioration of Cassie's mental health. By focusing on the idea that she may be afflicted with the same condition as her namesake, it does not truly matter to the narrative if Cassie's love interest replies to Cassie's email or not. In fact, this is another element taken from early Greek writings, as it is evocative of the heroic epistle form, which also assumes no reply. The interesting part of Cassie's narration is her open discussion of her own experiences with mental illness from her perspective whether her voice is reliable or not.

### **In-Text Gothic Horror References**

Before the beginning of the main body of story, *Whisper's* use of opening quotations is crucial for the mental health element of the storyline. They are implied to be part of the email and therefore chosen by the character of Cassie, not Lake. The quotations are taken from Stephen King's *The Shining* and Ovid's *Metamorphoses*. The Ovid quotation from the story of Echo speaks to the importance of the female voice in the text, and the relevance of the quotation is evident in Cassie's discussions of Greek mythology. However, the Stephen King quotation used, '*Monsters are real, and ghosts are real too. They live inside us, and sometimes they win*' (*Whisper*, p. 1) is taken from the introduction to King's horror novel.

Notably, in this introduction King addresses the deterioration of his own mental health, and how this had a profound effect upon his writing; this is possibly intended to be Cassie's justification for using horror genre tropes to explain the decline in her mental health. As it is meant to be Cassie, rather than Lake, that uses this as justification, it is indicated that there may be some embellishment or exaggeration in her story. It also, crucially, positions the voice that Cassie hears as a haunting, or a ghost-like figure. Lake later confirms Cassie's sense that she is being haunted outright in the narrative; she introduces her love interest into the story that she is telling by writing the first 'scene' that he witnessed, in the form of a scene from a play. In describing herself, Cassie writes that 'she is pallid, her hair and clothes in disarray, because she is being haunted by a ghost and doesn't know how to deal with it' (*Whisper*, p. 80). Describing her own face as 'pallid' suggests that Cassie's voice-hearing has made her physically, as well as mentally, ill. Further, in conveying the 'disarray' of Cassie's physical appearance, Lake demonstrates the entirely consuming nature of both haunting and mental

illness. Reading this in the context of a haunting, then, indicates that at this point in the novel, the voice has ‘won’, in that it is draining Cassie’s health from her through terrorising her. Moreover, the fact that ‘sometimes they win’ is included in the quotation from King emphasises the separation between the identity of the protagonist and their mental illness. Using this quotation is Cassie’s way of ensuring that her mental illness is not conflated with her identity by her love interest, whilst positioning the illness as something to ‘fight’ through recovery. This works as a perfect parallel to the Kaitlyn/Carly character in *Dead House*, who, in being a ‘twin’ identifies herself primarily by her mental illness.

*Dead House* works as an acknowledgement of previous literary horror novels primarily through the Carly/Kaitlyn divide, which could be interpreted as a modern-day, mental health-aware interpretation of Robert Louis Stevenson’s *The Strange Case of Dr Jekyll and Mr Hyde*.<sup>13</sup> Although not mentioned in either of these texts, it is perhaps worth noting that Louisa May Alcott, author of *Little Women*, also veered into the horror genre with her short story, *A Whisper in the Dark* (1877). It is certainly noteworthy that both Alcott and Stevenson, as writers well-known for their stories for children, have reserved explorations of mental health as the basis for horror stories for adults. This is potentially an indication of the way that ‘madness’ has traditionally been considered a more ‘adult’ topic, and so has had no place in the world of children’s literature until more recent years. *A Whisper in the Dark* is a direct predecessor to the texts examined in this thesis, as it explores the decline in mental health of seventeen-year-old Sybil. As such, if released today, it would likely be considered a YA text in the same vein as narratives such as *Dead House* and *Whisper*.

Interestingly, the Stephen King quotation is also reminiscent of *Jekyll and Hyde*, which the evil Mr Hyde is a genuine, yet monstrous, part of Dr Jekyll. However, despite the number of people that Kaitlyn kills, Kurtagich upsets the expected ending by casting the supernatural forces as the villain, rather than Kaitlyn herself; even in the version of the world that does not accept the supernatural as real, Kaitlyn is absolved of her crimes and is simply seen to be a victim of the psychiatric system. This is illustrated in Dr Lansing’s interview with the police, in which the detective tells Lansing that evidence points to the fact that Kaitlyn was ‘mentally damaged, but recovering until you medicated her – and that these drugs are what drove her to her eventual break’ (*Dead House*, p. 111). This focus on the psychiatrist as a villain shifts the blame from Kaitlyn very early in the novel, before any supernatural elements are introduced,

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<sup>13</sup> Referred to from here as *Jekyll and Hyde*.

and aids in persuading the reader to sympathise with Kaitlyn's character. In Melissa Ganz's study of insanity and responsibility in *Jekyll and Hyde*, it is established that Stevenson essentially condemns Jekyll as a villain, rather than a person in need of psychiatric treatment.<sup>14</sup> Perhaps, then, it is an indication of changing attitudes towards mentally ill people that Kurtagich encourages the reader to sympathise so heavily with Kaitlyn; whilst Dr Jekyll becomes emblematic of all those who have evaded the judicial system, Kaitlyn instead becomes a figure of anti-psychiatry. On a level of representation, this approach, although certainly entertaining for the reader, veers on overcorrection of the stigma that mentally ill people face. Blaming violent and illegal behaviours on mental illness and over-medication is, in fact, as damaging to the mentally ill as treating them as villains is.

Like Lake, Kurtagich also chooses to include literary quotations within the body of the text, using them as a way to divide up the novel into 'parts'. However, these do not necessarily refer directly to mental health; the quotations and the sections that they are divided into are instead more relevant to the theme of identity, reflecting the difficulty of having a mental illness that has an impact upon one's sense of self. In a similar manner to Lake's use of Stephen King, Kurtagich uses a quotation from Edgar Allan Poe, who has strong associations with the Gothic Horror literary genre. The Poe quotation, which is used at the beginning of the final section of the novel, reads, 'I became insane, with long intervals of horrible sanity' (*Dead House*, p. 361). This, of course, is used as a way to allude to the 'real' and 'supernatural' worlds that Kaitlyn seems to go between and suggests that the reality of the psychiatric ward may be worse to Kaitlyn than the elements of the story that may be fictional. By using these quotations from reputable, respected literary works that concern mental health, and writers so heavily associated with the horror genre, both Lake and Kurtagich point to already-established understandings of how madness has been represented throughout literary history. This form of signposting to works of the parent genre also functions as a way to legitimise their YA novels as being of literary value. Moreover, as YA is literature for a transitional period in the lives of readers, these literary references may work to steer the older YA reader towards adult literature that explores similar themes.

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<sup>14</sup> Melissa J. Ganz, 'Carrying On Like a Madman: Insanity and Responsibility in Strange Case of Dr. Jekyll and Mr. Hyde', *Nineteenth-Century Literature*, 70.3 (2015), 363–397, p. 395.

## Body Horror

In accordance with Cassie's use of epigraph quotations, Lake indicates that what would now be considered 'body horror' is used widely throughout Greek mythology, having Cassie claim that 'Ovid knew more about body horror than any B-movie director' (*Whisper*, p. 4). In Gothic Horror narratives, women face 'threats of violation, murder or imprisonment' even in most modern narratives.<sup>15</sup> This is an element that is certainly reflected in *Whisper*, as nearly every woman in the novel is seemingly punished through a violent encounter. Examples of this in *Whisper* include Cassie's discovery of the foot that belongs to a murdered sex worker, her witnessing the murder of her mother, a little girl being blinded at Cassie's birthday party, and Paris being abducted and murdered. As a more traditional horror novel, *Dead House* makes use of both body and psychological horror features throughout the narrative. *Dead House* features Kaitlyn's self-harm and her friend Naida cutting her own tongue out.

Lake's use of body horror is mostly limited to examples from Greek mythology that are compared to 'real' (within the world of the novel) happenings. In focusing more on the violence of fiction, Lake manages to emphasise the effect that the violent traumas of Cassie's past have had upon her mind, rather than the events themselves. For example, Cassie immediately links the disappearance of her friend Paris with the story of sisters Procne and Philomela from Greek mythology. In this story, Philomela's tongue is cut out to prevent her revealing who the perpetrator of her sexual assault is. As Paris is a sex worker that is abducted whilst working, Cassie appears to draw parallels between Paris' disappearance and the Greek myth. As Cassie compares herself to Procne earlier in the novel, it is evident that Philomela losing her tongue is an allusion to Paris' inability to confirm her abductor to Cassie. Given the foot that Cassie has already found earlier in the novel, it is clear that the serial killer dismembers women; in comparing Paris to Philomela, Lake hints that she may have suffered a similar fate. In Greek mythology, Cassandra speaks but is not heard, as Cassie fears will happen to her, but Philomena is prevented from speaking for fear that she will be heard. On a more metaphorical level, the focus on the tongue, in particular, is significant. The comparison emphasises the pain that Cassie associates with losing one's voice, whether literally or metaphorically.

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<sup>15</sup> Fred Botting, 'Introduction', in *Gothic*, The New Critical Idiom, Second Edition (Milton Park, Abingdon, Oxon; New York: Routledge, 2014), pp. 1–19, p. 11.

Coincidentally, tongue mutilation is used in a more explicit manner to prove a similar point in *Dead House*, as Kaitlyn's friend Naida suffers the same fate. Naida plays a part in Kaitlyn's mental deterioration through sharing her cultural beliefs and persuading her that she may be possessed rather than mentally ill. Although not killed, Naida's punishment is like that of Paris, in that she is silenced by the mutilation of her tongue; however, Kurtagich's telling of the incident is purposefully vague. Naida 'enters' the Dead House with Kaitlyn, only to be 'attacked' by a viper. It is suggested that her tongue is lost to the snake, but the group of teenagers witness her use a knife to sever her own tongue, allowing for some reasonable doubt as to whether she has done this to herself; the fact that Dr Lansing later blames 'group hysteria' is also evidence of this. In this way, the tongue sequence is used as a way to cast doubt as to whether supernatural elements are at play, or if Kaitlyn and Naida encourage each other's mental health-related delusions. Of course, this works as a form of metaphor for mental illness; whilst the mentally ill person may be partaking in damaging behaviours, it is truly their mental illness that drives their actions.

As Naida's tongue being cut out is part of a supernatural sequence, it can perhaps be seen to be less threatening than if it was done to her by another character. By not showing the snake attack Naida, Kurtagich blends the psychological and body horror elements, by leaving the horror of what has occurred partly to the imagination of the reader. Moreover, the fact that the attack is supposedly by a snake is significant beyond any religious connotations of evil; Mary Jane Ward's semi-autobiographical novel, *The Snake Pit* (1946), is a well-known literary exploration of the mental health facility. As the 'snake pit' in this novel is indicated to be a part of the facility in which patients with no hope of recovery are placed, there is a possibility that having a 'snake' attack Naida is a suggestion of the severity of her mental health issues. Therefore, the snake's role in the Naida's tongue amputation effectively strips her of any agency, whether this be due to supernatural causes, or in a more likely case, her mental illness. This reading of the event allows for the reader to understand the loss of Naida's tongue as a cautionary tale for Kaitlyn, as the only alternative to her eventual fate of death.

Having previously been diagnosed with mental health issues, Naida is further 'punished' after the incident by being also placed in a psychiatric hospital, having been found 'mentally incompetent' (*Dead House*, p. 434), after giving her testimony in a trial about the fire. Naida's tongue being cut out effectively foreshadows her later not being believed in court about the supernatural happenings. As a character with a previously diagnosed mental health condition, her tongue is emblematic of the way in which mentally ill women are repeatedly



ignored in fiction, even when making the effort to tell their experiences. This once more emphasises the importance of reading *Dead House* as a form of entertainment over a faithful representation of mental health conditions, or an indication of how to treat those with mental illness. Whilst ‘telling’ authority figures is usually pushed as the correct behaviour in mental health YA about traumatic experiences, Naida is punished and not believed when she attempts to do so.<sup>16</sup>

Greek mythology is used to convey body horror in a different manner in Lake’s narrative through the repeated motif of sparagmos. The full extent of this term’s relevance to the narrative is gradually revealed; the first example of sparagmos that Cassie uses is of Orpheus being torn apart by a group of women. Cassie claims that that iteration of the tale is the ‘version [she] likes best’ (*Whisper*, p. 16). Of course, given that *Whisper* is written retrospectively by Cassie, the fact that she first chooses the version of this tale in which a man is pulled apart by angry women is telling. As the narrative has so many examples of various women’s suffering, the fact that Cassie’s favourite version of the myth is one in which it is a man that suffers indicates a resentment towards men. Significantly, this ‘email’ is being sent to her love interest due to his lack of contact, which raises the question: does this use of body horror indicate a level of threat towards him?

However, upon realising that the foot she has discovered belongs to a woman, Cassie instead relates the incident to Longus’ story of Echo. After first telling Ovid’s version of the tale, Cassie’s turn to exploring Longus’ iteration introduces the reader to the idea of sparagmos in the context of women and sexual violence. Echo, in part due to her relevance to voice hearing, is referred to throughout the story; later, Cassie remembers that ‘the earth loves Echo’s music, so the stones and the trees and the plants take her into themselves, and they preserve her voice inside them’ (*Whisper*, p. 63). This causes her to have the realisation that the voice she hears may be that of the woman whose foot she found, attempting to have her voice heard. As well as believing that she is the physical equivalent to the earth, using the idea of sparagmos as a motif aids the reader in understanding the mental effect that experiencing a great deal of trauma has had on Cassie. Discovering the severed foot effectively triggers Cassie’s decline in mental health and causes Cassie to reveal to the reader the numerous traumatic events that have happened to her. This tears her to pieces emotionally, until she reaches a breaking point long after seeking psychiatric help. In his

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<sup>16</sup> The common YA feature of the idea of ‘telling’ as being the solution to dealing with the trauma of sexual assault is examined further in chapter three.

discussion of Greek tragedy, Charles Segal claims that ‘sparagmos [is] as much a symbol of emotional events as the actual physical rending,’ emphasising the mental significance of the event.<sup>17</sup> Certainly, by using body horror in their narratives, each author allows for a physical manifestation of the pain that their characters face as a result of their condition. Indeed, for Cassie, each tragic event in her life acts as a figurative form of sparagmos: tearing her apart emotionally as well as in terms of her mental health. The voice, then, is the manifestation of each of the pieces of her life being torn apart.

Lake’s inclusion of sparagmos as a figurative motif may be detected within his novel but is perhaps not addressed clearly enough to be noticed by a reader upon first read. Nevertheless, continually using examples of physically dismembered or injured women allows for readers to draw parallels between the physical dismemberment of the dead women and the splintering of Cassie’s psyche that occurs as a trauma response. As such splintering is effectively what voice-hearing is, this is an effective way for Lake to convey the severity of Cassie’s condition beyond it being dismissed as ‘hearing voices’. Effectively, this use of body horror is one of the ways that using elements of a genre primarily aimed at adults can be useful in conveying the severity of mental health struggles in a way that children’s literature-influenced novels cannot. One way that Lake combats this is by having all acts of murder or dismemberment happen outside the narrative. This is achieved by illustrating the event either in a barely detailed flashback, or with only an implication of what may have occurred. For example, the only detail given about the serial killer’s methods are through Cassie’s description of finding the foot, describing it as ‘an actual severed foot. I could see a glimpse of flesh, purple as canned cat food, the bone protruding from it’ (*Whisper*, p. 19). Whilst still somewhat graphic in describing the protrusion of bone from flesh, the actual process of dismemberment is not important to Cassie’s experience. Using this technique aids in keeping the focus on the mental health storyline, without dismissing the worthy reasons for Cassie’s trauma.

Dismemberment is a gruesome event, but on a metaphorical level expresses the way in which a mental illness can cause a separation between mind and body. However, body horror is intentionally traumatising, particularly if read by a younger reader, and as such projects negative emotions towards those with mental illnesses if the two are connected too closely.

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<sup>17</sup> Charles Segal, ‘Pentheus and Hippolytus on the Couch and on the Grid: Psychoanalytic and Structuralist Readings of Greek Tragedy’, in *Interpreting Greek Tragedy: Myth, Poetry, Text* (Cornell University Press, 2019), pp. 268–93, p. 290.

## Voices and Possession

The voice-hearing aspect of both *Whisper* and *Dead House* is particularly fruitful in considering the texts from horror perspectives. Other characters in novels about mental health, including Mehreen in *All the Things*, suffer from intrusive thoughts, which are represented as such on the page. Such thoughts are usually indicated to be separate from, yet in some way related to, the protagonist themselves and are sometimes even given a name; whilst Mehreen's is referred to as 'Chaos', other novels may refer to the originator of these thoughts by more vague terms such as the 'monster', or the 'darkness'. However, in novels rooted in the horror genre such as *Whisper* and *Dead House*, the possibility that the voice may belong to another person entirely is used to cast doubt as to whether it is a mental health condition or a haunting. In *Whisper*, Cassie's voice takes on the voice of several murdered women that she has known. As Cassie's mental illness is exacerbated by her feelings of guilt around various characters' deaths or disappearances, it is only later in the novel that it is revealed that the 'voice' is a manifestation of this guilt in the form of what she believes to be the nameless murdered sex worker. This becomes clearer to the reader as Cassie notes the change of the voice to those of her mother and Paris, which she is able to identify. As it is related to her own guilt, the 'voice' really *does* haunt Cassie, and can only be vanquished by her being absolved of her guilt.

Both voices are attributed to mental illness, but Lake and Kurtagich convey the extent to which voice-hearing can feel like a genuine sensory experience. Cassie's initial experience of voice-hearing is directly related to the horror genre by Lake, as she claims it to be,

Like a demon, right in my ear. Like every horror film you have ever seen, rolled up and squeezed into sound, and piped into your head... I thought the devil had possessed me (*Whisper*, p. 43).

As a result, this description of the voice, though brief, is effective in relaying the sensory experience of voice-hearing for the reader. Particularly important here is the comparison to a horror film; evidently, this is Cassie's only point of reference for anything even vaguely like her experience, which is telling about the lack of openness with which voice hearing is spoken about in non-horror contexts. Despite Cassie's apparent interest in horror, this is the only direct comparison between the horror genre and her experience of mental illness symptoms that Lake makes, which further emphasises the terror of this first experience in comparison to any other occurrence in the novel. Furthermore, this gives the non-voice-

hearing reader an easily accessible frame of reference for this type of experience without giving too much detail. The fact that Lake claims that the voice was ‘right in [Cassie’s] ear’ emphasises the separation that Cassie feels from the auditory hallucination to the point that the experience is like being spoken to by an external voice, and a real one at that. However, the volume of the voice is indicated by the fact that she feels as though she has it ‘piped’ into her head; this suggests that the sound is as close to her inner thoughts as it could possibly be. Furthermore, in comparing this short experience of a few seconds to an entire film, Lake conveys the depth of the terror that comes along with these types of hallucinations; effectively, by condensing the terror of a film that would ordinarily last approximately two hours into a matter of seconds, Lake amplifies the scariness and inescapability of the experience in a way that is accessible to someone who is unable to hear the voice.

As indicated by the title, voices are a very important aspect of *Whisper* beyond the voice that Cassie hears as a result of her mental health problems. According to Cassie, in the myth of Echo, ‘the whole world preserves her voice, so she can accuse her destroyer again and again’ (*Whisper*, p. 62). As Lake is seen to use Greek mythology to frame the events of the text, it is fair to assume that this is intended to be reflected through Cassie’s storytelling. In a way, this does reflect Cassie’s experience with the voice inside her head, but also the choices that she makes as a result of her mental ill health. In a way that is evocative of Echo, relaying her story in an email to her lover effectively preserves Cassie’s voice. Of course, in the story that Cassie is referring to, Echo’s voice is preserved due to the allegiance and sympathy of natural elements such as the Earth; this apology email, then, may be read as an attempt to re-connect with her love interest due to a similar level of sympathy. Thus, in Cassie’s narrative, the ‘destroyer’ that she accuses is her mental illness, and the email exists as an accusation towards it.

Becky Siegel Spratford has observed that for characters in psychological horror texts, ‘hauntings’ may be manifestations of ‘guilt, voices in their heads, or abuse they sustained in the past.’<sup>18</sup> Of course, this is a key feature for both Cassie and Kaitlyn; in particular, Cassie’s voice-hearing is seen to be the result of guilt. As much of the voice’s speech pins the murder upon Cassie herself, it appears that Cassie perceives the voice to be similar to Echo, accusing Cassie of having a role in the deaths of her mother and Paris throughout the novel. This is a notable reference to the horror genre, as killers in the genre are often given the impetus to do

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<sup>18</sup> Siegel Spratford, ‘Psychological Horror’, p. 91.

by being mentally ill.<sup>19</sup> However, crucially, Lake manages to subvert this common attribution of murder to mental illness by absolving Cassie of her guilt. Moreover, when Cassie initially recognises the voice as being that of the murdered sex worker, Lake signposts towards the fact that Cassie's 'haunting' is due to her mental illness. She gives a 'spoiler' that states outright that she 'was not right thinking that the voice was a ghost' (*Whisper*, p. 66). Flagging this to the reader earlier encourages a specifically realist reading. However, as the voice is still being experienced as a real happening and is not explained beyond this brief disclaimer, the horror around Cassie's voice-hearing is emphasised by Lake. Furthermore, Lake discourages the link between mental health and the propensity to kill by having Paris, a mentally ill woman, be murdered. In exploring the horror of Cassie's experiences alongside the death of Paris, Lake's text focuses on the mentally ill's position in society as vulnerable people, encouraging sympathy for Cassie and her friends.

In contrast, Kurtagich, in positioning Kaitlyn as instrumental in her classmates' and parents' deaths, takes the opposite approach, embracing this mentally ill killer trope wholeheartedly. This approach to the death of loved ones is perhaps the most demonstrative of the difference between using elements of the horror story, and fully using the genre framework. Cassie's fears of her involvements in the deaths are quite evidently the result of mental health-induced paranoia to the reader, allowing the reader to maintain sympathy towards her whilst seeing the effect of mental health deterioration upon her character. Kaitlyn's lack of memory, followed by the revelation that she was involved in her parents' death, is one of the moments in which Kurtagich uses the mental health plotline to shock and interest the reader. Given that the harmful societal link between mentally ill people and killers is mentioned in *Rose-Tainted* and *Finding Audrey*, the fact that Lake and Kurtagich approach the matter is an indication that there is a level of assumed knowledge here. It may be presumed that Lake is aware that his readership will notice the subversion of the trope, and Kurtagich to some extent knows that knowledge of this association will add to suspicion of her character.

Cassie does not rid herself of the voice inside her head, as she stops taking her medication, thus allowing that voice to remain active. This a crucial decision on Lake's part as an act of not demonising voice-hearers to the reader. Voice-hearing is more prevalent than many may think; as many as around 8% of young people hear voices.<sup>20</sup> By portraying the voice as

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<sup>19</sup> Otto F. Wahl, *Media Madness: Public Images of Mental Illness* (New Brunswick, NJ: Rutgers University Press, 2006) p. 56.

<sup>20</sup> 'Hearing Voices :: Young Minds Matter' <<https://www.lpft.nhs.uk/young-people/north-east-lincolnshire/young-people/what-help-can-i-get/hearing-voices>> [accessed 20 February 2023].

something that she can befriend, to the point that it takes on the voices of those that Cassie loves, the idea of the voice as the villain is discarded by Lake. Although slightly different from the Gothic Horror tradition, this is in line with June Pulliam's trajectory for the role of the 'haunted girl' in YA horror fiction. Pulliam claims that throughout the narrative, the haunted girl 'is momentarily silenced, [but] she eventually regains her voice along with the ability to protect herself through the assistance of the ghost'.<sup>21</sup> Of course, the voice is different here as in explicitly horror narratives the girl is silenced, figuratively, and regains her voice through the help of the ghost, which she accepts as real, presumably in defiance of what others in the book/film tell her. However, Lake's approach to Cassie's recovery suggests a similar method; instead of the voice as villain, it becomes almost a comforting figure that may be seen to replace the women that Cassie has lost throughout her life. In view of this, it is the killers of the women throughout the story that are recontextualised as the real villains. This effectively provides a wider commentary on the idea that violence against women is a huge contributor to poor female mental health due to the way that it affects women's place in society, as has been examined by the World Health Organisation.<sup>22</sup>

Something that can be determined through Pulliam's use of the term 'ghost' is that the voice, and the link to Echo, is also reminiscent of a slightly different type of horror story that appears in children's literature: a ghost story. Lake writes that Cassie 'assumed [that the voice] was supernatural' (*Whisper*, p. 32), alluding to the idea of possession or haunting, rather than a mental health condition. In fact, as the narrative continues, this is painted as being almost preferable to having a mental health condition because of the certainty of the cause of a haunting, as opposed to the uncertainty of the cause of mental illness symptoms. Becky Siegel Spratford's *Reader Advisory Guide to Horror* (2012) list the main features of the ghost story as being ascertaining 'why the spirit cannot rest', and that the ghost is often 'the personification of the guilt or remorse [the haunted person has] been holding inside themselves'.<sup>23</sup> The fact that the voice is not always the same identity, but takes on different personae such as Echo, Cassie's mother, the owner of the foot and even Paris after her death,

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<sup>21</sup> June Michele Pulliam, 'Subversive Spirits: Resistance and the Uncanny in the Young Adult Ghost Story', in *Monstrous Bodies: Feminine Power in Young Adult Horror Fiction* (Jefferson, North Carolina: McFarland & Company, Inc., Publishers, 2014), pp. 21–72, p. 39.

<sup>22</sup> 'Violence against Women', *World Health Organisation*, 2021 <<https://www.who.int/news-room/fact-sheets/detail/violence-against-women#:~:text=These%20forms%20of%20violence%20can,eating%20disorders%2C%20and%20suicide%20attempts.>> [accessed 9 June 2023].

<sup>23</sup> Siegel Spratford, 'Ghosts and Haunted Houses: Home, Scream Home', p. 56.

indicates the shifting nature of a supernatural being, but also speaks to the root of Cassie's voice-hearing as being guilt.

Kaitlyn's primary 'voice' is said to have insisted upon being named 'Aka Manah', the name of an ancient Zoroastrian deity. In Zoroastrianism, Aka Manah is the 'demon of vile thoughts and discord,' drawing parallels between Kaitlyn's voice hearing and possession.<sup>24</sup> Otto Wahl has stated that as far back as Ancient Greece, there were common beliefs that 'mentally disturbed people [were] tainted with evil' (2006: 114), so this depiction of the 'voice' being evil is not all that surprising. In fact, it is not only Kurtagich that sensationalises the experience of being mentally ill in this way; both narratives ensure that there is a parallel drawn between voice-hearing and 'possession' by an evil creature. The perception of mental illness as being evil has deep roots in ancient beliefs, which is conveyed in the way that the communities that held these beliefs appear in *Dead House* and *Whisper*. The comparison between possession and voice-hearing emphasises the terror of losing control of one's own senses.

Gothic Horror has long been defined by its use of 'monsters and its relationship with the importance of religion'.<sup>25</sup> Kurtagich makes this connection in having one of Kaitlyn's visual and auditory hallucinations be of a snake, directly referencing Christian representations of the devil. Kaitlyn charts the movement of the snake, saying that it 'slithered up my legs, around my torso, lingered on my shoulder... and as he laughed, he curled himself about my neck three times' (*Dead House*, p. 243). The fact that the snake covers all of Kaitlyn's body in this passage gives the impression that each part of her body is being contaminated with evil. Notably, the fact that the snake 'linger[s] on [her] shoulder' is reminiscent of the popular media representation of the devil as being on one's shoulder in order to influence decisions. Through the specificity of having the snake curl itself around Kaitlyn's neck three times, Kurtagich indicates the restrictive effects of having an illness that includes not being believed by others. The snake acts as a physical (to Kaitlyn) manifestation of the 'hold' that Kaitlyn's illness has over her, and the fact that the snake coils 'three times' conveys the tight, restrictive nature of having an illness such as DID. By only being present at night and continually told that she is not a real personality, Kaitlyn is suggested to feel constricted by both her thoughts

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<sup>24</sup> Charles Russell Coulter and Patricia Turner, *Encyclopaedia of Ancient Deities* (New York: Routledge, 2012), p. 32.

<sup>25</sup> Clive Bloom, 'Introduction to the Gothic Handbook Series: Welcome to Hell', in *The Palgrave Handbook of Contemporary Gothic* (Cham: Springer International Publishing, 2020), pp. 1–28, p. 7.

and her physical surroundings. This representation of voice-hearing as being a physical representation of an evil figure can be perceived in multiple ways. On one hand, it is a helpful visualisation of the condition as not being a part of the protagonists' identities. Painting the voice as being 'other' to Kaitlyn, through being illustrated as a figure with such symbolic ties to evil as a snake, allows the reader to fully understand the separation between the protagonist and some of their actions. However, painting voices as 'evil' can be a dangerous action, as it helps to perpetuate the antiquated idea that mental illnesses are inherently bad, or a sign that someone has evil within them; this idea of 'assigning' evil traits to a character is an element that Kurtagich tackles with the role of the 'double'.

### **The Doppelgänger**

The dual personalities of Carly and Kaitlyn, whilst most obviously taken to be embodiments of the Gothic double, are not always implied to be so. Cuddon and Preston address the horror stories in which characters are haunted by creatures such as lamiae or succubae, which feed off them emotionally and psychologically, eventually driving them to insanity and/or death.<sup>26</sup> This is effectively how Kaitlyn perceives herself, especially when Carly 'disappears'; she sees herself to be the succubus in this scenario, having overpowered Carly. Crucially, in not accepting herself as an alter ego, Kaitlyn resists her diagnosis, claiming that 'I'm a symptom. They think I'm like a disease – I'm infecting Carly' (*Dead House*, 16). Ari reflects upon this during his confession later in the novel, claiming Carly 'was a parasite, Kait. She was a *leech*. She was draining you. Stealing half your life' (*Dead House*, p. 416). The term 'leech' is noticeably comparable to the idea of a 'succubus', in that it conveys the level of parasitic relationship between characters. It is never explicitly shown as to whether this is true, but as Ari is eventually shown to be the villain, it is unlikely that he is telling the truth. This attitude towards alters is, however, what would be expected; the term 'succubus,' much like the term 'leech' indicates that one of the alters loses out in their situation. In *Jekyll and Hyde*, for example, the parasitic nature of having an alter is expressed by Stevenson, observing that 'the powers of Hyde seemed to have grown with the sickliness of Jekyll'.<sup>27</sup> Instead of the 'leech' that Ari describes Carly as being, most of Kurtagich's novel instead frames Kaitlyn/Carly as having a very different relationship, which is one of the more beneficial ways in which Kurtagich approaches DID. In Stevenson's novel, one personality may only thrive at the

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<sup>26</sup> Cuddon and Preston, *The Penguin Dictionary of Literary Terms and Literary Theory*, p. 394.

<sup>27</sup> *The Strange Case of Dr Jekyll and Mr Hyde* (Cambridge: Cambridge University Press, 2015), p. 134.



detriment of the other, which indicates that literary tradition would agree with this idea of being ‘drained’ by an alter. However, Kurtagich presents an alternative as, prior to Ari’s involvement, the ‘alter’ set-up instead indicates a state of multiplication. When Kaitlyn initially explains her living situation to Ari via email, she writes, ‘my sister (we’ve always used that word), Carly and I exist in the same body.’ (*Dead House*, p. 164). In framing the two characters as ‘sisters’ rather than alters, Kurtagich emphasises the fact that they gain from the situation, rather than feeding off each other; they have more (and different) experiences than others, more social interactions, and an extra friend or ‘sister’ in each other.

When discussing *Dead House*, Kurtagich has expressed her interest in exploring the themes of ‘duality, of mirror images, and loss of control’, and the way that they interact with each other.<sup>28</sup> Kurtagich’s method of demonstrating these aspects is achieved through making use of the double. The double, or *doppelgänger* as it is sometimes known, is a psychological element of the horror story that is born of the Gothic. The phenomenon has been identified by Cuddon and Preston as a way in which ‘mental and spiritual states are examined and exposed and in which fear, madness, cruelty and evil predominate’.<sup>29</sup> The double is, in particular, a crucial element of *Jekyll and Hyde*, that ultimately ends with the understanding that Dr Jekyll cannot overcome Mr Hyde’s evil; Cuddon and Preston’s theory indicates that in narratives of the double such as this, ‘evil’ cannot be fully vanquished by the end of the novel, a view Kurtagich’s novel seems to endorse.

John Clute states that almost all stories that concern a double or *doppelgänger* convey ‘a sense that something is retributively catching up on something else – usually the protagonist of the tale’.<sup>30</sup> There is certainly an element of this within *Dead House*, as Kaitlyn struggles to remember the circumstances of her parents’ death. She is only able to understand her own involvement in this event after the disappearance of Carly, who is seemingly punished in place of herself. As traditionally Gothic novels tend to ‘vindicate morality, virtue and reason’, this idea of punishment appears to be in line with the genre. Given that Kaitlyn ventures into self-harm and is implied to eventually complete suicide, there is a certain level of pain that having Carly disappear from the narrative causes Kaitlyn. Of course, the text is unclear on

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<sup>28</sup> Luna’s Little Library, ‘Interview With Dawn Kurtagich’, *Luna’s Little Library*, 2015 <<https://lunaslittlelibrary.wordpress.com/2015/07/05/interview-with-dawn-kurtagich/>> [accessed 11 September 2022].

<sup>29</sup> Cuddon and Preston, *The Penguin Dictionary of Literary Terms and Literary Theory*, p. 392.

<sup>30</sup> John Clute, ‘Identity Loss’, in *The Darkening Garden: A Short Lexicon of Horror*, (Seattle, Washington: Payseur & Schmidt, 2006), pp. 95–99, p. 95.

many levels, but punishment is one of the few themes that upholds clarity. Kaitlyn's eventual fate of death, and indeed Carly's disappearance, are both inevitable, due to Kurtagich's insistence that they be punished for their actions. When discussing the use of 'split personalities' in R. L. Stine's *Point Horror* books, which are also aimed at a teenage audience, Kevin McCarron addresses the use of 'madness' as a horror technique that can be specifically tailored towards a young readership. McCarron states that 'the reliance on madness as an explanation of apparently evil acts is, of course, also deeply reassuring to the adolescent audience as it denies the existence of pure malice'.<sup>31</sup> Certainly, even after killing multiple people, Kaitlyn remains sympathetic to the reader due to her having acted due to either a possession or 'madness'.

In Strengell's study of Steven King's *Oeuvre*, the Gothic double refers to the 'essential duality within a single character on the further assumption that the duality centres on the polarity of good and evil'.<sup>32</sup> This use of the term may apply here, given that Kurtagich presents the idea of Carly and Kaitlyn as good and evil 'twins' as well as being 'alter egos', using typical binary opposition and associations. Kaitlyn portrays Carly, as the 'day' persona, as also being the 'good' twin, and herself as the 'night' twin, as 'evil'. Although Kaitlyn is the 'evil' alter, before the beginning of the novel, her bad behaviour is restricted mostly to activities that, whilst certainly not encouraged by Kurtagich or any other YA author, are elements that are commonly represented in YA as 'normal' for teenagers. For example, Kaitlyn informs the reader that prior to being at boarding school, 'I went out. I partied. I drank. I met men. I stole-borrowed' (56). These behaviours are all on display in prominent issue-led realist UKYA, such as Melvin Burgess' *Junk* (1996), in which the characters' partying leads to the group heroin addiction that is the driving force of the plot; this addiction then encourages the characters to move into stealing and prostitution. Of course, this is an extreme example of these types of behaviours, but many YA novels feature these behaviours in a less destructive manner. It is only as *Dead House* progresses that her behaviour diverges from this type of typical destructive teenage behaviour, which may be redeemed or corrected, and becomes instead what may be interpreted as being influenced by the supernatural.

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<sup>31</sup> Kevin McCarron, 'Point Horror and the Point of Horror', in *Frightening Fiction*, Contemporary Classics of Children's Literature (London; New York: Continuum, 2001), pp. 19–52, p. 33.

<sup>32</sup> Heidi Strengell, "'The Monster Never Dies': An Analysis of the Gothic Double in Stephen King's Oeuvre", *Americana: The Journal Of American Popular Culture 1900-Present*, 2.1 <[https://www.americanpopularculture.com/journal/articles/spring\\_2003/strengell.htm](https://www.americanpopularculture.com/journal/articles/spring_2003/strengell.htm)> [accessed 27 February 2023].

Kurtagich's focus on the double is not restricted to the Kaitlyn/Carly binary, as *Dead House* features another double in the form of the 'dead girl' hallucination that Kaitlyn frequently sees within the frames of mirrors. Of course, using mirrors is an explicit way for Kurtagich to encourage the comparison of the double. Initially, Kaitlyn mistakes the girl for her own reflection, suggesting that this may in fact be how Kaitlyn views herself and her moral failings. This works as a replication of Kaitlyn's mental state in a different way; the image of the decaying, dead girl is representative of Kaitlyn's life under the influence of psychiatry; she describes her as 'broken and torn' (*Dead House*, p. 269). As such, the fact that the girl appears as being 'broken' is indicative of Kaitlyn's sense that psychiatry is wearing her psyche down, and that her psychiatrist is attempting to 'kill' her due to her status as the 'alter'. The true nature of the dead girl is never revealed. Later, as the dead girl fades away, Kaitlyn asks her diary,

Was she some residual part of Carly? Was she some unconscious part of my own mind – a remaining bit of my sanity, slowly decaying until she had served her purpose? Was she you, Dee, leaving me? A warning, of Carly slipping away? Or was she a little bit of mercy from God, who hadn't quite forgotten me in the shadows? I don't think I'll ever know. (*Dead House*, p. 410)

Kurtagich, therefore, provides many possibilities as to how the dead girl is intended to be read. The fact that she considers that the dead girl may be a part of herself that is 'slowly decaying' suggests that rather than Carly, this girl is perhaps what Kaitlyn sees as being more suitable as her double, as part of her perception of herself as a 'succubus'-type of figure. As this echoes her initial assessment of the girl, the reader is encouraged to believe that the girl is intended to be a part of Kaitlyn herself. Even if not seen as a symptom of mental illness by some characters, this idea that a condition such as DID is similar to a succubus or parasite is once again stigmatising and delegitimises the struggles of individual DID alters. In conflating the two, Kurtagich suggests that living with DID is harmful because of the duality it causes, and not because of the way that mental health services such as Mind describe that it 'can make looking after yourself harder' due to the different needs of different identities.<sup>33</sup>

Of course, by presenting the novel mainly from Kaitlyn's perspective, Kurtagich ensures that even as a supposedly 'evil' character, Kaitlyn is sympathised with by the reader over Carly.

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<sup>33</sup> 'What Are Dissociative Disorders?' <<https://www.mind.org.uk/information-support/types-of-mental-health-problems/dissociation-and-dissociative-disorders/dissociative-disorders/>> [accessed 20 February 2023].

Despite being the ‘good’ twin, Carly’s lack of presence throughout the novel causes her to be seen as only an extension of Kaitlyn, and in refusing to give Carly much grounding as a real presence, Kurtagich effectively demonstrates that she may be the ‘alter’, rather than Kaitlyn. Pulliam argues that the ‘Other’ as a double in YA horror fiction, is usually the protagonist, and so is often placed in a position in which ‘readers or viewers can identify with the monster and see how this creature is similar to themselves’.<sup>34</sup> Kurtagich is seen to make use of the effect that Pulliam observes here, through demonstrating the more normal teenage interactions that Kaitlyn has, such as her initial email communication with Ari. Given the supernatural elements of the novel, Kaitlyn is often separated from the reader, but the reminders that she is a teenage girl serve as an important way to reach the sympathy needed for her as the ‘monster’.

### **Paris as the Manic Pixie Dream Girl**

Whilst the parallel between Carly and Kaitlyn is used by Kurtagich to address a horror feature, Nick Lake uses Cassie’s friend Paris as a way to use a trope of YA. Paris is another example of an explicitly mentally ill MPDG.<sup>35</sup> Like *Lemmings’* Olive and Elle in *On a Scale*, Paris is diagnosed with bipolar disorder. Lake, however, uses the antiquated name of ‘manic depression’ in explaining Paris’ condition, presumably to indicate her symptoms to the teenage reader. Lake’s approach is similar to Scott’s, in that it is Paris, not Cassie’s love interest, that encourages her to enjoy her life more, and Paris appears to influence many of Cassie’s decisions, such as taking herself off her medication. Cassie describes Paris as being ‘a hundred-watt bulb in a world of forty-watt bulbs. She *shone*. When she walked by, you saw people following her with their eyes, like it would hurt to look away’ (*Whisper*, p. 219). Once again, Lake uses Paris as a way to demonstrate the more attractive elements of a mental illness; by glamorising her in this way, it is apparent that Cassie perceives her as being more socially accepted than herself, despite the certainty of Paris’ diagnosis.

In fact, Lake’s portrayal of Paris as an MPDG is perhaps the most faithful to the character type’s original form – something that could possibly be attributed to the fact that Lake is the only male author used in this thesis. This perhaps suggests that Lake’s narrative takes an

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<sup>34</sup> June Michele Pulliam, ‘Introduction’, in *Monstrous Bodies: Feminine Power in Young Adult Horror Fiction* (Jefferson, North Carolina: McFarland & Company, Inc., Publishers, 2014), pp. 11–20, p. 16.

<sup>35</sup> The MPDG is defined and discussed in Chapter Two of this thesis, on page 109.

approach to the MPDG that is in line with the male perception of the trope, which is the how the character originated. Cassie is indicated by Lake to consider Paris as almost a two-dimensional figure, much in the tradition of the YA MPDG. After Paris' death, it is revealed that her real name was in fact Lily, and that the 'Paris' persona was a fabricated figure. This also reveals that Cassie barely knows anything about her friend beyond her projected image; she even admits that she had 'never seen her as someone with... issues' (*Whisper*, p. 277). This fits Paris' role as the MPDG as ultimately, she is seen by Cassie only as a way to serve her own purposes. Eventually, Paris' role as the 'disposable' MPDG is cemented as she is murdered after fulfilling her duty to help Cassie to work through her mental illness.

Lake addresses a similar problem with Paris' recklessness and sense of self-assurance, claiming that 'she didn't really know where the line between fun and danger was. That was Paris' whole entire problem' (*Whisper*, p. 226). Again, this is a typical symptom of bipolar disorder, but is eventually seen to be Paris' downfall. Paris is used an example of the way in which glamorising the MPDG's lack of fear is a dangerous act; as she is in the outside world, Paris' choices are important. Paris' job as a sex worker is used by Lake to indicate the dangers that being the male 'dream' can pose. Her death is an indication that attending a psychiatric facility is not necessarily a guarantee that the attendee will be 'cured' of the symptoms of their illnesses.

### **The Mental Facility and Psychiatry**

Talk therapy sessions are present as a permanent solution throughout *Whisper* and *Dead House*, but institutionalisation is seen to be a short-term treatment. The two novels have very different attitudes towards the psychiatric system as a whole, but occasionally overlap in their understanding of how medicine can affect people. Lake takes a similar approach to *All the Things*, *Neena Gill* and *Broken Mirror*, in having Cassie initially reject psychiatry and then eventually come around to accepting psychiatric intervention on her own terms. Lake also takes care to demonstrate a variety of ways in which to cope with voice-hearing, with Cassie eventually settling on a combination of talk therapy and medication. Thus, Lake is careful to demonstrate both the issues that exist regarding patients' feelings towards psychiatric intervention, and the fact that psychiatric help is not a threat. Lake has discussed the fact that he consulted both a psychologist and a psychiatrist when writing this novel, which provides a

reason as to why *Whisper*'s portrayal of the psychiatric system is relatively sympathetic.<sup>36</sup> Kurtagich's novel, on the other hand, is decidedly anti-psychiatry in nature, and Kaitlyn's psychiatrist is deemed incompetent to the point of being malicious.

In the same way that the exact placement of mental health treatment in the narrative has been important to the way that mental health recovery is represented in other novels of this type, the timing of the protagonists' psychiatric treatment within the narrative is important in *Whisper* and *Dead House*. Notably, these novels explore the deterioration of girls' mental health both before and after having left the psychiatric system, including short stays in psychiatric hospitals. This is another feature that is traditionally tied to the horror genre; it has been observed that 'the madhouse is perhaps the most prominent and feared physical structure that has survived throughout the Gothic tradition'.<sup>37</sup> Of course, the traditional Gothic Horror image of the asylum is far from most representations of today's psychiatric facilities, but the horrors associated with the former still affect attitudes towards the latter in fiction and real life even today. In literature, the traditional Gothic representation of psychiatric facilities is still useful for fictional purposes, despite the much less ominous reality of the modern psychiatric facility. Both authors provide an indication of the protagonist's stance on psychiatry before even entering the mental health facility, by including elements of the Gothic asylum.

Essentially, the presence of the mental health facility as a temporary setting is one of the key features that makes mental illness a recurring theme in the horror genre, but rarely does an entire Gothic Horror novel take place in an asylum or psychiatric ward. For this reason, it is interesting that the most significant examples of both Cassie's and Kaitlyn's deterioration of mental health, and indeed destructive behaviours, happen after their institutionalisation. As an escapee, Kaitlyn's experiences after her time in the ward can largely be attributed to her lack of medication. Her mental health is seen to be impacted when writing appears all over her walls overnight. Kaitlyn does not confide in anyone except her diary that 'the writing on the walls... seems to be [her] own' (*Dead House*, p. 313). Kaitlyn's narration essentially points to the idea that this incident is due to her being possessed. However, the fact that Kaitlyn initially blames this happening on Carly and the dead girl, both of whom are facets of her being, allows for the reader to infer that it is the result of her worsening mental health.

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<sup>36</sup> ONENIGHTBOOKSTANDBLOG, 'Blog Tour: Whisper To Me by Nick Lake – Guest Post + Giveaway', *One Night Book Stand*, 2016 <<https://onenightbookstandblog.wordpress.com/2016/05/10/blog-tour-whisper-to-me-by-nick-lake-guest-post-giveaway/>> [accessed 28 October 2022].

<sup>37</sup> Laura R Kremmel, 'The Asylum', p. 449.

Cassie's deterioration is also due to ceasing to take her medication after her facility stay. This eventually causes the voice to 'make' Cassie stab herself with the EpiPen that is always in her bag, in an attempt to kill her. This particular example of deterioration is interesting, as clearly, Cassie has carried an object that has the potential to kill her around in her bag for years but has only ever used it to save her life. Through using life-saving medication to endanger Cassie's life, Lake allows for the reader to understand the nuance behind the argument over the effectiveness of medication; much as Cassie is unwell after she uses her medication wrongly, this suggests that bad side effects from psychiatric medication may be an indication that it is not the correct dosage or even the correct drug.

The version of the psychiatric facility that has so often been used as a horror setting features violent patients and doctors and psychiatrists that are evil or inept.<sup>38</sup> This is mirrored in *Dead House* in several ways, but perhaps most significantly in the form of the evil psychiatrist. Kurtagich intentionally creates fear around the setting; Kaitlyn is seen to be forcibly injected with psychiatric medication and begs not to be taken back after escaping. The psychiatric facility is used as a threat for Kaitlyn, and it is revealed that her parents were antipsychiatry, as she claims that the reason that she was never spoken about before her parents' death is because 'our parents sort of convinced us it was the best way, unless we wanted to be locked away in a mental ward for the duration of the universe' (*Dead House*, p. 164). This idea of the asylum as a threat is one that stems from both real-life experiences (as demonstrated in the discourse associated with the Psychiatric Survivor movement) and literary Gothic horror narratives; for example, *The Woman in White* presents the asylum as a punishment for not complying with societal expectations. The fact that it is later used as a punishment for Naida's unwillingness to comply with the views of the psychiatrist in court further confirms the idea that whilst boarding school represents safety for the teenagers, the psychiatric facility is representative of suffering, rather than recovery. In one of Kaitlyn's psychiatric reports, she is said to have been found 'staring down the corridor [of the psychiatric hospital], eyes wide and manic, saliva dried on her lips' (Kurtagich, 210), in an almost perfect example of a stereotypical 'violent' psychiatric patient.

One of the major issues in both novels is the use of psychiatric medication to sedate or dull the protagonists' senses. This is a common criticism within the psychiatric system survivor community, and one of the primary arguments against psychiatry in Kurtagich's novel, in

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<sup>38</sup> Susan Hatters Friedman, Fernando Espi Forcen, and John Preston Shand, 'Horror Films and Psychiatry', *Australasian Psychiatry*, 22.5 (2014), 447–449, p. 448.

which Kaitlyn is sedated and remains unconscious for fifty-six hours. In discussing the attitude that many psychiatric system survivors have towards prescribed drugs, Peter Beresford claims that ‘drugs are seen as offering a cheap, fast-acting and often sedating approach to ‘treatment’.<sup>39</sup> This suggests that rather than being the ‘cure’ that they are implied to be, psychiatric medications do not fix mental health issues themselves, only symptoms, and can sometimes cause the patient a different set of problems. Essentially, this emphasises that taking a sedative route to treatment may make things easier for the carers to deal with their patient, but essentially present no positive outcomes for the patient. This is an opinion that is reflected in much of the fiction about mental health, particularly in the UK. As seen in other novels in this thesis, such as *Finding Audrey* and *Neena Gill*, the way in which the problems surrounding medication are often dealt with is by having the protagonist take themselves off of their medication, only to discover that their mental health symptoms are much worse. Moreover, Paris at one point tells Cassie that the drugs she is taking ‘treat the symptom, not the problem’ (*Whisper*, p. 126). This is a valid concern and one that particularly relates to mental illnesses that have been born out of traumatic experiences; Cassie’s medication is seen to simply have a sedative effect, rather than being restorative for her health. This seemingly proves Beresford’s description of the issues with psychiatric medication in that they appear to halt her symptoms only by also halting most of her senses. She implies a separation from her own self, as she describes how she was ‘a dead person walking around, dressed in new skin’ (*Whisper*, p. 121). The idea of being covered in a ‘new skin’ is evocative of body horror narratives such as *Frankenstein*, in which the eponymous scientist’s monster is carefully crafted with new body parts, but not accepted as a part of society. As well as explaining an out-of-body experience, Cassie’s understanding of her drug is that it provides even more of a barrier between herself and society. Once again, in referring to Cassie as feeling like a ‘dead person’, Lake’s use of language evokes that of a horror scenario, equating mental illness recovery with images of death, rather than the rejuvenating impression that they should give.

*Whisper* gives the most insight of all the texts used in this thesis as to what the side effects of psychiatric medication can feel like for the patient. Cassie explains her experience with taking risperidone,

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<sup>39</sup> Peter Beresford, ‘Psychiatric System Survivors: An Emerging Movement’, in *Routledge Handbook of Disability Studies*, ed. by Nick Watson, Alan Roulstone, and Carol Thomas, (London New York, NY: Routledge Taylor & Francis Group, 2014), pp. 151–64, p. 153.



You start sleeping all the time, you can't remember things, the walls of your mind become slippery as if oiled. You feel tired every second of every day, perceive the world through frosted glass' (*Whisper*, p. 107).

Indeed, the whole of this section of the novel, which takes place inside the psychiatric facility, reflects this state of mind; presumably due to the lack of memory that Lake mentions here, Cassie's narration becomes less detailed, and noticeably Lake does not fill each page with writing to the bottom. These visible gaps in the narrative act to represent the gaps in Cassie's memory and go hand in hand with the above description of the side effects of her medication. Moreover, this creates a sense of intimacy between herself and the reader by giving the impression that other events must have occurred during her stay, but she is as unaware of them as the reader is. It is notable that the brevity with which she describes her stay beyond this explanation of her medication is also reminiscent of the alienation and distance from the real world that often fuel horror tales; in addressing issues with memory and the fact that her brain feels 'slippery', Lake also indicates a level of malleability to Cassie when she is on medication. This would suggest a higher propensity to being controlled or influenced, which in itself is terrifying.

In contrast to this, Kurtagich's psychiatrist suggests that psychiatric drugs are often a last resort, claiming that in treating Carly/Kaitlyn, she 'used psychoanalysis, hypnosis, counselling, cognitive behavioural therapy, reasoning. Sometimes all she needed was an ear to listen or a restraining force. But... as time went on, Carly required medication' (*Dead House*, p. 111). However, the judge's eventual decision that Dr Lansing overmedicated Carly/Kaitlyn undoes this seemingly tentative approach. It appears that Carly and Kaitlyn have different attitudes towards their medication, as Kaitlyn exclaims that 'I'm not going to let Lansing and her psycho-drugs get to me. I wish Carly would stop taking them!' (*Dead House*, p. 104). The fact that Carly takes the medication whilst Kaitlyn feels the negative effects of it works further on the establishment of the two as 'good' and 'evil'. Initially, Kaitlyn is repeatedly punished by the psychiatric medications by Carly following psychiatric instruction. However, in being the personality that takes the medication and is seen to comply with psychiatric advice, it may be perceived that Carly is effectively punished and silenced for this decision by being taken over wholly by Kaitlyn. As she is the protagonist and main point of view, the novel engages our sympathy for Kaitlyn, so the reader is also intended to be suspicious of the medication that Carly takes. In light of psychiatric survivor discourse, Kurtagich's work may be read as a cautionary tale for accepting psychiatric help, as this

indicates that the novel is very critical of the effects of medication. Rather, going against the institution of psychiatry and leaning towards supernatural explanations for her behaviour is heavily implied to be the reason that Kaitlyn outlives her alter.

In addition to her voice-hearing, Lake's Cassie has a life-threatening nut allergy, which has as large an impact on her daily life as her mental illness does. At one point, these two conditions collide, as the voice 'makes' Cassie stab herself with her EpiPen in a suicide attempt. This intersection between her two issues illnesses shows an important imbalance between the way in which society sympathises with mental and physical disabilities. However, the difference here is the way in which Cassie's two conditions are understood and validated. With her physical disability, Cassie takes medical aids for her allergy when required, and changes her lifestyle to ward off any potential threat to her physical health. Cassie is unable to treat her mental illness in the same way. She stops taking her medication, without the knowledge of her prescribing doctor, and attempts to use her own methods of dealing with the voice. Whilst dealing with her allergy is second nature to Cassie because of the level of understanding that she has regarding it, dealing with her mental illness requires a great deal more effort and strength of mind. Effectively, through including this detail, Lake comments upon the deeply rooted anti-psychiatric sentiment that Cassie has internalised, and the way that physical and mental conditions are regarded so differently; the stigma of accepting psychiatric assistance is indicated to be debilitating for her. It is also a way to create horror from seemingly normal parts of life, drawing attention to the dangerous potential of everyday items. This would usually come in the form of an object such as a kitchen knife, but Lake using Cassie's EpiPen draws attention to the fact that more than most people, her life is truly in her own hands. In this way, Lake effectively causes Cassie's allergy to become an allegory for mental illness, just as Kurtagich does with possession. It is also an important moment to demonstrate how much a mental illness may change a person's actions and thoughts.

The books essentially do very different things regarding psychiatry, through presenting similar aspects in contrasting ways which is the most evident in Kurtagich and Lake's representations of the mental health facility. Using more sensational elements of Gothic horror fiction, in adding to well-known societal stigma around mental illness, demonstrates a key issue with texts that tackle the theme of mental illness. The authenticity of mental health representation rests largely on the intention of the novel; some mental health novels are created with the purpose of being read by those who suffer from the condition, or those who wish to know more about it. These novels, particularly *Dead House*, use the condition purely

as a spectacle, and so are written with a different intention from the other novels in this thesis. In particular, *Dead House*, in being more explicitly horror and less overtly mental health related, may serve better as an allegory for mental illness than a faithful representation of it. Thinking about who novels are written for is crucial in this case, as for readers, texts such as this may impact their perception of mental illness and psychiatry significantly. The anti-psychiatric sentiment that runs through *Dead House* relies mostly on this negative representation of the psychiatric facility, whilst *Whisper* takes a more tentative approach towards the ways that certain aspects of psychiatry may not work for all sufferers. This leaves open the possibility that they may benefit. Ultimately, this is reflective of the fact that *Dead House* uses the psychiatric system only as a threat, whereas *Whisper* demonstrates that treatment can be adjusted to suit the individual. In being rooted in realism, *Whisper* presents Cassie's previous negative understanding of the psychiatric system as being due to misunderstanding and not making full use of the help that is available to her, eventually changing her stance to become pro-psychiatry.

### **Open Endings**

Essentially, although Nick Lake makes more of an effort to dispel rumours and stigma associated with mental health issues and psychiatry in general, *Dead House* makes many of the mistakes about mental illness that adult literature does. The text is often vague to the point that the illness itself is not really explored and it is misrepresented for effect. This may be due to the novel being on the border between realist and supernatural.<sup>40</sup> The Gothic prefers open endings which leave the supernatural unexplained; however, YA about mental health usually takes the form of realist issue-led stories. These may take elements from the horror genre (as *Whisper* does), but the supernatural should not blend with the real. Mixing mental illness with fantastical elements may lead to confusion as to which symptoms are real, and if not done so with enough clarity may feed into negative stereotypes about mental illness. *Dead House* is certainly not the first narrative to attempt this type of open ending in the Gothic Horror genre; Henry James' novella, *The Turn of the Screw*, has a similar ending that drives the reader to consider whether there is a supernatural element, or the character is mentally disturbed. In doing this, Botting attributes James with having 'extend[ed] the realm

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<sup>40</sup> There are other examples of YA novels that blend mental illness and fantastic elements in a more sensitive manner. Patrick Ness' *The Rest of Us Just Live Here* challenges the convention of mental illness as a secondary plotline, with the 'action' and fantasy aspect of the novel taking this place instead.

of haunting from text to reader'.<sup>41</sup> Whether Kurtagich is successful in doing so, however, is a divisive factor, as *Dead House* presents too many questions as to the legitimacy of its ending as supernatural. Goodreads contains very mixed reviews from readers of *Dead House*. One review summarises one of the main issues of leaving the ending so open, claiming that,

The book can easily be read as a tale of mishandled, unsupervised teens enabling one others' paranoid delusions to tragic ends, and I feel that if you're going to make that a viable interpretation, then the psychology needs to be solid. It shouldn't hinge on a classically inaccurate version of that disorder that perpetuates a bunch of nasty stereotypes about already heavily stigmatized people.<sup>42</sup>

This review suggests that the novel should not be read in a realist manner; this is not necessarily the case, as Kurtagich's use of court documents indicate that there is a level of 'truth' to the mental health issue presented. Indeed, the fact that Kaitlyn, the narrator, is convinced that she is not a product of DID, in tandem with the fact that the psychiatrist character is deemed to be 'negligent' by the author, casts a great deal of doubt upon the legitimacy of the illness, but this is an element that may be intended to be a symptom of the illness itself. Kurtagich's intentional lack of clarity, combined with the 'classically inaccurate' representation of DID, makes it difficult to read the text as wholly supernatural or wholly realist. To have included the condition of DID specifically, rather than a fantastical condition or an undiagnosed health condition, would indicate that Kurtagich intends that a realist reading of the novel is possible on some level. *Dead House* is essentially on the border between Gothic horror and realist mental health YA. Whilst a common feature of horror fiction in general, this conflation and lack of clarity around whether certain symptoms are supernatural, or part of a mental health condition is detrimental to the representation and understanding of mental illness, by much of Kaitlyn's mental health-related behaviours on 'possession'. Thus, in handing over the understanding of Kaitlyn's condition to the reader, Kurtagich is not successful in extending the haunting to the reader, so much as causing a great deal of confusion.

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<sup>41</sup> Fred Botting, 'Homely Gothic', in *Gothic, The New Critical Idiom*, Second edition (Milton Park, Abington, Oxon; New York: Routledge, 2014), pp. 104–127, p. 120.

<sup>42</sup> 'The Dead House', *Goodreads* <<https://www.goodreads.com/book/show/22396591-the-dead-house>> [accessed 20 September 2022].

In contrast to the narratives that make up most contemporary British mental health YA novels, *Dead House* is not a narrative of recovery, nor does it try to be. The novel can be read one of two ways: as a tale of mostly mental illness-caused delusion, or as being genuinely supernatural. If the reader takes Kaitlyn's condition to be false, and the result of supernatural forces, the demon that possesses Kaitlyn still functions as a representation of mental illness on a metaphorical or allegorical level. This demon is seen to be too powerful for any of the characters to overcome, leading to her setting the school on fire to seemingly commit suicide. Again, the ending is not explicit in describing the reason for Kaitlyn doing this, which indicates one of two scenarios: either the demon is the cause of her suicide attempt (as it is shown to be as she tries to jump from the school roof earlier in the novel), or she burns down the school in an attempt to kill the demon as well as herself. Kaitlyn's second (and potentially successful) attempt is recorded on video, and the transcript notes that she 'died smiling. Indeed, there seems to be a look of complete serenity on her face in the split second before the fire closes in on her' (*Dead House*, p. 433). The written word after the footage speculates as to whether this is due to mental health issues or happiness at killing her 'demon'. If read as supernatural, Kaitlyn's demon works as an allegory for those who commit suicide due to mental health issues. Kaitlyn's smile could be taken to be her happiness at her suffering being near ending, which emphasises that this type of ending feels inevitable to a sufferer when treatment does not appear to work. Thus, although the supernatural elements of the novel may be accepted as 'real' if the reader chooses to do so, there is still room to treat the story as allegory in tandem with this.

All of this is not to say that making use of horror or thriller tropes is necessarily 'bad' in terms of representation, or that using other, more child-central genres is the correct way in which to approach the subject of mental illness in YA fiction. Although using horror tropes inevitably leads to darker storylines, and indeed exploration of the more negative connotations of suffering from a mental illness, this may be seen as helpful to a teenage reader in particular in communicating the reality of the perception of mental illness that belongs to the wider public in the UK. The clarity with which mental illness should be written with is an issue that is of great importance as it becomes more widely engaged with as a social issue; therefore, *Dead House*'s biggest flaw in its representation is not the slide into the supernatural, but rather the way in which supernatural elements are conflated with mental illness symptoms.

*Whisper*, by comparison, makes use of the open ending in a very different fashion. Of course, there is no indication of whether or not Cassie reunites with her love interest. However, Lake's narrative is crafted so that this is not the primary relationship that the reader worries about: as the structure of the novel shows, the narrative is divided up into 'before' Paris' disappearance and 'after'. Lake's ending, then, is more concerned with Cassie's wellbeing after losing her best friend. As Cassie's mental health is seen to have improved, and her communication with her practitioners increased, the ending of the novel provides far more optimism for the future than if Lake had reunited Cassie with her unnamed love interest.

Kimberley Reynolds addresses the way in which the endings of horror fiction for teenagers are usually different from its adult equivalent, stating that 'overall, horror fiction directed at young teenage readers backs away from the uncertain endings or all-pervasive sense of fear and ghastly transgression which characterises true horror'.<sup>43</sup> Indeed, as has been previously addressed, optimistic endings that point towards a future recovery are a crucial part of mental health YA, and this does not exclude horror. Reynolds' point, in determining that horror for younger readers would usually by convention feature a mostly certain ending that does not fully embrace horror, is supportive of this need for optimism in YA horror, even when not covering mental health. Whilst *Whisper* provides this sense of optimism, *Dead House* does not, leaving readers disconcerted and uncertain about how they are supposed to understand the book, and whether it is realist or not. This hinges on how mental illness and, crucially, recovery is presented; an issue that has come up in each text examined in this thesis.

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<sup>43</sup> Kimberley Reynolds, 'Introduction', in *Frightening Fiction*, Contemporary Classics of Children's Literature (London; New York: Continuum, 2001), pp. 1–18, p. 3.

## Conclusion

The work undertaken in this thesis began as a way to explore how the subject of female mental health may be represented in UKYA fiction. As mentioned in the introduction, whilst women's mental illness in adult fiction is an established subject for scholarly discussion, the presentation of female mental health in UKYA is a topic that is still in the process of being widely established. The novels discussed in this thesis all address the difficulties surrounding mentally ill identity, both from the societal perspective and that of the protagonists themselves. Addressing the similarities and differences between the portrayal of heroines in contemporary YA and mentally ill women in earlier literature for adults has proven to be a beneficial way in which to investigate these difficulties. However, over the course of this research, a distinct pattern emerged: the mental health UKYA novels examined in this study all used narrative features and structures found in children's genre fiction. This unexpected result has influenced the most important findings from this research, and also provides a potential methodology for future academic work on YA fiction as a whole.

The consequent focus on children's literature genres led to the importance and influence of texts that are widely considered to be part of 'traditional' children's literature being demonstrated throughout this thesis. Notably, the children's texts that have been used for comparison and provided models for the frameworks employed in the course of this discussion have all been marketed and even sold together in sets as 'Children's Classics'.<sup>1</sup> This in itself illustrates the importance that they hold within the children's literature canon and indicates why they may have had such an influence on literature for adolescents. In drawing parallels between these established 'Classics' and selected novels written for young adults, this thesis succeeds in establishing that UKYA is certainly worthy of some of the praise given to narratives written for younger children. At the same time, this research has demonstrated the undeniable influence that these classics of children's fiction maintain in the literary world of the 21<sup>st</sup> Century, cementing the fact that they should continue to be read widely in addition to more recent publications. With the exception of the highly popular YA fantasy genre, genre fiction within YA is not widely discussed. Moreover, the genre of YA

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<sup>1</sup> The copies of *Little Women*, *Tom Brown's Schooldays*, *The Railway Children*, *The Treasure Seekers*, and *Treasure Island* that have been used for reference throughout this thesis are all part of the Parragon Children's Classics collection. This is not the only collection of this kind; a selection of these novels has also been included in collections such as the Oxford Children's Classics and Puffin Children's Classics box sets.

‘sick-lit’ does not have as many established conventions as single children’s literature genres such as the school story or the adventure story; thus, these texts benefit from drawing elements from these conventions in order to define their own structure. This research therefore indicates that comparisons between children’s genre fiction and one single genre of YA are incredibly helpful for future work on more specific genre fiction.

### **Key Findings**

The most evident finding throughout this thesis is that the strategy of using familiar narrative frameworks when writing about mental health is effective for authors hoping to create narratives that treat the subject of mental health honestly, sensitively and without stigma. Some frameworks are shown to have a stronger influence on the mental health narrative subgenre than others. For example, school stories clearly heavily influence the narrative shape of psychiatric facility novels through the clear structure of the journey to the institution, the resistance of the main character to the institution, the acceptance of the institution and a hopeful ending in which the character is better equipped to enter the adult world. Adventure stories do not do this so much as provide tropes and features that authors may use in their writing, such as the idea of a ‘mystery’ or crisis to solve, an identifiable ‘villain’ figure, reliance on adults to fully end a conflict, and a ‘homecoming’ for the protagonist. Family stories, on the other hand, provide a structure that is not as overtly parallel to the mental health narrative as the school story, but more noticeably influential than adventure stories. Using well-known features such as representations of everyday family life and its disruption, close familial relationships, an outside medical figure, and a strengthened bond between family members by the end of the novel provides a structure that can be used as loosely or tightly as required for the illness being written about. Through the analysis provided in these chapters, it is clear that this variety in the way the children’s literature frameworks are used is not an issue in itself. Whether using features or a set structure, employing these well-known narrative features is effective in providing a sense of familiarity for the reader. This use of a single children’s genre framework as a core structure lends power to novels that come under the umbrella of ‘sick-lit’. Indeed, the novels that follow the conventions of family stories, school stories and adventure stories are all seen to provide representations of mental illness that leave room for the warmth and humour that feature in the corresponding genre for children, such as the school story in *Lemmings* and the family story in *Finding Audrey*. These are important factors that serve as a reminder that when



suffering from a mental illness, the characters (and indeed, those who suffer in real life) still experience many of the same emotions as neurotypical children and teenagers.

Another significant finding that relates to this use of the structures of children's novels is that all of the novels are seen to use adult characters to disseminate the information about mental health conditions to the readers, rather than giving that role to the protagonists themselves. This is analogous to the use of adult figures in children's books to round off stories and provide a sense of a safe ending, such as when the Famous Five tell Uncle Quentin, Aunt Fanny, and the police about the criminals in *Five on a Treasure Island*. The crucial part played by adults is particularly the case when the author examines the role of the mother and the relationship between mother and daughter. The mother-daughter relationship is one that has a big impact upon most of the texts examined throughout this thesis. Even in when the mother is absent, for example in school story-inspired texts, there are many links made between mental health and the mother-daughter relationship, such as the indication that Olive's mental illness is related to her mother's postnatal depression: the two effectively feed into each other. Furthermore, the stories in which the mother is removed by way of death, *Whisper* and *Dead House*, both use this event as the impetus for the heroine to spiral downwards mentally. It is worthy of note that both these novels are influenced by the horror genre, thus indicating that the lack of a mother in such mental health novels is a horrifying possibility. The importance of this specific relationship also speaks to the space that YA fiction occupies between children's and adult fiction. The mother-daughter relationship may be expected in children's and even YA fiction, but it also plays a huge part in fiction for adults. Chick lit, for example, often makes great use of the overbearing mother figure for comic relief in novels such as *Bridget Jones's Diary*, much in the way that *Finding Audrey* does. Moreover, the transition into literature for adults often sees the protagonist *become* the mother figure; for example, Sophie Kinsella's chick lit *Shopaholic* series (2000-2019) for adults sees the protagonist, Becky, eventually become a mother in *Shopaholic and Baby* (2007). Perhaps, then, in emphasising the importance of the mother-daughter relationship in the novels discussed in this thesis, the authors prepare the reader for the transition to adult reading as well as adult topics of discussion.

The importance of an open ending is a feature that cannot be overstated throughout these narratives. Of course, in a tale of mental health, as already observed, it is difficult to have a neatly ended narrative. Mental health issues are usually ongoing, as is treatment, and so ending the novel in a way that ignores this is both inauthentic of the mentally ill experience

and dissatisfying in literary terms. The one element that all of these endings (with the exception of *Dead House*) share is their capacity for optimism towards the future after the end of the narrative. Interestingly, it is Nick Lake's personal belief that 'all YA should end on a note of hope'.<sup>2</sup> The findings of this thesis certainly agree with this sentiment, especially when concerned with a topic so difficult as mental health; in providing a sense of hope to a narrative that explores a potentially permanent condition, the authors ensure that positive endings provide more positive understandings of the conditions at hand. This study has proved that endings are crucial in YA; whilst the domestic stories have neatly wrapped-up endings which provide the comfort of a return to the home, psychiatric facility novels have endings that provide hope for a better life after navigating the psychiatric system, even if that does not mean a full recovery. In this regard, *On a Scale*, in attempting to end the novel neatly, is flawed, as it essentially ignores the realities of mental illness and the propensity that sufferers have to relapse. The novels inspired by mystery stories all end by providing hope in that the mystery of what has caused so much concern in the novels has been solved by being identified as mental illness. This is then addressed by the end of the novel by entering the psychiatric system, which in turn implies that a way will be found to live with the condition in a happier way. Horror stories leave their ending open in a different way: this is in keeping with the Gothic Horror genre, but also means that there is no definitive happy ending. Even *Whisper*, which ends with Cassie having learned the best way to cope with her mental illness through a combination of therapies, uses the unclear ending to convey the way in which her illness may have impacted her relationship with her love interest.

This thesis has demonstrated that YA mental health novels vary in literary quality, which is largely related to the way in which genre features are implemented in relation to mental health representation. For example, *Dead House* is significantly different to the other texts used in this study. Like others in the sample, the novel does feature an open ending, but as there is so little of the plot resolved by the end of the narrative the outcome is confusion, rather than hope. Part of the mystery that is included in the ending of the novel is whether Kaitlyn did suffer from a mental illness or was truly experiencing supernatural happenings; this cannot be a helpful way in which to convey the complicated nature of mental illness. As a result, *Dead House* is an outlier in this set of primary texts in terms of attitudes towards mental health issues. This leaves Kurtagich as the only author featured to rely heavily on

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<sup>2</sup> ONENIGHTBOOKSTANDBLOG, 'Blog Tour: Whisper To Me by Nick Lake – Guest Post + Giveaway', *One Night Book Stand*, 2016 <<https://onenightbookstandblog.wordpress.com/2016/05/10/blog-tour-whisper-to-me-by-nick-lake-guest-post-giveaway/>> [accessed 28 October 2022].

stereotypical, traditional representations of mental illness. Unlike the other texts, *Dead House* does not feature a journey towards recovery as part of its narrative or provide correct information about the condition that is represented. Moreover, it presents the psychiatric system as being evil, and Kaitlyn's psychiatrist as being incompetent. When the successful literary aspects of the book are taken into consideration, it is clear why Kurtagich's novel is regarded primarily as a horror piece which contains portrayals of mental illness, rather than as an example of issue-led, realist YA that includes an element of horror mystery, in the same vein as *Whisper*.

It has also been made evident that a 'well-written' or authentic mental health novel is not necessarily one that is written from personal experience. Whilst obviously beneficial for representation to some extent, the Own Voices novels used, *On a Scale* and *Rose-Tainted*, are not necessarily the most successful in how they represent the realities of experiencing a mental illness to the teenage reader. Within the scope of this study, 'success' is deemed to be related to literary value and the use of genre features and frameworks. For example, *On A Scale* loses its sense of distinct narrative voice towards the end after Tamar leaves the facility and Scott deviates from the school story structure, and as a result the literary quality of the novel declines. By comparison, *Lemmings* maintains Olive's sense of self throughout, even when her views visibly contrast with Bourne's. The fact that Bourne's novel follows the format of the school story more closely throughout is also crucial to this success. *Rose-Tainted*, by contrast, is presented as an example of a very successful Own Voices novel, in that it offers a view of the psychiatric system without being overly critical of it. In using Norah's relationship with her mother and representations of everyday life in the same way as a family story does, Gornall is able to convey the manner in which the psychiatric system can be incorporated into, as well as disruptive to daily family life. It must be noted, however, that *Rose-Tainted* takes place in the US, and so the author's experiences may be less in line with the represented psychiatry than might be assumed. As a result of this research, it appears that maintaining that works of fiction must only be dictated by the author's personal experience is limiting as it denies authors the ability to imagine experiences they themselves have not had. At the same time, it is unnecessarily exposing for those who choose to write about subjects such as mental ill-health following their own experience of it. The question of the author's personal mental history should therefore not be considered grounds for determining the value of a book; instead, the familiarity and connection that the reader experiences towards the

narrative and protagonist have been shown to be more important than an accurate portrayal of one's own experience.

Moreover, the way in which these novels address the issues with mental health representation in UKYA is important. In fact, the genre from which the novels borrow is not necessarily dictated by the type of mental health issue that is being written about. Rather, it is related to the point of diagnosis for the character within the narrative, and how resistant to their diagnosis the character is. In those influenced by family stories, the awareness and acceptance of the diagnosis of the protagonist is evident throughout the novel. Novels that are structured like school stories present more of a difficulty with diagnosis. Moreover, acceptance of the protagonist's treatment and diagnosis are the main crisis within the story; for example, Olive's story ends with her acceptance of her diagnosis of bipolar disorder and the treatment that she must undertake. Novels inspired by adventure stories, however, present treatment as the end point of the story. Horror novels allow for more mystery around diagnoses and treatment, as they maintain a sense of doubt as to what the nature of the protagonist's illness is. The fact that these are the factors that influence the shape of these narratives, rather than the specific illness itself, speaks to the importance of combatting negative perceptions of mental health in British texts. As this study shows, whilst there has been some progression in societal attitudes towards mental illness in the UK in recent years, a substantial element of stigma remains, which is reflected throughout all of these narratives. All of the novels in some way convey the difficulty of living with a mentally ill identity due to the protagonist's own internalised stigma, or the attitudes of those around them. In creating works such as these that convey the difficulties that people with mental illnesses face in everyday life, authors allow for their work to encourage those who do not suffer from mental illnesses to empathise with the mentally ill.

### **Applications for this Research**

The results of this research may be fruitful for several different groups of people. Within the academic community, this study offers a framework that lays the foundations for more studies. For example, explorations of whether these patterns appear in literature from other countries, written about men or about eating disorders would all be beneficial. Indeed, even considering whether this pattern fits YA that is not about mental illness could be useful to investigate. Certainly, this is a possibility as, at the time of writing, two of the most successful

television programmes on the Netflix streaming platform follow children's genre frameworks in a similar way. *Outer Banks* (2020) is an adventure narrative, and *Wednesday* (2022) follows a well-known character from the *Addams Family* franchise in the context of a school story framework. Thus, the influence of children's genre frameworks on YA may be an area of research with much left to discover. In addition to this, there is room in future scholarship to examine the growing attention that mental health has faced in the UK. For example, it has been established that the events of the 2020 Coronavirus pandemic have had a significant effect on both the mental health of young people, and the way in which mental health is addressed; almost half of all young people in a study undertaken by the Prince's Trust have experienced a mental health issue in the wake of the pandemic.<sup>3</sup> At time of writing, the pandemic has not long ended, thus meaning that much of the literary work inspired by it has not yet been released, or even written. However, in future years examining the ways in which mental health is represented in these post-2020 texts may be beneficial to determine how perspectives of mental health have changed in Britain.

Outside the academic sphere, this study may prove useful for authors who are attempting to write about difficult topics for young people in a way that is sensitive and approachable. By extension, publishers may find this information useful in order to more easily determine if a novel is examining a mental health issue in a careful manner. This research may similarly prove useful to medical professionals, in the event that they wish to provide support for young people and those around them. As previously established, the novels that contain more graphic or traumatic content, such as *Broken Mirror* or *All the Things*, may not be directed at those experiencing mental illnesses due to the potential for triggering. However, for the young people around sufferers, recommending novels such as these could be a beneficial way to convey the emotional and social difficulties that can arise around mental health issues, beyond the use of medical terms. The same may be said of teachers; reducing YA novels to an educational tool and nothing more is problematic and unnecessary. However, these types of novels are a good resource for school libraries that seek to provide a well-rounded and diverse array of experiences in the literature that they provide for students. If asked about these types of conditions, then, schoolteachers may find YA mental health novels a useful starting point for discussions.

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<sup>3</sup> 'One in Four Young People Say They Will Never Recover from the Emotional Impact of the Pandemic, as Confidence Falls to an All Time Low Warns Prince's Trust', 2022 <<https://www.princes-trust.org.uk/about-the-trust/news-views/princes-trust-natwest-youth-index-2022>> [accessed 25 February 2023].

Beyond this, some literary organisations that specialise in recommending novels for children and teenagers, such as EmpathyLab, would also benefit from the results of this research. EmpathyLab, which encourages children and teenagers to use reading to further their ability to empathise with others, provides a yearly ‘Read For Empathy’ list.<sup>4</sup> Research such as that conducted by this thesis deepens understanding as to which novels are appropriate to be placed upon lists such as these, to give to teachers or parents. Considering that the field of YA is rapidly growing, having identifiable elements that identify novels as both enjoyable and informative for readers is incredibly useful in conveying the truths of mental illness to young people without encouraging stigma.

As a result of these findings and their significance, this research is potentially a very useful resource that may not only act as an academic springboard for other theories surrounding genre and story construction for young adults but may be applied outside of scholarship to help young people more directly. Overall, through focusing on these nine texts, this study has demonstrated that using children’s genre frameworks to write stories about mental health for young adults is an effective way to approach the subject with an appropriate level of sensitivity, whilst still being of literary value.

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<sup>4</sup> ‘Read for Empathy Collections’, *EmpathyLab* <<https://www.empathylab.uk/RFE>> [accessed 26 February 2024].

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