Romantic Relationships in Mental Illness Young Adult (YA) Novels

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Introduction

Young Adult (YA) novels tell the stories that adult writers think adolescents want—or need—to hear (Thein and Sulzer 47). As a result, first-person narration is a common feature of YA novels. At the same time, it is common for YA novels, especially realistic YA fiction, to include some kind of positive message for young adult readers. One can imagine that this positive messaging becomes especially important to YA novels that take on difficult topics, such as mental illness. YA novels about mental illness are increasingly popular (Monaghan 32-33), and they take on a difficult task. How can authors portray a voice that is identifiable to readers both in its adolescence and in its mental illness, yet without condoning symptoms or portraying them as standard adolescent behavior? This study will ask this question of current YA novels by comparing depictions of mental illness, which do not reflect a typical adolescent experience, with depictions of romantic relationships, which do reflect typical adolescent experiences. The interactions between mental illnesses and romantic relationships can help clarify the extents to which mental illnesses appear as standard teenage behavior.

According to existing literature on mental illness in YA novels, carefully written narratives about mental illness can serve more than only its intended audience:

The stories of mentally ill characters, when told by authors with arguably sufficient background knowledge of, and sensitive to, the disorders, can engender empathy in
readers. This empathy is an antidote to the fearful othering that cements societal views of the mentally ill as statically and thoroughly abnormal, and therefore inferior. (Wickham 22)

Some criteria for mental illness young adult novels with the most potential to “engender empathy” in readers are ones in which: the character with a mental illness is the “hero” (Wickham 21), the novel names the mental illness (Monaghan 39), and the novel does not equate mental illness with teen behavior (Miskec and McGee 172). Additionally, I searched for novels whose authors or books are or were well known. This study focuses on novels that adhere to the following criteria:

1. The book is considered a YA/teen novel (not adult, and not a memoir).
2. The novel was published after 1998 (within the past 20 years). This criterion exists because of recent shifts in YA as a genre (Cart 115) and shifts in discourse for certain mental illnesses such as self-harm (Miskec and McGee 163-164).
3. The novel focuses on a mental illness or a concern related to mental health. For example, depression, anxiety, OCD, suicidal ideations, PTSD, eating disorders, and schizophrenia qualify, but physical illnesses do not. Additionally, the character with the mental illness that the novel focuses on is the protagonist, rather than a supporting character. Physical illnesses are not as cohesive to this study, because they have a less direct effect on the stream of consciousness than mental illnesses do. The impact of mental illness on cognition is essential because it impacts a novel’s narration itself.
4. The novel’s protagonist either has a romantic relationship or identifies romantic interest in another character. In this essay, I will explore the impacts of romantic relationships on narratives of mental illness in terms of portraying empathy in between characters.
The novel can deviate from either criterion (3) or (4) if in doing so, it still makes a statement about mental illness or relationships, respectively. I will focus on six novels: The Perks of Being a Wallflower by Stephen Chbosky (1999), It’s Kind of A Funny Story by Ned Vizzini (2007), Thirteen Reasons Why by Jay Asher (2007), Wintergirls by Laurie Halse Anderson (2009), My Heart and Other Black Holes by Jasmine Warga (2015), and Turtles All the Way Down by John Green (2017). Although it was not selection criteria, all of the books I have chosen are first-person narratives.¹

Within the confines of my selection criteria for novels, I searched for books that have received important popular and/or scholarly discourse about their conversations on mental illness. Although My Heart and Other Black Holes is less well-known in popular media than the other books, it is still helpful for this study because its romantic relationship appears less disruptive to the illness narrative than the relationships in other books. It still does have some critical acclaim and has been called “an artful portrayal of depression” (Robinson). It’s Kind of A Funny Story is a book that reviews have praised as a one that can help its readers. The New York Times review writes, “This is an important book, not only because it will help teenagers recognize unhealthy expectations and know there are alternative choices, but also because it could enlighten adults who are making their kids crazy” (Stone). For The Perks of Being a

¹The prevalence of first-person narration in YA novels interesting and worth mentioning in a study of mental illness, since such illnesses tend to affect consciousness, which is also the window through which a reader sees a first-person protagonist. Scholars have written about this phenomenon before. For example, Mike Cadden in “The Irony of Narration in the Young Adult Novel” explores how focalizing a narrative through a young adult consciousness can either limit the novel’s perspective to a single ideological view or create narrator unreliability, the latter being preferential for a mental illness narrative (146). This study will not delve into the implications of employing first-person voice in YA, but it is worth noting that the first-person voice creates a (usually unreliable) narrative focalization through which the novel depicts the mental illness (Cadden 146). Additionally, I will discuss Cadden’s concept “double-voiced discourse” in terms of Thirteen Reasons Why, due to the presence of a real narratee who listens and responds to the protagonist’s voice.
Wallflower and Thirteen Reasons Why, recent screen adaptations reframed these novels and brought them into popular discourse. Although the former’s cover suggests that it is a coming-of-age novel, the 2012 movie seems to have reframed it as a mental illness novel. One interview with the author (who also wrote the screenplay) has the headline “The cost of mental health: How one author advises kids with depression” (Kasperkevic). The mention of advice portrays Chbosky as an authority on depression, in addition to the author of a novel. Similarly, the recent Netflix series 13 Reasons Why has put much media attention on the story that the book tells (Nicolau 1). Laurie Halse Anderson’s Wintergirls and John Green’s Turtles All the Way Down have not received as much media attention, but the former’s Speak and the latter’s The Fault in Our Stars have received attention both in popular media and in scholarship about YA literature (Miskec and McGee 166-167, Monaghan 32-33).

If reflecting an accurate portrayal of teenagers in general is important, then reflecting a careful portrayal of teenagers with a mental illness is equally, if not more, important. At the same time, both are difficult. As Thein and Sulzer write in “Illuminating Discourses of Youth through the Study of First-Person Narration in Young Adult Literature,”

YAL [young adult literature] sometimes supports dominant ideologies and discourses about adolescence found within society at large (Sarigianides; Thein, Sulzer, and Schmidt). Rather than conceiving of adolescence as a socially constructed category, these discourses conceptualize adolescence as a universal, developmental phase marked by raging hormones, rebellion, impulsive and myopic behavior, mimicry of peers, and prototypical identity crises related to sex, drug and alcohol use, bullying, and suicide (Lesko). These dominant discourses of youth limit and constrain the ability of adults (including teachers) and young people to see adolescents as complete, complex people
with a range of interests, needs, desires, experiences, and ways of participating in school and life. (Thein and Sulzer 47)

In order for a mental illness YA novel to construct a positive narrative about mental illness, it must resist or challenge, rather than reproduce, “these dominant discourses of youth.” Teenagers with mental illnesses are also “complete, complex people,” and portraying them as otherwise suggests that either mental illness or adolescence is a flat, limited experience. Furthermore, portraying mental illness well is difficult: Miskec and McGee write that novels about self-harm “walk a fine line” in trying to characterize someone who self-harms without condoning the behavior itself (172). Even outside of self-harm in particular, a mental illness narrative, especially from a first-person point of view, has to strike a careful balance in which the novel presents the character with mental illness as one that readers can empathize with, without portraying its symptoms as rational actions. Laurie Halse Anderson responds to criticism that her novel about eating disorders might encourage a reader to develop disordered eating habits:

The docs say, Yes, the book is going to trigger people. Turning on the television triggers people — looking at billboards, going to the computer, walking past a magazine rack. But the challenge in the book they felt I had met was to show the entire story. There is nothing glamorous or lovely about an eating disorder. It’s horror. (Anderson qtd. in Parker-Pope)

Anderson’s response to the “trigger[ing]” nature of her book is to “show the entire story.” By showing a holistic view of mental illness, Anderson hopes to portray an empathetic story of a mental illness. Here, “show[ing] the entire story” is essential to creating a story that does not condone the behaviors associated with eating disorders. Similarly, all mental illness YA novels
must find some way to come to terms with portraying teenagers with mental illness as realistic and yet able to highlight the problem of a mental illness.

Mental illness YA novels follow the same plot structure as illness literature often does, and this plot structure is essential to humanizing teenage characters in these novels. As the protagonist of *Turtles All The Way Down* struggles with the fact that she has not recovered, she muses, “illness is a story told in the past tense” (Green 85). Illness narratives often include recovery, or at least steps toward recovery. When Laurie Halse Anderson writes that the “challenge in the book [doctors] felt [she] had met was to show the entire story,” I interpret this “entire story” to include not only the “horror” aspects of a mental illness that Anderson refers to, but also the full process in which characters’ mental illnesses affect their lives so much that they require medical intervention. Most mental illness narratives follow a plot structure that looks something like this:

- the character experiences life before the problem \( \rightarrow \) problem arises and affects character’s life \( \rightarrow \) realization of the problem, either by self or by another \( \rightarrow \)
  - hospitalization \( \rightarrow \) recovery, usually optimistic

This structure appears in both adult mental illness books, such as *Girl, Interrupted* by Susanna Kaysen, *Wasted: A Memoir of Anorexia and Bulimia* by Marya Hornbacher, and *Sharp: A Memoir* by David Fitzpatrick, as well as teen mental illness novels. Mentioning YA titles such as John Green’s *The Fault in Our Stars* and Jay Asher’s *Thirteen Reasons Why*, Monaghan asserts that “sick-lit may trace its genealogy back to illness narratives” (33). All of the novels in this study except one follow this structure. *Thirteen Reasons Why* subverts this structure: Hannah has already died before the novel starts, and thus she never goes to the hospital or has any recovery experience. *Thirteen Reasons Why* notwithstanding, different narratives spend different amounts
of time on different stages, depending on the books’ goals. For example, in *Wintergirls*, most of
the novel’s conflict centers on Lia’s conflicting denial and realization of her disorder, and she
does not go to the hospital until the last chapter. On the other hand, about half of *It’s Kind of a
Funny Story* details Craig’s experiences in the hospital. Still, the basic order of events remains
the same in many novels. I argue this structure—including, importantly, the recovery step—is
essential to mental health YA novels; every book in this study either follows it or subverts it.

In mental illness YA novels, romantic relationships tend to disrupt characters’
progressions within the narrative structure detailed above. These disruptions tend to happen in
one of two ways. In novels such as *It’s Kind of a Funny Story*, teenagers “save” each other from
mental illness. The fact that teenagers can save each other suggests that mental illness is merely a
problem of being a teenager. However, these two novels counter this implication by explicitly
articulating the mental illness and by focusing on empathy as the important factor of love-as-
saving. In the second kind of disruption, which appears in *Wintergirls, Turtles All the Way
Down, and The Perks of Being a Wallflower*, the mental illness either challenges the teenager’s
ability to have romantic relationships or negates it altogether. The debilitating impacts that
mental illness has on characters in these books have varying implications, but all three of these
books ultimately conclude that the characters can eventually find love once they learn to manage
their mental illnesses. Two novels present exceptions to these formats. First, although teenagers
“save” each other in in *My Heart and Other Black Holes*, the romantic relationship does not
disrupt the narrative structure and instead is intertwined with it. Second, even though *Thirteen
Reasons Why* is commonly thought of as a mental illness novel (about suicide, in particular), it
does not share the same structure as the aforementioned novels. Instead, it focuses on the
relationships between teenagers, suggesting that teenagers can have significant impacts on each
other’s mental health, to the point that Hannah’s peers drive her to suicide, but any of them could have saved her. Because of these conflicting suggestions, this novel suggests that teenagers are not empathetic to each other, and that mental illness is something that they can engender in each other. While all mental illness YA novels “walk a fine line” when it comes to depicting “the entire story” of a mental illness, Thirteen Reasons Why portrays mental illness as an expected aspect of teenage life.

**Love as Savior**

A typical narrative of romantic relationships that is important to mention is that in which a man saves a woman. This narrative is important to mental health YA in particular because the idea that someone can save someone else can become complex when a romantic relationship occurs in a novel whose goal is to discuss a mental illness. The idea of saving someone complicates the idea of mental illness and its recovery—what role can romantic love play in both someone’s mental illness and their recovery? This narrative also makes a statement about gender, suggesting that women need men. Novels can subvert this trope either by suggesting that women do not need men, that men need women, or that people need each other regardless of gender.

*My Heart and Other Black Holes* by Jasmine Warga is a mental illness narrative, but as the title’s use of “My Heart” suggests, the story’s main focus is the romantic relationship between the two main characters. I consider the book as a mental illness narrative because it includes suicidal ideation, but its focus is on love and hope, not the details of mental illness. For this reason, I focus on it primarily as a love story that tracks an easy-to-follow YA romance in the context of mental illness. Here, the romantic relationship does not disrupt the mental illness narrative very much, providing an example of what a relatively uncomplicated mental illness narrative might look like in YA novels. In the novel, two suicidal teenagers, Aysel and Roman,
plan a date to commit the act together to hold each other accountable. This novel closely follows a traditional romantic plot to the extent that two characters fall in love with each other, realize something about themselves through love, and then save each other through love. As a result, the romance narrative and the mental illness narrative interact in a fairly straightforward way: they realize their mental illness through their interactions with each other, they fall in love while planning to commit suicide together, realize they love each other too much to follow through, and through their love for each other realize that they can love other people in their lives too, thus saving each other from suicide and beginning to seek plans toward recovery.

*My Heart and Other Black Holes* presents a mental illness narrative and a romance narrative that fit well together: as the two characters’ love grows, so do the characters’ desire to take steps toward recovery. These simultaneous narratives suggest that their love is what leads them to recovery, thus attributing recovery to love. Before she changes her mind about suicide, Aysel simultaneously connects and disconnects love from her suicide plan: “My body aches for him and I wish there was something I could do, but I know enough to know there isn’t. There’s no saving him from his deep hole. There’s no saving me from my black slug” (Warga 185). Even as Aysel asserts that “there’s no saving him” and “no saving me,” she laments these facts because of her attraction to him. As she starts to change her mind about suicide, she says,

But maybe meeting Roman has helped me to understand myself better. Yes, I’m broken.

And yes, he’s broken. But the more we talk about it, the more we share our stories, the more I start to believe that there could be a chance to fix us, a chance that we could save each other. (Warga 228)

Here, she looks to him for potential that they could “save each other.” It’s a two-way saviorism that suggests that neither person is the savior; instead, perhaps love itself is what “could save”
them. At the same time, it is still the two people’s responsibility to save each other. Even as the two characters resolve not to commit suicide and the novel concludes, Aysel never quite concludes whether it was the relationship or Roman himself who saves her: “‘Because loving you saved me. It’s made me see myself differently, see the world differently. I owe you everything for that’” (Warga 298). On the one hand, it is not him, but rather an action—“loving you”—that “saved” her. At the same time, she says that she “owe[s] [him] everything for that,” even though loving him was her own action. Because of these contradictions, *My Heart and Other Black Holes* does not make a singular statement on how teen relationships either do or should interact with mental health problems such as being suicidal.

In *It’s Kind of A Funny Story*, the protagonist Craig looks to a romantic relationship to help him with his recovery, but he recognizes that only a certain kind of romantic relationship can help him. The story follows Craig’s experience with depression, suicidal thoughts, and a five-day stay in a hospital that helps him overcome his suicidal ideation and some of the symptoms of his depression. This novel focuses on how different types of relationships impact recovery from mental illness, both positively and negatively, depending on the situation. Unlike *My Heart and Other Black Holes, It’s Kind of a Funny Story* fits more closely to the archetype of mental illness narratives than it does to the saved-through-love archetype. Craig begins his narrative by talking about how he became anxious and depressed and what that looked like for him, then considers suicide, calls a hotline instead, and then checks himself into the nearby hospital, which admits him for a five-day stay in its adult psychiatric facility. Before he gets to the hospital, he thinks about his best friend’s girlfriend:

> And she gave it to me, a magical number: I put it with her name in all caps on my phone.

> *This is a girl who can save me,* I thought. The therapists told you that you needed to find
happiness within yourself before you got it from another person, but I had a feeling that if Aaron were off the face of the earth and I was the one holding Nia at night and breathing on her, I’d be pretty happy. We both would be. (Vizzini 121, emphasis original) Craig admits that he thinks Nia “is a girl who can save me.” In some way, she is not a person at all to him, but more like a factor who can “save” him. Even though this suggestion subverts the construct of boy-saves-girl, it leads Craig to view Nia as an object. When Nia comes to visit him in the hospital, she reinforces this role for herself (in Craig’s eyes), saying, “‘I thought that you got bad because of me. And I thought I could make you better’” (Vizzini 345, emphasis original). However, when Nia says it, the emphasis on “I” makes it such that she sounds presumptuous, ascribing a level of importance to herself that she does not necessarily have. Craig seems to see her presumptuousness; when staff members catch them making out and escort her out of the hospital, he yells after her: “‘Ah—’ I try and think how to sum it up. ‘I like making out with you . . . but I don’t really like you as a person’” (Vizzini 352). He asserts that he does not like her as a person, but his earlier thoughts suggest that he does not even see her as a person. Still, in rejecting her, he appears to now agree with the “therapists [who] told you that you needed to find happiness within yourself before you got it from another person.” However, his interactions with another teenager in the hospital with him suggest that maybe Nia just was not the right kind of savior.

“He gets it:” The Role of Empathy Between Characters

Although It’s Kind of a Funny Story concludes that Nia cannot save Craig from his mental illness, Craig’s interactions with Noelle, a girl he meets in the hospital, suggest that someone can still cure from a mental illness from a relationship, as long as it is the right relationship. Craig draws a distinction between Nia and Noelle: “‘You’re out there about your
problems,” he says to Noelle, “You put them on your face” (364). Nia, on the other, becomes upset when Craig tells her boyfriend that she takes Prozac (256). Because Craig’s shame of sharing his feelings with his friends was part of his problem, this difference between Nia and Noelle is important to him. While Craig accepts that a relationship with Nia will not save him, he does see Noelle as part of his recovery, and wants to keep in contact with her and pursue some kind of relationship with her after he leaves the hospital (444). And while what his therapists say serves as the novel’s acknowledgement that relationships are not a catch-all cure for mental illness, Craig’s love for Noelle still seems to be one for him. However, in drawing a distinction between Nia and Noelle, Craig emphasizes the quality of the relationship itself as an essential factor in whether or not that relationship can help with a mental illness. When Aaron worries that he is not good enough for Nia, Craig and Aaron talk about Nia and Noelle:

“If you’re with somebody and then you learn that they need to . . . take something on a daily basis, you wonder—how good can you be for them?”

“That’s pretty stupid,” I say. “I met this girl in here—”

“Oh yeah?”

“Yeah, and she’s really screwed up, as screwed up as me, but I don’t look at that as an insult. I look at that as a chance to connect.”

“Yeah, well.”

“People are really screwed up in this world. I’d rather be with someone screwed up and open about it than somebody perfect and . . . you know . . . ready to explode.”

(Vizzini 397)

Noelle is “really screwed up, as screwed up as” Craig, but for him the fact that she is “screwed up” is “a chance to connect,” something that never happened for him and Nia because of Nia’s
shame about her depression. For Craig, a romantic relationship cannot save him, but maybe a relationship with a girl who gets it can be a part of his recovery.

*My Heart and Other Black Holes* and *It’s Kind of a Funny Story* have an important similarity: maybe love can save you, but it has to be love with someone who is in a similar place as you. For example, when Aysel meets Roman, she thinks to herself, “This kid is obviously a loser, just like me. We both need each other… It’s not like I’m auditioning to be FrozenRobot’s girlfriend” (Warga 35). Later, he articulates something that she has been feeling:

I sigh. “I don’t know how to explain it.”

Roman nods. In the outside light, his eyes are a golden green, like grass that’s been stained by summer sunshine. “No, I understand. It’s like your sadness is so deep and overwhelming that you’re worried it will drown everyone else in your life if you let them too close to it.”

*He gets it.* “Exactly.”

…“Tell me more about your sadness,” he presses.

“Why?”

“I want to understand. I like understanding you. It’s been a long time since I related to someone else, but I think I get you.” (Warga 183, emphasis original)

Instead of letting Aysel’s response to him, “exactly,” stand on its own, Warga emphasizes what matters to Aysel through her thoughts: “He gets it.” For Aysel and Roman, their romantic relationship saves them in a way that their family relationships could not because they understand each other in a way other people do not. For Aysel and Craig, Roman and Noelle (respectively) show them something important, which they can only do through a specific connection: being a fellow teen struggling with a mental illness. As this connection suggests that
the right romantic relationship will help or cure a mental illness, it also suggests that maybe teenagers can only have genuine, meaningful connections with other teens who are similar to them.

*The Happiness Factor*

One reason that portrayals of romantic relationships are so important to mental illness narratives is that people often take happiness as a signifier of both a healthy relationship and a person who is mentally healthy. *My Heart and Other Black Holes* and *It’s Kind of a Funny Story* do not challenge this intersection much, which is probably part of how the relationships are able to have such a positive impact on recovery. As I quoted earlier, Craig in the latter book notes, “[if] I was the one holding Nia at night and breathing on her, I’d be pretty happy. We both would be” (Vizzini 121). His longing for Nia and for being “pretty happy” imply that being happy would also cure his suicidal ideation. One might expect that towards the end of the book, he might discredit happiness as a cure to his depression; however, with Noelle, he still emphasizes happiness:

I hug her one more time and pull her down to the bed. And in my mind, I rise up from the bed and look down on us, and look down at everybody else in this hospital who might have the good fortune of holding a pretty girl right now, and then at the entire Brooklyn block, and then the neighborhood, and then Brooklyn, and then New York City, and then the whole Tri-State Area, and then this little corner of America—with laser eyes I can see into every house—and then the whole country and the hemisphere and now the whole stupid world, everyone in every bed, couch, futon, chair, hammock, love seat, and tent, everyone kissing or touching each other . . . and I know that I’m the happiest of them. (Vizzini 433)
He knows that Noelle has shown him something about himself, and thus that he is recovering, because he “know[s] that [he is] the happiest” of everyone. As such, he draws on the intersection of mental illness and relationships: happiness. Here, happiness is without question an aspect of the cure for Craig. Similarly, Aysel’s hopefulness for Roman after he attempts suicide on his own revolves around happiness:

His lips are chapped and swollen, but the kiss is soft and light and perfect.

“I’ll talk to you,” he whispers. “I promise.”

As I look into his golden-green eyes, I don’t know if I completely believe him. I know he’s still broken, impossibly sad, but as he holds my hand, I feel the potential of happiness in his pulse. (Warga 301)

For Aysel’s perception of Roman’s illness, his “broken[ness]” is an “impossibl[e] sad[ness],” but there is at least a “potential of happiness,” and this potential seems to signify recovery from the mental illness that led him to attempt suicide. Additionally, the moments I discussed in both books include kissing, which generally signifies romantic attraction, thus reinforcing the connection between romantic relationships and “the potential of happiness,” and thus potential for recovery.

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2 *It’s Kind of a Funny Story* is particularly fascinating and frustrating because of the author’s story. Vizzini himself spent a similar length of time in a hospital for similar reasons, and while it is never safe to assume authorial intent, the peritext points it out, suggesting that this connection is important and that Ned Vizzini wrote this novel based on his experiences (445). Where this connection becomes especially problematic is in the fact that Ned Vizzini committed suicide in 2013. In a 2015 edition of the book, Rachel Cohn writes, “Ned didn’t make it. But with *It’s Kind of a Funny Story*, he threw an invaluable lifeline to the people who will” (“Foreword”). For me, I don’t think that this book can function as a “lifeline” given the connection between the author’s experiences and his writing. If the author’s experience in a hospital contributes to the accuracy of this work, then does the fact that he completed suicide invalidate Craig’s recovery? I don’t know if the answer is yes or no, but it is a question I ask about this book.
In John Green’s *Turtles All the Way Down*, protagonist Aza also recognizes happiness as an intersection between romantic relationships and recovery from mental illness, but the novel ultimately deals with happiness a little bit differently. Although I will discuss this book more later on, it is worth mentioning here in its contrast to *It’s Kind of a Funny Story* and *My Heart and Other Black Holes*. When Aza’s OCD and fear of bacteria send her into a panic after she kisses Davis, he tries to help her: “I could feel the tension in the air, and I knew he was trying to figure out how to make me happy again. His brain was spinning right alongside mine. I couldn’t make myself happy, but I could make people around me miserable” (Green 157). In recognizing that his attempts to help her feel happy make his brain “spin,” she acknowledges that he cannot make her happy, just as she cannot make herself happy. Still, when talking to her therapist, she expresses that relationships should help: “I don’t know. He’s cute and smart and I like him, but I’m not getting any better, and I just feel like if this can’t make me happy, then what can?” (Green 163). In saying so, she almost realizes that happiness, which she might get from her relationship with someone who’s “cute and smart and” likeable does not necessarily mean “getting any better” when it comes to her mental illness. Although she momentarily acknowledges the typical connection between love, happiness, and recovery—a connection that she is unable to achieve, her conclusion ultimately differs from the concern she expresses here. This discrepancy is essential; at first, she reflects a similar sentiment to Craig in *It’s Kind of a Funny Story* in wondering why love cannot cure mental illness. Her framing of this struggle as a direct question, however, draws out the answer: happiness, including happiness in response to a relationship, is not a cure for a mental illness. Of the novels I discuss, naming this disconnect explicitly is uncommon, both in narratives where love and happiness bring healing and in
narratives where mental illness prevents love. The conclusion of *Turtles All the Way Down* names something unusual for mental illness YA, and I will discuss later on how it does so.

**My Pain Makes Me Unlovable (and Unable to Love)**

In *The Perks of Being a Wallflower*, mental illness complicates Charlie’s ability to engage with his emotions, countering the trope that teenagers who love each other can save each other. Throughout the novel, he has romantic feelings for Sam, but he tries to push them away out of respect for their friendship. At one point, Charlie decides that there are limits to the extent that people can heal each other: “With that, Sam left. She really did look sad, and I wished I could have made her feel better, but sometimes I guess you just can’t. So, I stood alone by the wall and watched the dance for a while” (Chbosky 115). Charlie’s conclusion exists in contrast with *My Heart and Other Black Holes* and *It’s Kind of a Funny Story*, where a relationship is an instrumental source of happiness and hope. He wants to help Sam because he cares about her, but he decides, “sometimes I guess you just can’t.” He sees a limit to how much influence he has over Sam’s thoughts and mind, and so he leaves her alone even though he “wished [he] could have made her feel better.” For Charlie, like for Aza, friendship is not a straightforward cure for mental illness, but he does not name this problem so explicitly.

However, even if relationships cannot impact mental illness, mental illness in *The Perks of Being a Wallflower* can impact relationships. When, later in the novel, Charlie and Sam start kissing, and Charlie enjoys it until Sam touches him in a way that subconsciously reminds him of past trauma:

“You’re not ready?” she asked.

I nodded. But that wasn’t it. I didn’t know what it was…
And I wanted to kick myself for being such a baby. Because I loved Sam. And we were together. And I was ruining it. Just ruining it. Just terrible. I felt so terrible.

(Chbosky 203)

Even though Sam supports him, Charlie thinks that he is “just ruining it” in that moment, but the next chapters reveal that it was actually his experiences with sexual abuse as a younger child that were “ruining it” for him now. The interactions between Charlie’s mental illness and his love for Sam are representative of real experiences in that they both overlap and don’t overlap: an experience triggers memories of his sexual abuse as a child, but he is able to separate the two characters and see that his romantic love for Sam and his mental illness are not directly connected.

*The Perks of Being a Wallflower* is in some ways a coming-of-age novel rather than a mental illness narrative, and its placement in this genre seems to shape the portrayal of the characters as one that is more holistic than some representations of teenagers. The back cover of the 2012 edition, which advertises the movie, writes that the book is “a story about what it’s like to travel that strange course through the uncharted territory of high school,” suggesting that the book is a coming-of-age novel. Similarly, in “Evaluating Representations of Mental Health in Young Adult Fiction: The Case of Stephen Chbosky’s the Perks of Being a Wallflower,” Monaghan writes that “Ultimately, I take Chbosky’s message to be that being a teenager is hard” (39). Even in writing about “representations of mental health,” Monaghan collapses struggles of “being a teenager” with depression and trauma. Even though the sexual abuse is an essential aspect of Charlie’s actions and thoughts throughout the book, he cannot name it until the end. As such, the novel reads like a coming-of-age novel, or perhaps as a mental illness novel in disguise as a coming-of-age novel. It follows, then, that mental illness has a negative impact on Charlie’s
abilities to experience life as a teenager, and that the novel aims to portray a holistic view of teenage life despite the importance of mental illness.

In Wintergirls, mental illness negates the possibility of romantic relationships or interactions at all. The protagonist must recover seek recovery from her mental illness before she can engage in a romantic relationship. The protagonist, Lia, conceptualizes romantic relationships and her eating disorder as incompatible activities that cannot coexist. After meeting Elijah, who works at the motel where her friend Cassie died because of her eating disorder, Lia continually goes back to him when she needs someone:

“I thought you were going.” Elijah pops a piece of sausage in his mouth. “Need a good-bye kiss? I’m happy to oblige.”

“No.” I drove my fingernails into my palm for motivation. “Look,” I say. “I have a confession to make. That is not just a thank-you pizza.”

“I knew it!” He pumps a fist in the air. “You’ve fallen in love with me. You want to have my babies. We’ll get a team of horses and a covered wagon and we’ll journey to South America and raise goats.”

“Only in your dreams.” I clear my throat. “I brought you the pizza to bribe you.”

“I can be bribed.”

Deep breath. “I need you to go to Cassie’s funeral with me. Saturday morning.”

He grins again. “See? You’re asking me out.”

“No, I’m not, you idiot. It’s a funeral. A horrible funeral and I don’t know who else to ask.” (Anderson 122-123)

This moment establishes the possibility of some kind of relationship between Lia and Elijah, if only sexual and if only in Elijah’s mind. For Lia, however, this relationship exists “‘only in [his]
dreams.” Although her depictions of how he eats—“he pops a piece of sausage in his mouth”—and her interactions with him suggest that she finds him repulsive on some level, she never voices that in the narrative or to him. Instead, she seems neutral about him. She keeps going back to him, but ostensibly does not think about him much. When she later reflects, “Maybe we’ll run away to South America after the funeral and raise goats,” she recognizes the possibility of their relationship, but it seems both fleeting and absurd in the context of a funeral (Anderson 126). At this point, it is clear that Lia does not have romantic feelings for Elijah, but it is not necessarily clear that her disorder has anything to do with the lack of feelings.

Later on, however, the absence of any kind of relationship between them becomes explicitly connected to Lia’s disorder. After Lia goes to the hospital because she starves and cuts herself so much that she passes out, Lia visits him for the last time, and they have the following conversation:

“I messed up,” I whisper. “Big. Really big.”


“I’ll show you.”

I sit up again slowly, and pull off my sweatshirt, turtleneck, and long underwear shirt. As I reach for the last layer, he puts up his hands.

“No. Hold on. We’re not going there. This is already not working. At all. Wait, is that blood?”

… His eyes drift over the cuts and stitches, black threads poking out like broken wire. The bruises have surfaced, sunset colors stretched over the tight bones. He doesn’t see my breasts or my waist or my hips. He only sees the nightmare.

“What happened?” he whispers.
“I fell off the edge of the map.” (Anderson 258-259)

When Elijah says “No. Hold on. We’re not going there. This is already not working,” this initial reaction, in contrast with “Wait, is that blood?” suggests that he assumes at first that Lia is about to show off her body with some kind of sexual implication. Once he realizes that she is showing him her body for another reason, he does not worry about sexual implications. Instead, Lia believes that he no longer sees someone who he hopes “has fallen in love with [him];” “he only sees the nightmare.” The “nightmare” of her cuts and bruises and thinness obscure what might be considered sexualized body parts: “my breasts or my waist or my hips.”

Lia’s recovery reinforces the narrative that her mental illness invalidates romantic relationships. When Lia begins to recover from her disorder, she articulates in clearer terms that when it comes to mental illness and relationships, she can only experience one: “I’m angry that I starved my brain and that I sat shivering in my bed at night instead of dancing or reading poetry or eating ice cream or kissing a boy or maybe a girl with gentle lips and strong hands” (Anderson 276). Many of the activities she lists could be platonic, but all of them could be and often are romantic activities for teenagers, such as “eating ice cream” and “dancing.” In the absence of explicit conversations about sex and sexuality that is often true of YA, these non-sexual activities have even more weight to suggesting romance. Lia starved herself “instead of” engaging in any of those activities. The use of “instead of” suggests that starving herself is incompatible with “kissing a boy or maybe a girl.” The “instead of” implies that she could have had either one or the other, and she experienced the former. Thus, her illness negates any chances of these romantic activities, and thus a romantic relationship.

In Turtles All the Way Down, Aza’s mental illness makes it difficult for her and Davis to explore their romantic feelings for each other, but ultimately it concludes that she can learn to
have love, both platonic and romantic, in her life while coexisting with her mental illness. When Davis tries to comfort her after she panics about microbes while kissing, she expresses her worry about their future as a relationship:

“I’m not gonna un-have this is what I mean. I’ve had it since I can remember and it’s not getting better and I can’t have a normal life if I can’t kiss someone without freaking out.”

“It’s okay, Aza. Really.”

“You might think that now, but you won’t think that forever.”

“But it’s not forever,” he said. “It’s now.” (Green 155-156)

Aza sees her mental illness as something that stands between her and a romantic relationship: “I can’t have a normal life if I can’t kiss someone without freaking out.” In this moment, a relationship also represents normalcy: without kissing, she will not have “a normal life.” Both mental illness and an absence of a romantic relationship prevent her from normalcy. Later on, she recognizes the connection between her experiences and their relationship: “I took his hand, and part of me wanted to tell him I loved him, but I wasn’t sure if I really did. Our hearts were broken in the same places. That’s something like love, but maybe not quite the thing itself” (Green 206). In conjunction with her assessment that she cannot have a relationship because she cannot kiss someone, her statement here suggests that she felt “something like love, but maybe not quite the thing itself” for Davis because their “hearts were broken in the same places.” Aza and Davis are similar to Aysel and Roman to the extent that one aspect of their relationship is that they feel like they understand each other. However, for Aza, even though that connection to Davis shapes up to be “something like love,” she draws a clear distinction between that feeling
and actual love. In this moment, the way that Aza’s and Davis’s hearts are broken perhaps prevents their relationship from lasting.

However, *Turtles All the Way Down* ultimately suggests that while mental illness can make romantic relationships difficult, especially for teenagers, it does not negate the possibility of love and relationships. The end of the novel changes to second-person and takes Aza into the future for a brief moment, asserting two things. First, other forms of love just as much as romantic love. Green writes “you’ll be so proud that Daisy continues to be your best friend, that growing into different lives only makes you more fiercely loyal to each other” (285). Second, Aza will learn in the future to maintain relationships even though she will still struggle with her mental illness:

I know that girl would go on, that she would grow up, have children and love them, that despite loving them she would get too sick to care for them, be hospitalized, get better, and then get sick again. I know a shrink would say, *Write it down, how you got here.*

So you would, and in writing it down you realize, love is not a tragedy or a failure, but a gift. You remember your first love because they show you, prove to you, that you can love and be loved, that nothing in this world is deserved except for love, that love is both how you become a person, and why. (285)

Ultimately, she is right that she cannot “un-have this” mental illness, but she can have love in her life regardless. Love and mental illness are not synonymous, even if empathy draws her to Davis, but they also do not negate each other in either direction. Instead, Aza can have both of these. Compared to other YA novels of this study, *Turtles All the Way Down* is unique in the perspective it provides here. The use of second-person voice depicts Aza as an adult, looking
back on the story she has now told about herself as a teenager. This voice allows for a more balanced perspective on the interactions between love and mental illness without compromising a realistic adolescent voice. It is also essential here; the novel’s message appears to be that while Aza’s struggles with her mental illness are real, they are, as Davis would put it, “not forever.”

*Thirteen Reasons Why: Boy Hurts Girl, Boy Saves Girl*

In *Thirteen Reasons Why*, Clay’s position as someone who loved Hannah, whose posthumous audiotapes he listens to after she completes suicide, complicates his retroactive wish that he had helped her. In the novel, Hannah, who has died before the story begins, enlists a student to send a set of audiotapes to the people who she believes caused her to complete suicide, or in other words are her thirteen reasons why she did it. Clay tells the story, and the novel portrays both Hannah’s voice and Clay’s thoughts, alternating between the two. It is worth noting that *Thirteen Reasons Why* has received attention in popular media because of the Netflix series based on the book.

*Thirteen Reasons Why* has an unspoken motif of sexual harassment, especially among the characters who are Hannah’s “reasons,” which I will discuss later. For now, it is important to note that given that context, Clay is in an unusual position when it comes to his romantic feelings for Hannah. The novel makes two conflicting statements about relationships and mental illness: first, romantic feelings/interest have a negative impact on a character’s mental illness, as several boys’ interest in Hannah manifests as sexual harassment and assault; second, romantic feelings/interest have a positive impact on a character’s mental illness, as Clay believes that if he had acted on his feelings for Hannah, he could have saved her. In the tape dedicated to Clay, Hannah explores her perspective on the one time she and Clay almost hooked up:
You started to talk, but I made you stop. I asked you to leave. You started to talk again and I screamed. I screamed into the pillow.

And then you stopped talking. You heard me...

Why did I listen? Why did I leave her there? She needed me and I knew that.

(Asher 216)

This moment is difficult to come to terms with because it suggests that Clay could have helped Hannah only if had he not listened to what she asked of him. At the same time, it is other people, especially boys, disrespecting Hannah’s agency (through both sexual harassment and other forms of bullying) that drive her to suicide. According to a Refinery29 article, the Netflix series adds something: Hannah explicitly admits that she had actually wanted him to stay but was too afraid to tell him (Nicolaou 10). In the book, she never says that; she only implies they wish they had gotten to know each other more, and she apologizes to him. The Netflix series’ alteration makes sense: without Hannah’s admission that she wanted him to stay, leaving seems to have been the right thing for him to do. As the scene occurs in the book, the implications are complicated. Deciding that “she needed me and I knew that” removes Hannah’s agency, which the other stories suggest that she so desperately needed. In leaving, Clay did what other characters were afraid or unwilling to do. So the regret only makes sense in context of her having completed suicide; he knows now that perhaps she needed him, because she completed suicide. However, at the time, she asked him to leave and so he seems to have done the right thing given the information he had. Now that he knows that these actions drove her to suicide, he believes he could have helped her.

The narrative surrounding another character, Skye, suggests that romantic feelings in particular are part of Clay’s potential capacity to have helped Hannah. While listening to the
tapes, Clay runs into someone: “Skye Miller. My eighth grade crush… Why does she do this? What happened between eighth grade and now? Why does she insist on being an outcast? What changed? No one knows. One day, at least it seemed that fast, she just stopped wanting to be a part of anything” (Asher 105). The presence of this character later allows the book to end on an optimistic note: Clay watches Skye “disappear” down the hallway where he last saw Hannah before she killed herself (287). He resolves not to let Skye walk away without trying to help, unlike letting Hannah walk away. What complicates this interaction is that Skye, like Hannah, was his “crush,” albeit at a different point in time. The fact that Clay has romantic feelings toward Hannah, who he wishes he had helped, and Skye, who he hopes to help now, suggests that the fact that the feelings are romantic contributes somehow to Clay’s potential to help these characters. Clay goes back and forth about how much responsibility he assigns himself for Hannah’s death, at times stating things along the lines of “I’m too late” (146) and “Why did I leave her there? She needed me and I knew that” (216) and at other times commenting “Maybe a therapist would have helped, Hannah” (176) and “It was you who decided” (249). Towards the end, he seems to conclude that maybe he could have helped her more, but ultimately she prevented him: “I would have helped her if she’d only let me” (280). However, his action toward Skye seems to suggest the opposite: that love, especially love with some kind of romantic attraction involved (as in his eighth grade crush for Skye), might be able to rescue people from their mental illnesses.3

3Although the topic of gender relations is largely outside of the scope of this study, it is worth noting the gendered power dynamics in this novel. Hannah’s tapes create the expectation that a boy, especially Clay, who loves her, could save her. At the same time, she is at the mercy of their immature actions, which largely center around sexual harassment.
Thirteen Reasons Why’s Silence about Sexual Harassment and Assault

Although popular media discusses the book in terms of mental illness narrative, it does not function as a mental illness narrative at all, especially compared to the other books in this story. Hannah Baker’s story in Thirteen Reasons Why subverts the problem-to-hospital-to-recovery archetype in two ways. First, she does not recover. At one point, Aza from Turtles All the Way Down, in a moment of wishful thinking, asserts, “that was supposed to be the narrative of illness: It was a hurdle you jumped over, or a battle you won. Illness is a story told in the past tense” (Green 85). If illness was a “battle you won,” then Hannah has already lost the battle before the book starts. Instead, the audiotapes she records before her death allow her to tell her story to the people she mails them to. Second, the novel does not name her mental illness, although she probably has one. Her voice introduces the tapes, “I’m about to tell you the story of my life. More specifically, why my life ended, And if you’re listening to these tapes, you’re one of the reasons why” (Asher 7). As a medical doctor writes in a review of the book,

I found myself unconvinced by Hannah’s conviction that she had suffered irreparable damage solely from her plagued social network. There must have been more to it… Often, [adolescents] present to my office in crisis, struggling to navigate difficult peer interactions and social issues; yet, underneath the presenting symptoms usually lurks a potentially destructive mood disorder. (Okpokwasili 1192)

Clay initially does not know why she considers him one of the reasons why. Throughout the book, he starts to realize he could have helped her, and regrets that he did not: “She needed me and I knew that” (Asher 216). However, the implication that he could have helped her is complicated in context of why the other characters are “reasons” for Hannah’s suicide. Exploring the implications of sexual harassment and assault in this book help frame the context in which
Clay expects himself to have helped Hannah with her (unspoken, but probably present) mental illness.

_Thirteen Reasons Why_ shows, but does not name, sexual harassment and rape, and the consequence of not doing so is that the novel suggests that perpetrating and experiencing sexual harassment and rape are standard aspects of teenage life and behavior. _Thirteen Reasons Why_ is typically thought of as a book about suicide: as one review writes, “Teen suicide is a hot-button issue… Jay Asher, in his debut novel _Thirteen Reasons Why_, has taken the topic of suicide one step further. What if you really did know the reasons behind a young woman’s suicide?” (Gillis et al. 542). Suicide is the issue that the book names as the primary mental illness it focuses on.

Sometimes people point to bullying: Kristine Pytash summarizes _Thirteen Reasons Why_ in her article “Using YA Literature to Help Preservice Teachers Deal With Bullying and Suicide” as a book about “how malicious gossip, betrayals by friends, and seemingly innocent actions can have powerful and destructive consequences” (473). However, several of Hannah’s “reasons why” have undertones of sexual harassment or sexual assault (Asher 7), suggesting that a particular type of “seemingly innocent actions” are essential to understanding Hannah’s story.

Although gossip and betrayals comprise an aspect of Hannah’s experiences, sexual harassment and assault pervade most of these events: eight of the eleven teenage recipients of the tapes are boys. Of those nine, the majority of them sexually harasses or assaults her. However, neither she nor Clay uses the words “sexual assault” or “rape” except in reference to another event that Hannah witnesses (230). Instead, when Bryce sexually assaults her, she in part blames herself: “You were touching me . . . but I was using you. I needed you, so I could let go of me, completely. For everyone listening, let me be clear: I did not say no or push his hand away. All I did was turn my head, clench my teeth, and fight back tears. And he saw that” (Asher 265). That
she points out how he saw her reaction, indicating that he knew she did not want his advances, suggests that she knows that his actions amount to sexual assault. Even so, her request of “let me be clear: I did not say no” demonstrates that she needs to qualify what happened in some way. Ultimately, her avoidance of naming the problem may be understandable on her part, suggesting that she is afraid to face the gravity of what happened to her. Charlie does something similar in *The Perks of Being a Wallflower* when he uses simpler language to avoid saying “sexual assault” or something similar.

**Double-Voiced Discourse**

The presence of two distinct and yet connected narrators in *Thirteen Reasons Why* is unique, and it also allows for a clear distinction of ideological stances. In other words, Clay has the opportunity to shed light on the sexual assault and harassment that Hannah cannot see herself. As I mentioned previously, Mike Cadden in “The Irony of Narration in the Young Adult Novel” argues that first-person voice in YA sometimes creates a narrow viewpoint, but that novels can counter this imposition of a single view with double-voiced discourse, a term he borrows from Bakhtin: “two or more ideological positions share the text without any one being in obvious control” (Cadden 147). For him, *The Perks of Being a Wallflower* is a novel that “creates doubt in the reliability of the narrator in order to achieve double-voiced discourse” (Cadden 147). However, I think that this concept is clearer in stories such as *Thirteen Reasons Why*, in which there are literally multiple voices. In “Illuminating Discourses of Youth though the Study of First-Person Narration in Young Adult Literature,” Thein and Sulzer build on Cadden’s theory, proposing a “heuristic for locating and examining double-voicedness within first-person YAL with the goal of illustrating how such an examination illuminates an ideological conversation about the needs and desires of youth,” a heuristic that is “grounded in
the three-part literary concept of *the narrator, the narratee, and the implied reader*” (47, emphasis original). In *Thirteen Reasons Why*, Clay functions as a real narratee for Hannah, even as he is also a narrator himself. Still, his role as a narratee provides specific insight into how listeners to Hannah’s tapes understand them.

Applying Thein and Sulzer’s heuristic about determining double-voicedness through narrator, narratee, and implied reader, Hannah’s refusal to name her experience as sexual assault in combination with her unreliability is arguably a form of Cadden’s double-voicedness. Perhaps the implied reader can reasonably determine that Bryce’s actions are wrong, regardless of what Hannah says (Thein and Sulzer 48). However, I argue that the double-voicedness is not effective here for two reasons: first, the implied reader might not know enough about sexual assault to understand the implications of Bryce’s actions when Hannah insists that it was her own fault; and second, this novel’s real narratee, Clay, reinforces what Hannah implies. The authors of *Sexual Content in Young Adult Literature: Reading Between the Sheets* describes the scene I mentioned earlier:

The most shocking, heart-wrenching, controversial, and necessary scene in *Thirteen Reasons Why* is so well known to lovers and critics of the book that it is simply referred to as ‘the hot tub scene.’… This scene provides some incredible opportunities for thought-provoking discussions. In the young adult literature classes that we teach, for example, many students will argue that the scene portrays a sexual assault, while others contend that Hannah, regardless of her unreliability as a narrator, engages in consensual sex, because she does nothing to stop Bryce’s advances. (Gillis and Simpson 134-135)

Here, the authors recognize the essential role that Hannah’s unreliability has in undermining the fault Hannah credits herself with for her experience. She gives her listeners clues that Bryce’s
actions were sexual assault: “All I did was turn my head, clench my teeth, and fight back tears. And he saw that.” She “does nothing to stop Bryce’s advances,” but she also clearly does not agree to them. Bryan Gillis writes in a book review, “[Asher’s] message is clear: Stop being apathetic, pay attention, and most important [sic], be kind to one another” (542). The message seems to be not that people like Bryce should change their behavior, but that people like Clay should recognize what they can do to better support people like Hannah. However, if the novel’s goal is to promote kindness among teenagers, then naming sexual assault seems essential to helping teens recognize what kinds of behavior are inappropriate.

Clay has a chance to argue with Hannah through his thoughts, so the fact that he does not challenge Hannah’s self-blame for Bryce’s sexual assault reinforces the narrative that sexual assault is standard teen behavior that other teens must work to avoid. When Hannah gets into the hot tub with Bryce even though she admits she knew she should not have, Clay agrees: “You knew what you were getting into, Hannah” (262). In Hannah’s story, Bryce’s actions are hurtful, but actions like his are common, as the other instances of sexual assault have already shown by this point in the narrative. Furthermore, people like Clay see his actions as inevitable behavior based on personality. Here, as in the original formatting of Thirteen Reasons Why, Hannah’s narrative is in italics, and Clay’s thoughts are not:

Bryce, you had to see my jaw clench. You had to see my tears. Does that kind of shit turn you on?

Bryce? Yes. It does. (Asher 264)

Clay does not say anything else about Bryce in this moment. While Clay does not fault Hannah for what happened to her, he reinforces that Bryce’s behavior is a somehow inherent part of Bryce that others need to learn how to avoid. Even though Clay’s emotional reactions later
affirm that he sees that Bryce’s actions are wrong, he also sees them as inevitable: Hannah questions Bryce’s actions, but Clay expects them of Bryce. The two narratives expect Bryce’s actions, and while they do not condone them, they are hesitant to label these actions as anything besides what you might expect from Bryce, and from teenagers like Bryce.

Mental illnesses that these books discuss—depression, anxiety, suicidal ideation, eating disorders, and OCD—do not have a perpetrator the way sexual assault does. As a result, discussing assault trauma is inherently different from these other illnesses. While The Perks of Being a Wallflower’s perpetrator of sexual assault is already dead, Charlie’s memories and his hospital stay at the end of the book show a process of his learning to face what happened to him. Thirteen Reasons Why, on the other hand, does not name sexual assault, and people like Bryce face no consequences for their actions besides Hannah’s death, which they may or may not care about. Given that the characters and readers focus on suicide in this book, dealing with sexual assault seems almost outside of the scope of the narrative. Furthermore, perhaps, although Asher’s novel depicts sexual assault as a standard experience for girls in high school, it recognizes that teenagers cannot deal with the fallout of it. Any real action against Bryce, such as reporting him to the teachers, exists within the adult world, whose presence is not well-developed in the novel.

Text-level double-voiced narratives appear in a different way in Wintergirls and Turtles All the Way Down; in these stories, the characters’ mental illnesses comprise a second voice. Lia’s and Aza’s differing experiences with relationships reflect differences in the specific illnesses the two characters face. Lia could not function in a relationship, but the book makes clear that she also cannot function at all given the severity her eating disorder takes throughout

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4 As another character who sexually harassed Hannah tells Clay, “I don’t belong on those tapes. Hannah just wanted an excuse to kill herself” (Asher 110).
the book. Anorexia nervosa is deadly, so Lia cannot live with her eating disorder. She becomes a “wintergirl” caught between life and death, but ultimately she goes into the hospital and concludes “I am thawing” (Anderson 278). She cannot engage in a romantic relationship until she commits to staying alive. Both Lia and Aza have two trains of thought at once when experience moments of stress. For Lia, they appear in the form of crossed-out sentences:

I’m hungry I need to eat.
I hate eating
I need to eat.
I hate eating.
I need to eat.
I love not-eating. (Anderson 145)

These crossed-out sentences reflect Lia’s relationship with her mental illness. In this moment, she knows she needs to eat, but she also cannot seem to let herself think so. For me, this conversation is a more well-developed instanced of double-voiced discourse than the two narrators of Thirteen Reasons Why because Lia exemplifies conflict even if it is within herself, whereas Clay and Hannah reinforce each other’s perspectives.

Aza’s second voice is similar to Lia’s in that it represents another side of herself and her struggle with her mental illness’s voice. For Aza, the conflict with herself appears with alternating italics and regular text: “You’re fine he’s not even the first boy you’ve kissed eighty million organisms in me forever calm down permanently altering the microbiome this is not rational you need to do something please there is a fix here please get to a bathroom (Green 153). Both Lia and Aza struggle with two conflicting narratives, especially at times of stress, but Lia appears at least slightly less able than Aza to resist the thoughts that reflect her disorder,
since she crosses out other thoughts altogether. Aza, on the other hand, still struggles and often gives in to her compulsions, but she recognizes that they are “not rational” and fights against them. *Wintergirls* is a story of needing to “thaw”—of Lia needing to get to the point where she sees that she does not want to succumb to anorexia nervosa, whereas *Turtles All the Way Down* is a story of someone who cannot “un-have this,” of recovering as much as possible and co-existing with the symptoms of it. In both novels, the double-voiced discourse helps make Lia and Aza more dynamic characters, whereas the two voices of *Thirteen Reasons Why* seem to flatten the characters, and help negate the importance of mental illness.

**Conclusion**

There already exists criticism of *Thirteen Reasons Why* for its depictions of adolescence, especially characters such as Bryce, whose functions within the narrative seem to exist as part of a laundry list of hurt that Hannah has experienced. The article “Breaking the Binary: Using Kohlberg and Lesko to Examine Adolescence in Asher’s *Thirteen Reasons Why*” concludes that these characters’ senses of morality are immature for their age:

Asher’s book is not the first novel to ever undertake the be-good-to-one-another theme, but when looking at its pedagogical agenda via Kohlberg’s stages of development, the novel starts to look a bit irresponsible. Its depiction of teenagers is incredibly one-sided, and the emotional and empathic manipulation that it enacts is on the same level as Hannah’s manipulation of her listeners. We are to blame for the characters’ subpar moral reasoning skills and must learn to be kinder to our peers to save them from suicide, which seems to be a foregone conclusion. This is not to say that books about the complicated nature of suicide all suffer this fate, but that the way Asher situates his characters in their stages of moral reasoning creates an over-simplified and reductionist rendering of
teenage suicide, the actions/inactions that might ‘cause’ it, and the teenagers who decide to take that particular route. (Parton)

*Thirteen Reasons Why* is a novel that does not, as Anderson might put it, “show the entire story” of mental illness; in fact, it does not name any mental illness besides suicide. Asher says in an interview that in a draft of the novel, Hannah survives her suicide attempt. However, he changed it both because “half [the readers] felt cheated out of the emotional roller coaster they’d just been on” and “out of respect for the seriousness and finality of suicide” (Asher qtd in Gillis 544). While the latter reason is admirable in terms of its message, avoiding “cheat[ing] out of the emotional roller coaster” essentially means making the narrative more dramatic. For me, this “emotional roller coaster,” rather than an attempt at emotional maturity or a depiction of mental illness, is what makes this book popular.

*Thirteen Reasons Why* is popular, but it is not representative, as the other books in this study reflect. The message that teenagers can save each other from mental illness is dangerous, and it is one that I believe *My Heart and Other Black Holes* and *It’s Kind of a Funny Story* promote to an extent. However, these two novels still counter this implication by naming the mental illness. Whether or not these two novels successfully counter the implication that teenagers can save each other is arguable, but they still contain elements that attempt to do so. Tanya Lee Stone writes in a *New York Times* review of the latter book, “That [Craig] achieves so much during a five-day stay — inspiring a perpetual sleeper to join the living, starting a (possibly unwise) relationship with a skittish girl — also pushes the limits of believability.” However, regardless of the way the book “pushes the limits of believability,” she sees value for teenage readers of the book: “This is an important book, not only because it will help teenagers recognize unhealthy expectations and know there are alternative choices, but also because it
could enlighten adults who are making their kids crazy” (Stone). *Thirteen Reasons Why* also sets out to “help teenagers recognize unhealthy” behaviors by displaying many of them, but the behaviors it shows (and warns against) are not related to mental illness and rather to bullying. However, even if Craig’s romantic relationship and recovery from his mental illness are unrealistic, the way he names his mental illness can still be helpful to teenagers who are also struggling with depression and anxiety.

Conversely, to suggest that teenagers with mental illness can never foster loving relationships, romantic or otherwise, seems like a problematic message as well. While characters in *Wintergirls* and *Turtles All the Way Down* experience conflict between the two experiences, they realize that they can still find love when they start to heal from and manage their mental illnesses. Showing “the entire story,” as Anderson put it, helps readers see outside the narrow view of illness itself. A *New York Times* review of *Wintergirls* writes,

> At times Lia’s narrow, repetitive mind-set makes her a frustrating narrator. Certainly her obsessional behaviors (counting calories, ritually berating herself) are central to the illness, but at such times Lia can feel more like a concatenation of symptoms than a distinct person. This very quality, however, may make Lia recognizable to many teenagers. (Feinberg)

For Feiberg, Lia is “frustrating” but perhaps “recognizable to many teenagers,” likely the ones who might benefit from reading about someone like Lia. Her “narrow, repetitive mind-set” has a tight hold on every aspect of her life, but she does not take it all the way to the end; she goes to the hospital and signals that she wants to recover, saying “The nasty voices are always on call, eager to pull me back down… but I do not let them” (274). At the end of the book, she reaches the recovery aspect of a traditional illness narrative, and in doing so, demonstrates that it is
possible to survive her problems, even when “the nasty voices” wanted her to die. She shows what Hannah Baker in *Thirteen Reasons Why* does not show. Even though Lia’s inability to find love while suffering from her disorder perhaps demonstrates love and mental illness in conflict with each other, the story follows through and shows that Lia needs to find recovery in order to restore loving relationships in her life, first familial and platonic, and then romantic in the future.

Meanwhile, while Aza does not suppose that her OCD will go away entirely, her steps toward managing her illness better with new medication and accepting that she is not a “demon” for having it show that living with mental illness, being in love, and being a teenager can all coexist, even if they impact each other, and even though they are not the same thing. Jennifer Senior’s *New York Times* review for this book writes,

> If an author has integrity, [a novel] should end plausibly. Green has integrity. He also has O.C.D.… I still wasn’t prepared for the ending of this novel. It’s so surprising and moving and true that I became completely unstrung, incapable of reading it to my husband without breaking down. One needn’t be suffering like Aza to identify with it. One need only be human. Everyone, at some point, knows what it’s like when the mind develops a mind of its own. (Senior)

The depth of the problem that *Turtles All the Way Down*, as well as mental illness novels like it, address is not only “surprising and moving,” but also reflective of an interesting shift in YA from targeting teenage readers only to targeting a broader audience. Senior writes, “one needn’t be suffering like Aza to identify it.” Her description of her own experience reading the book demonstrates that similarly, one need not be a teenager to identify with it, either. Even if some books, such as *Thirteen Reasons Why*, fail to address mental illness in a way that is actually productive for readers who have a mental illness, the trend still includes some books whose
artfulness and taking on their topics both provide a narrative that teenagers with mental illness can connect with as well as challenge the boundaries of the YA genre.
Works Cited


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