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## Disabled ≠ Disempowered: A Critical Framework for Analyzing the Representation of Mental Disabilities in Young Adult Literature

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**Disabled ≠ Disempowered: A Critical Framework  
for Analyzing the Representation of Mental  
Disabilities in Young Adult Literature**

An Honors Thesis submitted in partial fulfillment of  
the requirements of Honors Studies in English

By  
Michele Dobbins

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English

J. William Fulbright College of Arts and Sciences  
**The University of Arkansas**

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## Chapter 1: Introducing and Developing the Critical Framework

“I AM NOT SORRY FOR MY CREATION OR MY BIRTH OR MY LIFE,”

Vivi Alexander vehemently narrates in a scene from Emery Lord’s young adult novel about bipolar disorder, *When We Collided* (209-210).<sup>1</sup> Yet very often, disabled people are treated as though they *should* be sorry for existing with a disability, for having different needs and perspectives than what is considered “normal” (Dolmage 20-21; Lewiecki-Wilson 11). With this attitude in mind, I have examined young adult literature to better understand how authors represent characters like Vivi who voice their own version of the experience of having a disability.

In this thesis, I focus on novels that highlight rather than minimize disabled experiences. In one of the first sources I came across in preparing for this project, I found a thought-provoking list of recommended standards for evaluating children’s books about disability from the Circle of Inclusion’s website.<sup>2</sup> This group suggests picking books where “The same story could be told if the main character did not have a disability” (para. 6). Their recommendation that educators select texts that downplay differences between people with and without disabilities is surely intended to avoid stereotypes that “other” disabled people. In doing so, however, they provide a “universal” story for readers, one in which interchangeable narrators encounter the exact same scenarios ending in the exact same results.<sup>3</sup> This otherwise well-intentioned suggestion thus ignores

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<sup>1</sup> I will discuss this novel in greater detail in Chapter 4.

<sup>2</sup> Circle of Inclusion adapts these suggestions from the Council on Interracial Books for Children and *Anti-Bias Curriculum: Tools for Empowering Young Children* by Louise Derman-Sparks and the A.B.C Task Force.

<sup>3</sup> Patricia A. Dunn also critiques the concept of “universal” stories, building on Sherman Alexie’s statement to Joel McNally of *The Writer* that the term “universal” is coded to appeal to non-minority readers (7).

the infinitely important perspectives of different identities, leading me to argue instead that the most effective young adult novels are those in which disabled protagonists *do not* feel pressure to tell the same stories that nondisabled protagonists tell. While characters with various types of mental health certainly share many similar experiences, these novels also acknowledge the infinite importance to be found in their differences by using a “counter-storytelling” technique, which serves as an important way to “reallocate power” away from “single stories” that marginalize or limit a character’s potential due to disability (Hughes-Hassell 215).

Seeking out novels that engage in this “counter-storytelling” requires an emphasis on power. Speaking to the importance of a disabled perspective, scholar Jay Timothy Dolmage focuses on the unique views and experiences that disability contributes to society and art in his book *Disability Rhetoric*. In this book, he writes that a meaningful study should not solely discuss how disability is “not this, not this, and not this,” which runs the risk of analyzing disability in terms of lack (33). Inspired by his positive close readings of the power of disabled rhetoric used in history and creative works, I draw on his ideas to examine characters in young adult literature who interact with the affirmative potential of mental disabilities. When considering Dolmage’s goal to “[situate] disability itself as positively meaningful and meaning-making” (4), a reader can begin to understand disability not as something a character ought to “overcome,” but as something she ought to embrace (20-21, 32, 91-92). Thus, my analysis of young adult novels centers around the question, “*Is disability empowering?*”<sup>4</sup> This question leaves room for personal

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Mairian Corker and Tom Shakespeare likewise argue against the ability to tell a “single and exclusive story” (4).

<sup>4</sup> Amy Vidali asks a similar question about the power of rhetoric used by those with learning disabilities in revealing their disability in college admission essays (634)

preference and variability—there is no *one* way to be empowered. Ultimately, this study asks how disability is relevant to each character's life, and importantly, how these characters construct their relationship to disability not as baggage but as meaningful experience.

I will examine representations of mental disabilities such as depression, anxiety, bipolar disorder, and autism in popular young adult novels, paying special focus to the way characters represent the relationship between power and disability. Disabled characters in these novels often use the genre's trademark combination of sarcasm and seriousness to critique the common misconception that disability is unbearable and undesirable (Dolmage 20, 39; Dunn 3-4, 72-73), while also demonstrating how a disabled perspective can be empowering.

A number of factors motivated my decision to narrow the focus of my study to representations of mental disabilities, one of which is that in a study of all disabilities, mental health can be overshadowed by more salient physical disabilities (Prendergast 190). Although Patricia A. Dunn's study of disability in young adult literature is insightful and much needed, 10 of the 13 works she analyzes feature a physically disabled protagonist (this is including blind or deaf protagonists, who could be considered to have an "unseen" disability but do not necessarily deal with a mental disorder that affects thought or emotional processes). She is not alone in this. Stephanie A. Kurtts and Karen W. Gavigan recommend using children's and young adult novels with disabled characters as bibliotherapy in education, concluding their study with a list of recommended titles divided under eleven categories of subjects such as "down syndrome" or "epilepsy." While there is a nice balance between mental disabilities (five)

and physical (six), the list leans towards learning or neurological types of mental disabilities like autism and dyslexia—important topics, of course—yet leave out more emotional disorders such as anxiety or bipolar (Kurtts and Gavigan 28-30). Likewise, young adult literature itself tends to follow suit, according to Lisa A. Hazlett et. al, who write that as of 2011, “Physical disability titles are more prevalent than intellectual ones; likewise, such adolescents are usually better accepted by peers than those who are intellectually challenged, another example of homophily” (210). I do not seek to strictly categorize different disabilities into “mental” and “physical” binaries, but I do attempt to achieve a more in-depth analysis by keeping my focus on the specific experience of having an “unseen” disability—although the framework I develop in the next section can be used as a foundation for looking at physical disability as well.

Though able-bodied culture treats all disability with some degree of stigma, it has a unique set of preconceptions about mental disability in particular. In a visually oriented society, the things that remain unseen become instantly suspect. A heavy focus on science and empiricism in mainstream culture also demands “proof” from experiences—one can objectively say “I don’t have a leg,” yet it becomes much harder to prove how one feels or experiences the world (Moya 107; Wilson and Beresford 144, 149). On the other hand, when its existence is acknowledged, mental illness takes on an extra stigma, sometimes even within disability studies itself (Blackford 300; Lewiecki-Wilson “Rethinking Rhetoric” 159; Mitchell and Snyder 3; Prendergast 190; Siebers 14-15). Indeed, mental disabilities are caught in a difficult position: often frustrated in their attempts to represent mental disability as a “real” experience, mentally disabled people must also combat the unique judgments attached to popular conceptions of mental health



(Corrigan and Watson 17; Eisenhower para. 5). My decision to focus on representations of mental disabilities in literature for adolescents is thus intended to address a gap in scholarship and social activism as well as to enable a more in-depth approach to select disabilities.

Young adult literature provides a powerful medium for this conversation. The study of literature often includes an analysis of the historical climate in which it was written; in the same vein, young adult novels give us the unique opportunity of studying ourselves—our current interests, issues, and world events. Many of these novels are set in the current day as “realism” novels, yet even dystopias clearly reflect the present generation’s fears and concerns for the future (Booker 20). Furthermore, young adult literature does not just entertain readers but also encourages them to analyze the world around them (Curwood 16). Dunn and Jen Scott Curwood, in their respective studies of disabilities in young adult literature, avoid advocating for “didactic” texts (Curwood 18; Dunn 6) but do emphasize the ability of literature to influence readers’ perspectives and actions. Curwood uses “critical literacy” when approaching these novels, writing, “Critical literacy refers to the use of books, films, and other media to analyze, critique, and transform the norms, rules, and practices that govern our daily lives” (18).

Dunn and Curwood’s approaches acknowledge the active potential of every text, which resembles Rudine Sims Bishop’s conception of books as “windows” or “mirrors.” Writing about multicultural literacy, Sims theorized that stories serve as mirrors when they present to readers a familiar world they have experienced themselves. As mirrors, these books reflect and confirm the importance of a person’s reality, letting readers know that they are not alone in their lived experiences. On the other hand, some books present a

world-view that is unlike the reader's personal experiences. Through the immersive effects of a good book, readers are given a chance to look through a "window" onto other people's lives, helping them to understand what it is like to be someone else, and avoiding the "dangerous ethnocentrism" that could come from thinking everyone in the world is just like them (Bishop 1). Windows and mirrors create ways for readers of all levels of mental health to acknowledge their experiences or to become more aware of what life is like with depression, anxiety, and so on. The growing number of novels that feature disabled characters reflects an interest and demand for a conversation about disabilities, and the popularity of the young adult genre itself is conducive to inclusion, offering a large platform for disabled perspectives—when disability is treated thoughtfully and non-stereotypically (Dunn 1). My critical framework will assist readers in determining how effectively novels affirm the value of a disabled perspective and portray disability as an empowering experience.

### **A Conceptual Framework for Reading Disability in YAL**

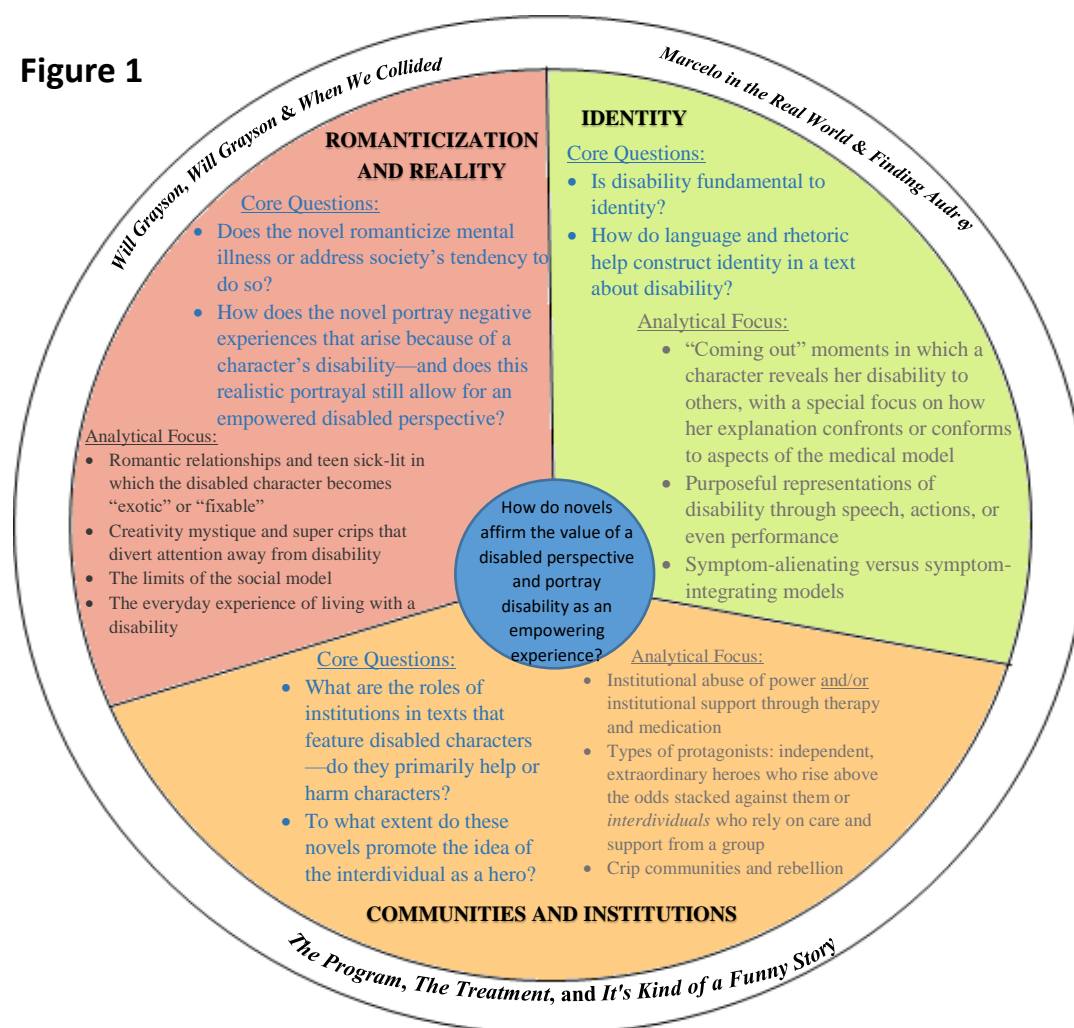
I read a wide range of novels for this thesis: award-winning bestsellers such as Mark Haddon's *The Curious Incident of the Dog in the Night-Time* and disability reviewers' recommendations such as Emery Lord's *When We Collided*.<sup>5</sup> I also read work from a variety of authors: Cammie McGovern, who writes young adult novels almost exclusively about disabled protagonists, and beloved writers such as John Green, David Levithan, and E. Lockhart. After noting the frequency with which characters dealt with

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<sup>5</sup> *Curious Incident* won a Dolly Gray award in 2004, and *When We Collided* recently won the 2017 Schneider Family Book Award in the Teen category—both of these awards celebrate disability portrayals in literature for young readers. The Dolly Gray award specifically focuses on "developmental disabilities" ("Information and Procedures" para. 1).

issues of identity, communities, institutions, and romanticization, I then selected seven novels which offered the best opportunity for examining these themes in more detail. These novels were *Marcelo in the Real World* by Francisco X. Stork, *Finding Audrey* by Sophie Kinsella, *The Program* and *The Treatment* by Suzanne Young, *It's Kind of a Funny Story* by Ned Vizzini, *Will Grayson, Will Grayson* by John Green and David Levithan, and *When We Collided* by Emery Lord. For each broad theme, I posed specific questions to analyze the relationship between power and disability; by providing a concrete beginning, I hope to offer a foundation for other readers to begin their own analyses of representations of disability in young adult literature. Importantly, I am not using this framework to label novels as “good” or “bad” representations, since no novel is perfect and—most—are not entirely flawed. Rather, I focus on the *degree* of effectiveness in representing empowerment, nuance, and diversity within disability itself. On the following page, Figure 1 visually represents my framework, highlighting the key questions and points I will examine in subsequent chapters. My study begins with a focused analysis of the individual identity of a disabled character in Chapter 2 before expanding outward to position that character within the larger institutions and communities she encounters in Chapter 3, ending by answering questions about the overall balance of empowerment and romanticization in Chapter 4.

Figure 1



### *A Brief Note on the Medical and Social Models*

Though there are many ways of analyzing disability, the majority of scholarly work refers or reacts to two models in particular: the medical and social models. Readers should be aware of these models not only because they are common terms in disability studies but also because they describe attitudes towards a disabled person's power—understanding this influence allows readers to use "critical literacy" to identify how young adult novels are shaped by society's perspective and treatment of disability (Curwood 18). The medical model draws its strength from the idea that there is an

established and provable “norm,” which Dolmage identifies as “the rhetorical center of disability” because it demonstrates society’s fear of difference (21). Focusing on the body and symptoms, the medical model creates binaries of healthy or sick, able or disabled, often situating disability as a “pathology” in need of “cure” (Dolmage 37-38). As Mairian Corker and Tom Shakespeare point out, this model defines disability as “deviance, lack, and tragedy...separate from and inferior to ‘normalcy’” (2).<sup>6</sup>

By contrast, the social model opposes the focus that the medical model places on the individual. Its tenants argue that while there might be a biological/neurological difference or “impairment” in the beginning, that impairment is ultimately given meaning by society, a meaning that is often negative, and which therefore produces the *disabling* effects (Corker and Shakespeare 3; Donaldson 111).<sup>7</sup> For instance, scholar Rachel Robertson discusses “cultural preferences” through the example of her son, who has autism and is often forced by teachers to make eye contact even though he is uncomfortable doing so and does not gain anything from this type of interaction. A feature of his autism thus becomes a disability primarily because Robertson’s son lives in a society in which eye contact is valued and seen as “normal,” while not maintaining eye contact is seen as “abnormal” or “autistic” (R. Robertson 144-147). A social model of disability thus attempts to question the overriding medicalization and stigmatization of autism, depression, anxiety and other forms of disability as “other” or broken. Instead, it

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<sup>6</sup> See also Cynthia Lewiecki-Wilson and Jen Cellio 11; Robert McRuer 151; S. Robertson para. 1 (for a “deficit model” of autism); Scully 48-49; Tobin Siebers 12; PhebeAnn M. Wolframe para. 6 and note 6. For further reading, see Wilkerson for an analysis of “regimes of normalization” (99) that are influenced by the medicalization of both disability and parenting (99-100).

<sup>7</sup> Corker and Shakespeare point out that the difference between impairment and disability resembles the “distinction between gender and sex” in feminism and gender studies (3).

puts pressure on society to change its definitions of normal and acceptable.<sup>8</sup> These models shape my analysis of young adult novels because I focus on moments when characters reject the medical model's disempowering view of disability; this rejection often goes hand in hand with following a social model approach that critiques binaries, values differences, and reflects on how society shapes characters' lives (although I will also address problems of the social model in Chapter 4).<sup>9</sup>

### *Me or Not Me? Forming and Articulating a Disabled Identity*

As seen in Figure 1, the first piece of my theoretical framework addresses the concept of identity. The importance of analyzing identity in conjunction with disability can be seen in Paula M. L. Moya's critique of "identity neutral" approaches that try to downplay the differences of identity, which resemble the Circle of Inclusion's belief that narrators should be interchangeable. Moya compares this treatment to the concept of being "color blind" towards race, arguing "...dismissing identity is about as effective as dismissing gravity: you can do it, but unless you radically change the conditions that give rise to it (such as by traveling to space to achieve a condition of zero-gravity), you are not going to make much of a difference in how it works" (101). When readers take a closer

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<sup>8</sup> For information on the social model, see Corker and Shakespeare 3; Dolmage 97; Dunn 3, 19; Dan Goodley and Mark Rapley 127; Lewiecki-Wilson and Cellio 12; David T. Mitchell and Sharon L. Snyder 23. See also Debra Beilke for an analysis of Michel Foucault and Kate Millet's conception of mental disability as a "social construct" that can be used as a means of control (33), a view with which other scholars such as Griffin Epstein (para. 5) would agree.

<sup>9</sup> It is important to note that these models are not always mutually exclusive, and a medical perspective on disability is not inherently evil. Lewiecki-Wilson offers the example of schizophrenics whose advocacy motivated others to take disabled experiences seriously as something to be treated. She writes, "The mentally disabled do not need to choose between a medical or social model of disability; they need both, and both have material and social dimensions and consequences" ("Rethinking Rhetoric" 163). I generally refer to the medical model as an ideology that perceives disability as a biological defect, rather than a term to describe the medical establishment entirely. I will further discuss the value of mental health care and treatment in Chapter 3.

look at characters who embrace a disabled identity, they are exposed to the importance of valuing diversity in ability rather than concealing it. Indeed, Moya argues that different identities can be a resource for “knowledge” because they “provide us with particular perspectives on shared social worlds” (102).

I understand the complications in attempting to define identity, as it runs the risk of essentializing or categorizing disability much like the medical model, but I do believe that identity offers an important starting point for analyzing disability’s representation for the reasons demonstrated above. Following the realist theory of identity put forth in *Identity Politics Reconsidered*, I treat identity as a means of viewing oneself and one’s relationship to the world, influenced both by personal choice and by social factors (Martín Alcoff and Mohanty 6; Moya 97). As Linda Martín Alcoff and Satya P. Mohanty explain, identities “are *always* subject to an individual’s interpretation of their meaningfulness and salience in her or his own life” (6). This flexibility in identity is key, particularly when considering that identities are not core selves or fixed entities (Martín Alcoff and Mohanty 6; Price and Shildrick 62), but are, as Janet Price and Margrit Shildrick argue, “fluid, shifting notion[s] of a process of becoming that defines neither its own corporeal boundaries nor a fixed context” (62).<sup>10</sup>

When a character narrates a story, readers can see the construction of an identity. As Hilary Clark points out, “Across a number of disciplines today, narrative is seen as central in the constitution of identity and culture” (1-2). In revealing the presence of a disability, a narrator positions that disability and connects it to the story—as something

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<sup>10</sup> Martín Alcoff and Mohanty specifically choose a realist definition of identity, while Price and Shildrick defend their definition’s postmodern influences. Though they might be from different theoretical camps, I view both conceptions of identity as fitting well together.

that comes from specific events, as a biological feature, as a character trait like outgoingness or intelligence, and so on. Clark argues that telling a story about disability is “empowering” because it re-centers disabled people as actors rather than subjects of the medical model, but she acknowledges that these stories are always shaped by societal discourses. These can be absorbed subconsciously or purposefully (H. Clark 3-4). Thus, even well-intentioned young adult novels can sometimes lose their powerful potential by buying into misguided cultural understandings of mental disabilities.

The most effective novels do not have to portray disability as the entire or even most important part of one’s identity, but they do emphasize the value of articulating how mental health relates to a character’s life. In order to evaluate how well a novel achieves this, I pose two specific questions (see Fig. 1) for Chapter 2: “*Is disability fundamental to identity?*” and “*How do language and rhetoric help construct identity in a text about disability?*” These questions entail examining the way characters reveal their disabilities to readers or other characters (which can be referred to as “coming out” moments). When these characters explain their disability, they can position it as central to their identity, through a symptom-integrating model, or as disconnected, through a symptom-alienating model (Radden 15, 21). Through all of this, disabled characters represent themselves through language, and their conversations with other characters can be used to verbally affirm the importance of their unique perspectives.<sup>11</sup> This then has the potential to

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<sup>11</sup> Because language is important, I want to note that, like Dunn, I use a mixture of terms in writing about disability in this thesis, primarily because different phrases are preferred by different groups (11). Some prefer identity-first language (depressed person) as opposed to person-first (person with depression); Scott Michael Robertson writes that person-first language is preferred by the majority of autistic people (see note 1). As Samantha Walsh points out, the need to constantly remind others that they are people seems to indicate that disability “negates personhood” (83-84). However, I respect the intentions of person-first language in that it uses this language to avoid viewing a person entirely as their disability (Dunn 11).



empower characters who refuse to pursue the norm, leading me to also examine their conversations through the lens of rhetorical studies, a technique which Dolmage also uses in his study on disability, defining rhetoric as “the strategic study of the circulation of power through communication” (3).<sup>12</sup> To further explore these points and answer my two key questions, I have selected Francisco X. Stork’s *Marcelo in the Real World* and Sophie Kinsella’s *Finding Audrey* because they best demonstrate how identity and power converge in representations of disability in young adult literature. While Marcelo uses rhetorical resistance and a personal definition of autism to establish his character as unique and valuable, Audrey uses language to separate and ultimately rid herself of her anxiety disorder in a way that positions the norm as the ultimate goal.

*Outside the Vacuum: The Relationship between Characters, Institutions, and Communities*

Expanding from the previous chapter’s focus on the individual, the second piece of my critical framework examines institutions and communities. In the process of identifying as disabled, a character must decide whether or not to seek help, and this help is often found through mental health institutions, be that a therapy group, residential facility, or any other form of treatment. Yet the stigma of disability makes it hard for people to reach out when they want to alleviate symptoms, and taking medication or engaging in therapy is often perceived as weak or illogical (Dingfelder para. 17-18; Tiede para. 3-4). As a matter of fact, the frequent accusation that staying on medication causes

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<sup>12</sup> Several other scholars examine the specific intersection of mental disabilities and rhetoric; see, for example, Catherine Prendergast “On the Rhetorics of Mental Disability” and Lewiecki-Wilson “Rethinking Rhetoric through Mental Disabilities.”

an “addiction” can be seen as a reaction to the fact that disability can be a life-long experience and won’t be “cured.” Young adult novels which subscribe to this ideology can perpetuate the idea that treatment is shameful and discourage readers from seeking something that might otherwise improve their quality of life.

On the other hand, doctors and therapists do not always provide support or relief. An analysis of mental health care should also include an examination of what happens when treatment becomes domination, imposed forcefully on disabled people. Fear of psychology professionals and government institutions can indeed come from more than just stigma; they can have a valid root in the medical model and its links to eugenics, torture, and exploitation. When Roberta Seelinger Trites argues that “Young Adult novels are about power,” she refers in large part to the power of institutions such as government, family, religion, and other forces which shape adolescents (3)—and I argue this includes mental health institutions. These institutions are often the site of rebellion as adolescents decide to address abuses of power, paying tribute to those outside of literature who have historically—or currently—had their rights violated by doctors acting under the prejudices of the medical model.

Many of the most popular young adult series, such as *Harry Potter* and *The Hunger Games*, center around rebellious teenagers overthrowing an oppressive regime, yet often, the focus remains on a select few extraordinary characters (Connors and Trites 5). *Harry Potter*, *Katniss Everdeen*, and even *Bella Swan* pose as the “underdog” surrounded by a supporting group, but they all possess some special trait that marks them as different and worthy of sacrifice by even the most important of secondary characters. This emphasis on the individual is fueled by the nature of the genre; characters and

readers are perceived as maturing *towards* adulthood, a time when they are pressured to stop depending on parental guardians and others to protect or provide for them (Coats 315-316, 325; Trites 55). Thus, when a disabled character requires support, she is often portrayed as having failed to empower herself as a mature adult (Dunn 90; Erickson 45; Elman 101)—but well-crafted novels give characters a chance to reject this cultural preference for a protagonist who never relies on anyone but herself. Importantly, self-sufficiency in itself is not the problem—characters who choose to stand alone rather than violate their values for the approval of a group or person in authority as Marcelo does in *Marcelo in the Real World* (Stork 289), for example, can be important validation of disabled perspectives for readers. However, it does become an issue when this desire for self-sufficiency is taken so far that it becomes what James Berger calls a “fetishizing of autonomy” (173).

Because of disability studies’ relationship to assistance and support as well as its hesitancy to fetishize autonomy, powerful disabled protagonists can provide an alternative concept of the hero. In young adult novels, power can be found in forming alternative communities—through *interdependence* and *interdividuals*—which harness the abilities of a collective to oppose the normative authority of mainstream institutions (Coats 318; Goodley and Rapley 138). Rather than choosing one character that serves as the linchpin of the entire narrative, some novels critique the “fetishizing of autonomy” (Berger 173) and instead value a community of caring, dependent relationships that affect change. In these novels, relying on others is not seen as a weakness, but as an asset. Robert McRuer expands on this through his concept of “crip theory,” which promotes “disability solidarity and coalition” (61). In the same way that feminists are reclaiming

the term *bitch* and the LGBTQ community embraces *queer*, many disability advocates adopt the label of *crip* as a reconstituting of *cripple* (Erickson 44; McRuer 40-41; Mitchell and Snyder 35). Rather than seeking to show how disabled people are “normal” in their emotions and desires, advocates such as McRuer, David T. Mitchell, and Sharon L. Snyder want to celebrate the community that can be formed by powerfully “transgressive” crips (McRuer 71-72; Mitchell and Snyder 35-36).

To analyze communities as well as institutional power, I have selected the first two books in Suzanne Young’s dystopian The Program series to juxtapose against Ned Vizzini’s *It’s Kind of a Funny Story* in Chapter 3. As shown in Figure 1, I pose two questions to aid readers in their analysis: “*What are the roles of institutions in texts that feature disabled characters —do they primarily help or harm characters?*” and “*To what extent do these novels promote the idea of the interindividual as a hero?*” The characters in these three novels receive treatment primarily through institutions—some have positive experiences while others do not. In both novels, a crip community is formed, one on the inside and one on the outside of the medical institution. The Program series offers a strong indictment of medical power, while *It’s Kind of a Funny Story* explores the merits and benefits of institutional assistance. In both, however, the focus is on interdependence as the most beneficial way characters empower themselves.

### *The Balancing Act of Distinguishing Between Realist and Romanticized Portrayals of Mental Disability*

The third and final piece of my framework brings this thesis full circle: as important as it is to empower disabled characters, it is equally important not to distort this

power into portraying disability as insubstantial or romantic. A person must feel free to discuss the fear or negative bodily reactions which can accompany a panic attack or her hatred of her suicidal impulses; wanting certain parts of a disability to be lessened does not mean that one is also disavowing a disabled identity or membership in a crip community.

Authors, advocates, and disability scholars specifically critique this tendency to “romanticize” mental illness because it does not take into consideration the impact disability has on daily life, instead making it seem like an alluring character trait—often used to attract a romantic partner (Elman 102; Rodas 121; Townsend et al. 16). Characters can also be portrayed as what Jay Shapiro calls “super crips,” characters who are given extraordinary abilities that serve to “compensate” for their disability; in the case of mental illness, this is often innate creativity that makes it seem as though one’s disability feeds artistic skills and vice versa (Dolmage 39-40; Dunn 119-120). If every bipolar character in a young adult novel is also a poet or artist, then the experience could seem so attractive that a reader might not ask for help if they have bipolar disorder as well. Furthermore, an inflated or one-sided perspective that views disability as *only* pleasurable can make it difficult for disabled people to ask for help, critique society, or advocate for better accessibility (Dolmage 97-98). As *Disability in Kidlit* contributor JJ (S. Jae-Jones) aptly points out, “To romanticize anything is to set it apart as something Other, different, and the otherness is what makes it romantic and exotic” (Townsend et al. para. 11). The competing urges to romanticize or to denigrate mental illness may seem like opposite ends of a spectrum, but othering characters for any reason equally

disempowers them because it fails to capture the genuine human needs and emotions of a disabled person.

Analyzing romanticization and reality returns the conversation to the social model. Several scholars such as Dolmage, Tobin Siebers, and Price and Shildrick argue that the social model can disempower people by focusing on what is *done* to them from the outside rather than on what *they* do or how they identify. It also prevents them from speaking up about their unique differences; when the social model denies that a difference exists—instead, that society is the only force imposing the obstacles—the focus again turns to erasing difference rather than valuing it (Dolmage 97-98; Siebers 13-14; Price and Shildrick 67). Although it can be liberating to describe bipolar disorder or anxiety as social constructs, it can also create a “why are you complaining?” attitude towards any conversations about disability.

Acknowledging that people deal with unique challenges or differences because of their disabilities does not undermine their power—it simply provides a more full, rich appreciation for disabled perspectives and provides a mirror that lets readers know they do not have to be “super” disabled people to be valued (Dolmage 39-40; Dunn 119-120). Beverley Brenna, a disability scholar and young adult author, shares about her time in special education classrooms that, “Certainly we work to assist children in navigating whatever challenges they have, but at the same time, we celebrate their gifts and try to make sure these gifts shine” (Dobbins forthcoming). This type of balance can be achieved in young adult novels which give substantial attention to both the positive and negative aspects of disability, and for Chapter 4, I have selected two novels in which these aspects are more fully explored: *Will Grayson, Will Grayson* by John Green and David Levithan

and *When We Collided* by Emery Lord. In order to further investigate the balance and honesty of the disability representation, readers can apply two questions to young adult novels, namely, “*Does the novel romanticize mental illness or address society’s tendency to do so?*” and “*How does the novel portray negative experiences that arise because of a character’s disability—and does this realistic portrayal still allow for an empowered disabled perspective?*” The romantic relationships in Green and Levithan’s novel importantly resist the tendency to “other” and minimize disability, while Lord’s novel likewise offers an important opportunity to examine romanticization, as it features an outspoken and positive protagonist. However, Lord’s bipolar protagonist, Vivi, displays characteristics of the creativity mystique and super cripp in her use of art and her relationship with her romantic partner. Most importantly though, both of these novels allow their protagonists to express their dislike for aspects of having a disability, yet both also show the everyday, enjoyable moments of life.

### **Closing Thoughts**

Though not the only themes that emerge in a study of disabilities and young adult literature, the topics highlighted by my framework offer concrete subject areas to aid and motivate readers to value the mirrors and windows that young adult disability novels can provide (Bishop 1). The questions that I pose are tailored to seek out characters who articulate a disabled identity, rely on *interdividuality* in their communities, and acknowledge both the challenges and rewards of their perspectives. Such positive and balanced characters will help shape the future of disability representation in this genre, particularly if readers learn to identify and appreciate these types of empowering portrayals.

In the following chapter, I will elaborate on the identity section of my framework and demonstrate how to apply it to two young adult novels, *Marcelo in the Real World* and *Finding Audrey*. While their eponymous protagonists both wrestle with stereotypes of the medical model and expand beyond a reductive diagnosis, Audrey's narrative has several key issues that are not conducive to an empowering identity, particularly through her symptom-alienation and desire to be "normal."



## Chapter 2: Me or Not Me? Forming and Articulating a Disabled Identity

In Francisco X. Stork's young adult novel, *Marcelo in the Real World*, the eponymous narrator asks, "Can Marcelo be someone other than Marcelo?" (80). This question addresses the defining subject of this chapter of my thesis: identity. In Stork's novel, Marcelo pushes the reader to consider the way a disabled identity often has to be explained and defended against the expectation for socially defined "normalcy" and ability.<sup>13</sup> The issue of identity reflects a central concern of disability studies: disabled people should be valued and accepted for their unique experiences and perspectives, not pressured to "pass" as non-disabled so that they are "return[ed]...to an acceptable degree of difference" (Mitchell and Snyder 3, 7).<sup>14</sup> Furthermore, identity is the first aspect of my conceptual framework because I consider it a building block for readers to recognize the inherent power in a disabled perspective—not because a character overcomes disability to reveal her "true strength" but because disability in itself is significant and valuable (Dolmage 4 and 97; Dunn 90). One can see the way the concept of power influences the definition of *identity* created by Martín Alcoff and Mohanty in their essay collection *Identity Politics Reconsidered*:

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<sup>13</sup> Writing about sexuality, Robert Bittner argues that young adult literature exists in a society with an "already well-established idea of normal," so most readers will never assume a character is not straight, white, and male (202). I argue this same point could be made about disability—most readers assume that characters are neurotypical and able.

<sup>14</sup> Siebers's entry on "Passing" in *Encyclopedia of Disability*, edited by Gary L. Albrecht, provides a detailed definition of the term, of which this is a part: "Although passing originally defined any form of pretense concerning identity, its meaning today refers increasingly to identity disguise motivated by social injustice and oppression" and "...to free themselves from curiosity, prejudice, economic disadvantage, and violence, disabled people develop sophisticated tactics designed to help them blend into society, but these acts also exact a heavy toll on individuals..." (1212-1214). See also Julia Miele Rodas "Diagnosable" (pages 115-116) and Wolframe "The Madwoman in the Academy, or, Revealing the Invisible Straightjacket" (para. 6).

Social identities can be mired in distorted ideologies, but they can also be the lenses through which we learn to view our world accurately. Our identities are not just imposed on us by society. Often we create positive and meaningful identities that enable us to better understand and negotiate the social world. They enable us to engage with the social world and in the process discover how it really works. They also make it possible for us to change the world and ourselves in valuable ways. (6)

“Create,” “enable,” “negotiate,” “discover,” “change”—these verbs make identity formation an action, one that characters as well as readers can harness to validate and celebrate a disabled perspective. Drawing on Martín Alcoff and Mohanty’s definition, I shape this section of my framework by focusing on how characters acknowledge the social influences on identity before formulating their own concept of who they are and how they exist in the world. Using this theoretical lens, I will analyze Stork’s aforementioned novel, *Marcelo in the Real World*, as well as Sophie Kinsella’s *Finding Audrey* as examples of novels that engage at length with the concept of identity and power.

I will analyze the novels in this chapter by breaking my framework down into two key questions, shown in Figure 1. First I ask, “*Is disability fundamental to identity?*” Answering this question will prompt readers to examine the moment when characters “come out” about having a disability through narration or dialogue.<sup>15</sup> Examining how a

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<sup>15</sup> See Bittner 202-203 for a discussion of “coming out” moments in young adult novels and the difficulty of portraying characters who “just happen to be” gay (and one can extend this concept to being disabled, of color, etc.) without having to explain. See Jennifer Eisenhauer para. 3 “*Admission: Madness and (Be)coming Out Within and Through Spaces of Confinement*” for her understanding of “(be)coming out.” See McRuer *Crip Theory*, particularly the introduction and chapter 1, for an analysis of the connection

character discusses a diagnosis reveals whether a novel will subscribe more to the medical model of disability, by listing a set of symptoms, or the social model, by examining a character's differences but also pointing out how a diagnosis reflects cultural definitions of "normal." As Martín Alcoff and Mohanty point out, identities "are *always* subject to an individual's interpretation of their meaningfulness and salience in her or his own life" (6), so presenting disability provides a character with the chance to begin the "interpretation" process within the narrative and for readers. It is for this reason that some scholars on disability or sexuality use the term "becoming" or "becoming out" because such a process is not static but ongoing (Bittner 200, 202; Eisenhauer para. 3). By addressing the diagnosis as a starting point, characters can then move towards creating a more personal and empowering definition of a disabled experience. When characters elaborate on their disability in conversations with friends or through an inner monologue, they also reveal to what extent disability influences the way they perceive or interact with the world.

The second question I ask in this chapter is, "*How do language and rhetoric help construct identity in a text about disability?*" As Trites observes, identity politics, and by extension identity, "are defined by discourse, not biology" (46). She and other scholars argue that each society creates a system of language by which they conceptualize and categorize different groups. By approaching this language through the lens of the social model, scholars generally do not question that some type of neurological or physical difference exists; however, by focusing on the definitional aspect of identity, they *do*

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between disability and queer studies. See Vidali "Performing the Rhetorical Freak Show" in her analysis of students who "come out" as disabled in college admission essays (634).

question the way society translates these differences into “True” facts about the people who identify with a particular group. Such translations are influenced by able-bodied/minded bias but remain powerful nonetheless.<sup>16</sup>

In many young adult novels, language becomes the medium by which society and the individual give disability meaning, which is a rhetorical move. William A. Covino and David A. Jolliffe define rhetoric as “a primarily verbal, situationally contingent, epistemic art that is both philosophical and practical and gives rise to potentially active texts” (5). “Potentially active” here is a key part of this definition, for I have argued that young adult novels about disability are agents in producing and distributing cultural messages—which can be positive, negative, or somewhere in between (though hardly neutral). For Covino and Jolliffe, rhetoric is not just a method of persuasion for some type of concrete action—although that is a significant part—but it also convinces the audience to consider new ideas and perspectives (9). Thus, the audience of a disabled protagonist’s speech is not just the fictional characters within the novel but also the readers of the text, who are exposed to a new perspective on disability empowerment. Furthermore, characters within the texts engage in “the art of knowledge-making” (Covino and Jolliffe 8) when they verbally represent their disability, creating personal definitions and transforming the meaning of disability from that of burdensome to empowering. Importantly, the medical model can create a “rhetorical constraint” in this articulation of identity. “Rhetorical constraints” influence the shape of rhetoric because they can include “presuppositions and beliefs about the subject...” which the rhetor must

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<sup>16</sup> See Berger 193; Dunn 45-46; Dolmage 100-103 (with the qualification that language and bodies *mutually* influence each other); Epstein para. 5; Lewiecki-Wilson “Rethinking Rhetoric” 157-158; Mitchell and Snyder 1-2, 7; Trites 45-53; Wolframe para. 34.

address in order to motivate change in the audience's actions, opinions, or thoughts (Covino and Jolliffe 11). Disabled characters thus encounter the norm as a rhetorical constraint which has to be addressed. It is through rhetorical language that a protagonist presents herself to other characters and to the readers.

When characters include disability in their conversations and as a key part of their narration, they represent themselves as what Berger describes as an “other of language” (17, 109-110). Berger argues that this rhetorical move can be empowering: “The dys-/disarticulate here is that which cannot be accounted for and which thus has some undetermined subversive power” (9).<sup>17</sup> In a way similar to Berger, Amy Vidali's concept of “performing the rhetorical freak show” reveals that characters can choose to highlight or downplay their disability. Although disability need not be the sum total of a character's identity, it can be empowering for a character to accept every part of herself, using her disabled identity as a source of knowledge and a tool for her to interact with the world (Moya 101; Vidali 615-616, 623-625).

The two questions that I explore in this chapter merge by examining how characters position themselves in relation to the effects of disability. I use Jennifer Radden's two models of identity: a symptom-integrating model, which I argue is seen in *Marcelo in the Real World*, versus a symptom-alienating model, seen in *Finding Audrey*. Marcelo integrates symptoms as a “meaningful [aspect] of experience and identity” by using a system of language that represents his unique perspective, while Audrey alienates her symptoms as “peripheral” by using language that distinguishes between herself and

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<sup>17</sup> Berger defines the dys-/disarticulate at length, but it essentially refers to a person with cognitive or linguistic impairments who might communicate differently but is still represented by society through language, and often that language is used to pathologize the individual (1-2).

the part of her which acts because of her anxiety (Radden 21). Although neither of these approaches is the “right” way to discuss disability, a symptom-alienating model is more likely to reject disability as something “other” with which a person is doomed to cope. Symptom-alienation can also more easily glorify the norm because this model relies on a social definition of health to determine which actions are dangerous symptoms and which are acceptable, ordinary personality traits (Beilke 37; Radden 20-24).

Marcelo’s rhetorical question about identity—“Can Marcelo be someone other than Marcelo?” (Stork 80)—finds its counter in a statement from Audrey: “I’m not me. I’m not Audrey” (Kinsella 207). Audrey rhetorically separates herself from disability in order to calm her anxiety and participate in everyday outings, while Marcelo embraces disability as a way to maintain his individuality against pressure to assimilate to be more like his father and coworkers. In this way, Stork’s novel offers more potential for an empowered disability, as Marcelo creates a more nuanced definition of his Asperger’s Syndrome diagnosis, and rhetorically represents disability as inseparable from his identity. Kinsella ostensibly attempts to address social misconceptions about disability, but a close reading of her novel reveals a problematic connection between empowerment and one’s ability to perform normativity. However, both novels importantly forefront the disabled experience through first-person narratives that offer readers the opportunity to consider disability’s relationship to identity.

### **Redefining Diagnosis and Resisting Conformity: *Marcelo in the Real World***

*Marcelo in the Real World* by Francisco X. Stork follows Marcelo Sandoval, an insightful, kind-hearted, and clever young man on the cusp of his senior year in high school. Marcelo identifies as different, and potentially as part of the autism spectrum, but

he does not necessarily agree with every aspect of his Asperger's diagnosis. Having attended Paterson, a school for children with autism, since first grade, Marcelo is happy and successful there. He is about to begin his summer job working with horses at Paterson when his father, Arturo, decides that Marcelo has to participate in what Arturo calls "the real world," meaning that Marcelo needs to work at the law office Arturo runs with his partner, Stephen Holmes. Throughout the novel, Arturo denigrates Paterson—and by extension, those who go there—by constantly telling his son that Marcelo does not really *need* to be enrolled at the school because "there's nothing wrong with" him (Stork 20). After trying to convince Marcelo to go to the "normal" Oak Ridge High, Arturo makes a deal with him: if Marcelo proves to Arturo that he can function well at the law firm (as decided by Arturo), then Marcelo can decide which school to attend for his senior year. With little choice, Marcelo begins working at the firm, where he meets Jasmine, his friend and future love interest, and a host of other employees of varying nastiness. His encounters at the law firm draw attention to ableist prejudice—such as being repeatedly called "Gump" by Holmes (Stork 65-66)—as well as other, separate issues involving race and gender. These issues are particularly apparent in his interactions with Holmes's son, the predatory Wendell, who works with Marcelo and tells Marcelo that Arturo is simply a classic case of "minority hire" (127-128). Wendell also attempts to enlist Marcelo's help in what the novel insinuates might have been a date rape of Jasmine—Marcelo refuses, and Wendell does not succeed (Stork 124-133).

Eventually, Marcelo is entrusted with the task of sorting files for an ongoing case, which results in his uncovering evidence that incriminates his father's firm. Arturo is defending Vidromek, a windshield company being sued because their product

malfunctioned and injured passengers upon collision. Marcelo finds a picture of one of the victims, a young woman named Ixtel, whose face has been so badly cut that she struggles to talk or eat, and he is drawn to helping her. Upon further investigation, Marcelo discovers a memo that proves Vidromek knew and continued to produce defective windshields, and he must decide whether or not he should pass on the memo to Ixtel's lawyer to help Ixtel get the funds for reconstructive surgery. Marcelo chooses to help Ixtel, which costs his father's firm tens of thousands of dollars, and Marcelo his job.

Marcelo's honest first-person narration of his summer at the law firm gives readers the opportunity to analyze power through the lens of my first question, "*Is disability fundamental to identity?*" Stork makes it clear that Marcelo is different at the beginning of the novel through the conversations between Marcelo, his parents, and his doctor about his attendance at Paterson. However, one of the most explicit conversations about disability occurs in Marcelo's "coming out" moment to his new coworker, Jasmine. This exchange reveals a great deal about how he conceptualizes a personal and nuanced diagnosis, which gives him the power to accept what he considers relevant to his experience and address popular stereotypes about the autism spectrum. As Dolmage points out, disability can be pathologized when described in a "Web MD overview" style, particularly in narratives where a doctor or an outside narrator defines the diagnosis (37-38). By contrast, Stork allows Marcelo to directly confront this tradition at length in this exchange, which I will summarize before analyzing in more depth.

When Jasmine first meets Marcelo and asks "What's wrong with you anyway?" she gives him a chance to respond to what his father has told the office: that he has a "cognitive disorder" (Stork 54). His father's words particularly surprise Marcelo because



of Arturo's previous insistence that Marcelo is "normal," drawing attention to the complex challenge for mentally disabled people who attempt to establish that their disability is a "real" experience without also being reduced to the simple label that Arturo used (Corrigan and Watson 17; Eisenhower para. 5). Marcelo firmly refutes the medical model when he answers, "From a medical perspective, the closest description of my condition is Asperger's syndrome. But I don't have many of the characteristics that other people with Asperger's syndrome have, so that term is not exactly accurate" (Stork 55). During the conversation, Marcelo also thinks to himself, "I view myself as different in the way I think, talk, and act, but not as someone who is abnormal or ill... It is easier to say that AS [Asperger's Syndrome] best describes my differences. It makes people more comfortable to have a scientific-sounding term" (Stork 55). Rather than listing symptoms as an introduction to who Marcelo is, the novel gives Jasmine and Marcelo an opportunity to discuss the limitations of his diagnosis and to create a working understanding of how Marcelo wants to be seen, particularly when Marcelo explains the concept of a "special or pervasive interest" (Stork 56-57). In defining AS, Marcelo tells Jasmine that one of the defining features of the diagnosis is having a particular topic that "absorbs" AS persons—the pervasive interest—which prompts them to become "experts" on the subject that interests them the most (57). Marcelo's pervasive interest is God and religion, but before he can share this with her, Jasmine interjects by referencing train schedules and mathematics as examples of pervasive interests. Marcelo replies, "Those particular examples come to mind for a lot of people. But memorizing train schedules and

a facility with numbers are somewhat of a caricature. A lot of AS people have special interests that require complex thinking and understanding” (Stork 57).<sup>18</sup>

This interaction between Marcelo and Jasmine is powerful for a number of reasons. First, Marcelo himself points out that the medical model fails when conceptualizing identity. Following on the heels of Arturo’s one-size-fits-all label of “cognitive disorder,” Marcelo’s explanation presents Asperger’s Syndrome as a starting point, but not an end, to understanding the unique experiences that make up his identity. Marcelo chooses which parts of his diagnosis are relevant and which are not; in this way, his voice and opinions matter more than any doctor’s. His description aligns with Martín Alcoff and Mohanty’s belief that identities “are *always* subject to an individual’s interpretation of their meaningfulness and salience in her or his own life” (6).” Although Marcelo does not deny the existence of a disability, he does question how that disability is represented and given meaning in the “real world.” Second, he demonstrates how society is partially responsible for giving the medical model power through its preference for labels and well-defined rules, pointing out that he is limited by how society is more “comfortable” with the official tone of the Asperger’s Syndrome label even though it is insufficient for him (Stork 55). Finally, this conversation lets Marcelo articulate an identity that he has chosen for himself, one which exists outside of the medical/cultural narrative expected of him. It is this identity which Martín Alcoff and Mohanty argue “make[s] it possible for us to change the world” (6), for it is his personal version, rather

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<sup>18</sup> I suspect Stork could be commenting on Mark Haddon’s *Curious Incident of the Dog in the Nighttime*. The novel’s protagonist, Christopher Boone, has received some criticism for being a stereotype of autism (Bartmess para. 1-3; Berger 193; Rozema 27). Christopher’s special interest is math, but he also is frequently portrayed with trains and uses his knowledge of their schedules to run away to find his mother in London.

than the medical one, which Jasmine chooses to see him as throughout the novel. Their relationship is able to evolve because Marcelo changes Jasmine's misconceptions about the Asperger experience, such as her examples of pervasive interests, and he can do the same for readers who can now replace their "Web MD" label with a more personal and nuanced view (Dolmage 37-38). It is key that Marcelo refuses to present a streamlined depiction of autism; instead, he pays tribute to the fact that there is a wide range of experiences that fall along the spectrum. In calling out stereotypical understandings of autism, Marcelo offers a diverse perspective on the talents of AS persons.

Having articulated a unique and specific AS identity, Marcelo demonstrates how it is fundamental to the way he perceives and interacts with the world by refusing to fully assimilate into the law office. His critique of his father's firm follows a social model approach, exposing the way society values certain identities over others (Dunn 130-131). When Arturo pressures Marcelo to prove himself at the law office, Arturo creates a standard for success that hinges on Marcelo's ability to "pass" as not disabled. Arturo frequently coaches Marcelo on how to hide his special interest in religion, how to present himself through speech or dress, and how to determine which professional relationships he should pursue or ignore based on personal gain (Stork 40-45). Arturo rationalizes this when he states, "I think that if you're going to benefit from this experience, it's important that you try to act as is customary"—a thinly veiled suggestion for Marcelo to hide his disability and adopt the behavior of the "normal" office workers (Stork 42). Diversity scholars such as Chimamanda Adichie and Sandra Hughes-Hassell would critique Arturo for creating a "single story" (Adichie qtd. in Hughes-Hassell 216) that only leaves room for a neurotypical identity. However, Marcelo's "counter-storytelling" redefines Arturo's

limited idea of success through asserting his disabled identity in the face of aggressive attempts to define him from the outside (Curwood 24; Hughes-Hassell 214-216).

In the juxtaposition of Paterson and the law firm, the novel invites readers to compare the real world's norm to a disabled way of being. Marcelo refuses to rank the law firm as a step-up from Paterson simply because it produces neurotypical signs of success—profit, competition, and performance under pressure. Instead, Marcelo values Paterson's appreciation for diversity. He applauds his school for autistic students as a place where his identity is accepted: "...here at last is a place where I will not be hurried" (Stork 12). At Paterson, Marcelo has earned the role of "stable man," a job which includes his taking care of the ponies, training them, and matching each one with the right disabled student for therapy. His boss praises Marcelo's aptitude for the job, and Marcelo finds it fulfilling and valuable because he can use his interests and attention to detail to help others (Stork 10-11).

In contrast, Arturo—an agent of the "real world" and the law firm—demands conformity through a disavowal of Marcelo's disabled identity. For example, Marcelo tells readers that he sometimes has trouble crossing streets and wishes he could take his dog, Namu, to the law office for support, but he doesn't dare ask his father: "I still remember the answer Arturo gave me once when I asked if I could take Namu with me to the mall: 'You're not disabled,' he said" (Stork 40). Although Marcelo himself has questioned the label of disability and its connotation of "illness," Arturo's comments differ. Arturo does not critique the categorization of disabled individuals; he merely wants to make sure his son falls on the "normal" side of the binary (Curwood 23). For Arturo, Namu would be a visual testimony of Marcelo's difference, which is

unacceptable in the real world, where Marcelo must deal with overwhelming stimuli on his own. The law firm demands that Marcelo perform normativity, yet they simultaneously *disable* his attempts to do so by preventing him from working through the stimuli with Namu's comfort. These unyielding social expectations attempt to separate Marcelo from his disabled identity, but this is problematic not only because Asperger's is fundamental to who Marcelo is but also because the value of a neurotypical identity is so subjective. Marcelo comments on this subjectivity when he narrates, "...it is very difficult for me to feel that I am *not* normal. Why can't others think and see the world the way I see it?" (Stork 23). Marcelo does not just ask this question of the law firm but of the reader, who is positioned to understand that it is not Marcelo's disability that prevents him from being successful—since he clearly has been at Paterson—but the law firm's limited understanding of what success is and who can achieve it (Dunn 130-131).

Despite his resistance, the law firm's attempts to force Marcelo to adopt a normative identity cause him intense pain, as can be seen in the example of what Marcelo calls "internal music," or IM for short. Since he was young, Marcelo could *feel* music as though he were listening to it inside his head without any sound actually being played. Marcelo loves his IM and celebrates its presence in his life, but the longer Marcelo is in Arturo's real world, the less often he can hear the IM. This concerns him greatly throughout the novel, and at one point he reflects: "It is like the IM is afraid to be heard for fear that it will be ridiculed" (Stork 94). I read the IM as a metaphor for Marcelo's identity: it marks Marcelo as different, but it is steadily eroded by the pressure of the real world. Stork uses this IM to show that one can find pleasure in one's difference, rather than discomfort or misery, engaging in what Dolmage would describe as representing

disability “as meaningful and as meaning-making” because it treats the IM as a positive “abnormality that fires newness and invites novel and multiple interpretations” (125-126). Stork also takes advantage of this opportunity to show that prejudice can prevent non-disabled people from seeing the positive benefits of having a disability because of their discomfort with anything that strays from the norm (Bost 175; Erickson 44; Lewiecki-Wilson “Uneasy Subjects” 68-69; McRuer 7, 30; Price and Shildrick 72). Just as Arturo pressures Marcelo to hide his differences at the law office, he also disparages Marcelo’s IM. When Marcelo tells Arturo he was listening to music, Arturo asks, “...*Real* music or the kind you alone can hear?” (Stork 18, emphasis mine). Marcelo narrates, “Talking about the IM, I have learned, makes Arturo nervous. I attempt to change the subject” (Stork 18). McRuer points out that many people believe “able-bodied identities, able-bodied perspectives are preferable and what we all, collectively, are aiming for” (9), and Arturo has fallen prey to this assumption. Simply because Arturo does not have an IM, he believes that it must be negative to have one, though Marcelo narrates in response to his father’s subtle insult, “The IM is as real as any other kind” (Stork 18).

In his struggle to maintain a connection with the IM, readers can see Marcelo fighting back against the removal of disability from his identity, which emphasizes the strong relationship between these two elements. Both “coming out” about his disability to Jasmine and interpreting his diagnosis show that Marcelo has a strong sense of how his disabled perspective is unique and valuable, thus allowing readers to see the error of those who try to pressure Marcelo to “pass” as non-disabled. In this way, Marcelo has

created a strong disabled identity that embraces difference, particularly through his desire to maintain his IM.

The second question that I apply to Stork's novel is concerned with examining how Marcelo defends his IM and, by extension, his disabled identity: "*How do language and rhetoric help construct identity in a text about disability?*" Using one of Berger's theories about language, I argue that Marcelo's IM is a system of communication and "meaning-making" (Dolmage 4, 125), and it is therefore a type of language through which Marcelo again illustrates the value of his disabled identity. Berger writes about the power of understanding those who speak outside of mainstream discourse and the common desire to associate the cognitively disabled with a pre-Fall Adamic language of perfection, unity, and purity. This language, he argues, stands in contrast to the cacophony of discourses born when the Tower of Babel was destroyed—a "second Fall" that created all the evil that can be accomplished with words, such as "lying, ambiguity, irony, negation, artifice..." and others (Berger 105-106). Marcelo, like many autistic characters in young adult novels, emphasizes the literal as preferable to the contradictory and complicated system of ambiguous figurative language used by neurotypicals (Rozema 27).<sup>19</sup>

Strikingly, Marcelo's descriptions of his IM parallel the Biblical language that Berger uses, and this connection is made explicit by the fact that Marcelo's "pervasive interest" is religion. When his IM begins to get disrupted, he explains: "I search for the

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<sup>19</sup> Emphasis on the "literal" is a common trend for books with autistic protagonists (see *Mockingbird* by Kathryn Erskine and *The Curious Incident of the Dog in the Nighttime* by Mark Haddon). For example, Marcelo asks Jasmine to avoid figures of speech such as "jump your bones" so that he can more clearly understand her (Stork 54).

IM but can't find it. Then I try to block out the rushing thoughts by remembering a favorite piece of Scripture, but the remembering is not focused. It has a life of its own and what it presents are lines from different parts of Scriptures, *senseless and disconnected, like an inner Tower of Babel*" (Stork 159, emphasis added). His Adamic IM is destroyed by contact with the modern institution of the law firm, which reduces his pure internal experience to a disjointed Babel. Using such imagery is a strong indictment against the real world, and it also points out how damaging social forces are when they present such a narrow view of success (Berger 196).<sup>20</sup> Instead of accepting the Tower of Babel, however, Marcelo disavows the expectations of the real world when he turns over the memo to Ixtel's lawyer. It is significant that in the final moments of the narrative, as Marcelo leaves the law firm for the last time, he narrates "...I hear or I remember, I can't tell which, the most beautiful of melodies" (Stork 312). The rewarding return of the IM, although slightly altered, symbolically reinforces that Marcelo made the correct decision, even if he is seen as a failure from the perspective of the law firm. Marcelo's disabled identity is central to this sense of resolution, offering an incredibly empowering affirmation of his unique viewpoint.

Rhetoric is also a key way for Marcelo to verbally affirm his disabled identity to other characters. As Berger, Dolmage, and Vidali argue, displaying or "performing" disability emphasizes the disabled experience as a source of power. Particularly when *purposefully* using a markedly different communication pattern, Marcelo rhetorically

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<sup>20</sup> See Berger's third chapter, "Post-Modern Wild Children, Falling Towers, and the Counter-Linguistic Turn," in *The Disarticulate* for his full explanation, in which he addresses the implications of the Adam versus Babel dynamic, particularly the problem of portraying disabled people as prophetic saviors. Postmodernism's skepticism about idealizing Adamic language is important to keep in mind, but I believe Stork uses the basic essentials of the Adam-Babel dynamic to illustrate the problem that occurs when corrupt social norms force change upon a character who was better off before such an intervention.



resists social pressure to adopt neurotypical behavior and instead maintains his difference. Marcelo's rhetoric is based upon his frequent refusal to use first- or second-person pronouns; he prefers to speak in the third person, referring to both himself and others by name rather than using "I" or "you."<sup>21</sup> This unusual speaking habit establishes Marcelo as Berger's "other of language" (17), and Arturo in particular targets it as a way to coach Marcelo to "be normal." This is evident in the following exchange between the two after Marcelo returns home from an appointment with a doctor who studies his IM:

"The brain was scanned while Marcelo listened to music."

"Try saying that again."

"My brain was scanned while *I* listened to music." I remind myself not to refer to myself in the third person. Also, I must remember not to call him Arturo. (Stork 18)

Arturo again puts pressure on Marcelo to hide his differences, but Marcelo ultimately resists. Although he makes an effort to speak in the first and second person at the law firm, Marcelo continues to use the third person frequently. In this way, he continues to verbally affirm his identity as other in a way that embraces his difference rather than flees from it. As Berger writes, "...here is that which cannot be accounted for and which thus has some undetermined subversive power" (9). Arturo can force Marcelo to work at the law firm, but he cannot make Marcelo fundamentally change, and Marcelo represents that

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<sup>21</sup> Marcelo only uses third-person when speaking out loud—in his first-person narration of events, he uses "I" frequently. I point out the difference between his narration and his spoken word to emphasize its rhetorical aspect—it is indeed a very verbal and intentional performance. Additionally, because many of the quotes I use from Marcelo's narration do not use this third-person rhetoric, readers might have the misconception that this pronoun usage is not as frequent as it really is in the conversations between characters.

by rejecting an assimilation of his speech patterns. He also uses the third person more often with people he is most comfortable with, reflecting favorably on the allies who appreciate this rather than try to correct him (Stork 28).<sup>22</sup>

At the novel's climax when the law firm discovers that Marcelo has chosen to help Ixtel, Marcelo's rhetorical use of pronouns clearly distances him from the firm's corruption. Although he has tried hard to please his father through a conscious effort to use first person, Marcelo abandons traditional speech patterns when Arturo confronts him for turning over the memo to Ixtel's lawyer, Jerry García. Marcelo's rhetorical otherness bursts forth in a fierce display in which he initially uses "I" but then returns to his preferred third-person in the most heated moment of defending himself:

I knew what could happen to all of us. Marcelo did not succeed in following the rules of the real world. He knows. He will spend the next year at Oak Ridge High. He knows. He knows. He knew that would happen before he talked to Jerry García. He thought it all through. All that would happen. And still he did it. And still he would do it again. (Stork 289)

The emotional buildup of the entire confrontation scene culminates in this moment, and the words vibrate with the intensity of Marcelo's defense. He uses third person *ten* times in this short speech, fervently repeating it during one of the most crucial moments of the novel. This speech is what Vidali would describe as "performing the rhetorical freak show" (616, 620, 623-624): Marcelo uses his words to establish his difference from his father, a man who places more importance on his professional success than on helping an

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<sup>22</sup> Dunn's chapter on "Respect, Etiquette, and the Drama of Rude Behavior" helped me notice the way "good" characters are often defined by their eagerness to support a disabled person's differences (52).

impoverished, mistreated victim. Marcelo's otherness allows him to remain outside the influence of the debased motivations of the law firm, and he performs his disability to officially separate himself from it.

Yet, what are readers to make of the instances when Marcelo corrects his use of third person (twice) in his conversation with Jasmine, with whom he is generally very relaxed? He especially emphasizes his effort to use accepted pronouns, saying at one point, "This is where Jasmine...where *you* get *your* ideas for *your* music" (249, emphasis and ellipses in original). Readers cannot overlook the fact that Marcelo changes the speaking patterns which most obviously mark him as other. Furthermore, after his powerful exit from the law firm, Marcelo shares with Aurora that even given the choice, he wants to go to Oak Ridge High instead of Paterson for his senior year. As Dunn points out, characters who change to integrate themselves into society, rather than the other way around, can send the wrong message about who is responsible for creating an inclusive world (Dunn 96-98, 100). In an otherwise brilliant novel, I think these are two questionable decisions on the part of Stork. However, perhaps something empowering can be found even in these scenes if readers examine them through the lens of the "most generous interpretation" (Dolmage 145).<sup>23</sup> Dolmage explains that this term refers to analyzing potentially problematic disability portrayals and using the author's "good intentions" to simultaneously give credence to a positive interpretation—in other words, instead of disregarding a novel entirely due to a dubious authorial choice, readers can work with the text to find examples of when the author attempted to empower a disabled

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<sup>23</sup> Dolmage credits his teacher Kate Ronald for this idea, as well as Paul Ricoeur, whom he describes as a "champion" of the most generous interpretation (144).

character (144-145). He gives the real-life example of people who are motivated by “pity” to donate to major organizations that seek a cure for disability, and he argues that a generous approach will focus on showing such people that the disability community would be better served by advocating for more inclusive rights presently rather than pursuing a future that erases disability—an approach which stresses that ultimately, temporary good can come from misguided attempts to be an ally (145).<sup>24</sup> Dolmage describes his own interpretations of movies such as *The King’s Speech* as “try[ing] on generous interpretations of cultural texts” (145), which I too will do for *Marcelo*.

Because Stork clearly intends Marcelo to be a sympathetic and unapologetic disabled hero, readers should attempt to understand the possible benefits of Marcelo’s decision to occasionally change his speaking habits and go to Oak Ridge. Reading “generously,” I suggest that Stork wants to portray Marcelo as an agent of change for the broken society that readers have seen in the novel. For instance, Patrick W. Corrigan and Amy C. Watson argue that an important way to combat stigma is to encourage relationships between those with and without mental disabilities: “Research has shown an inverse relationship between having contact with a person with mental illness and endorsing psychiatric stigma” (17). Covino and Jolliffe argue an important part of rhetoric is to engage in “the art of knowledge-making” and to persuade an audience to consider different perspectives (8-9), and Marcelo does just that. His powerful representation of a disabled person can change the way people see disability, as can be seen in his relationship with Jasmine, who had a narrow and stereotypical view of those

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<sup>24</sup> Dolmage adds, “This does not mean that we are forced to conclude that all texts must come from a ‘good place,’ or that we forestall or rescind our right to speak truth to power and to recognize what is hurtful or oppressive” but that scholars can first attempt the generous interpretation as “part of a rhetorical process of understanding one another” (144-145).

on the autism spectrum before meeting Marcelo. Thus, Marcelo accepts going to Oak Ridge High not because he felt *he* needed the real world, but because the *real world* needed him. In writing about the anti-psychiatry movement and how “liberation” from hospitals can actually push mentally disabled people into worse conditions, Meghan Warner Mettler advocates for reform of a broken system rather than a complete destruction of it (186). In much the same way, rather than abandoning society, Marcelo wants to fix it. He thinks as much as he reflects on the summer: “For all the pain I saw at Paterson, it is nothing compared to the pain that people inflict on each other in the real world. All I can think of now is that it is not right for me to be unaware of that pain, including the pain that I inflict on others” (Stork 302). Importantly, Marcelo does continue to use third person interchangeably, and it is not so much that he has changed his speaking patterns as he has decided to vary his strategic use of it.

Throughout the novel, Marcelo’s rhetorical stance follows Radden’s “symptom-integrating model” (21). Although he rejects certain parts of his diagnosis, he refuses to separate himself or his decisions from his identity as a disabled person. Asperger’s Syndrome gives Marcelo a unique and valuable perspective, which allows a hopeful resolution for Ixtel and himself. This integration comes full circle in the very last scene, when Marcelo informs Jasmine of his decision to go with her to her hometown in Vermont, where he will help her father with his horses, get a nursing degree, and use hippotherapy to help children with disabilities. In his own words, “Vermont will be the place where I can follow my special interests” (Stork 311).<sup>25</sup> This statement reminds the reader of Marcelo’s comment that Paterson “is at last a place where I will not be hurried,”

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<sup>25</sup> In this conversation, Marcelo alternates between first and third person.

illustrating that he does not have to sacrifice his disabled identity to exist in society, but can instead create a valuable space for himself and other disabled people. By referencing the Asperger's characteristic of special/pervasive interests in this statement, Marcelo also shows how he will continue to use his disability as a source of power in his mission to help others and in his personal pursuit of happiness. In Curwood's analysis of the novel, she aptly describes Marcelo's defense of Ixtel—and I would extend this to his future work in Vermont—as Marcelo “becom[ing] an activist for disability rights” (24). Marcelo had once asked, “Can Marcelo be someone other than Marcelo?” (Stork 80). By the end of the novel, his empowered and distinctly personal identity gives readers the proof that the answer to this question is “no.”

### **Running from the Lizard Brain, Chasing the Norm: *Finding Audrey***

*Finding Audrey* by Sophie Kinsella is narrated in the first person by Audrey Turner, a teenage girl whose witty commentary provides readers a front-row seat to her family's daily escapades one summer. Audrey developed anxiety and depression as a result of a series of events that happened at Stokeland Girls' School. Although Audrey refuses to reveal the details, she offers enough hints for readers to piece the story together: she was so badly bullied that the girls responsible were expelled. When Audrey begins her narrative, she has been released from the psychiatric hospital she stayed in after the bullying episode, and she is currently home waiting to begin a new term at a different school. Although the novel begins after Audrey officially starts therapy sessions for her disability, the focus of the novel is rooted in Audrey's process of working through her diagnosis and considering the effects of anxiety and depression on her identity. Though comfortable with her family, Audrey wears dark sunglasses to avoid the too-

personal experience of eye-contact and fears leaving the house due to the threat of interaction with strangers. In order to help her with this, her therapist, Dr. Sarah, assigns her the task of producing a documentary film about her family to bridge the gap between herself and others.

The novel bounces between Audrey's perspective and her film transcripts, and both frequently chronicle the showdowns between her exuberant helicopter mom and her rebellious brother Frank. Frank passionately pursues the chance to compete in the video game world championship of *Land of Conquerors* (abbreviated to *LOC*), which could bring him six million dollars, much to the distress of his mother, who subscribes to the *Daily Mail*'s belief that video games are damaging her son's brain. It is through Frank that Audrey meets Linus, Frank's friend and teammate for the championship. Audrey and Linus begin a relationship, all while Audrey's therapy sessions prepare her for a return to the world outside of her home. As she and Linus grow closer, the two work on Dr. Sarah's "exposure therapy" project, in which Audrey must acclimate to the sensation of being around strangers through eventually visiting a Starbucks (Kinsella 85-86). Unfortunately, Linus often pushes Audrey too far and too fast, but she welcomes this because she desperately wants to get better. She sees her ability to date Linus and go to public places with him as evidence of her "cure" from disability, which leads to her secretly going off of her medication (without Dr. Sarah's knowledge) and confronting one of her former bullies. The interaction goes badly and compounds her distress over a fight with Linus, causing Audrey to panic, take too many of her pills, and disappear for a night. Once the family finds her, she has ostensibly "learned her lesson," gets back on her

medication, and the family and Linus reconcile over the world championship they compete in together.

Continuing to apply one element of the conceptual framework that I presented for reading disability in young adult literature, specifically, the nexus between disability and identity, I examine Audrey's explanation of her diagnosis to address my first key question, "*Is disability fundamental to identity?*" Audrey frequently breaks the fourth wall and addresses readers directly, which creates a very personal version of the "coming out" moment that establishes the relationship between disability and self (Bittner 202-203, Eisenhower para. 3, McRuer 35-37, 57, 71). Audrey first introduces her anxiety and depression through what Dolmage identifies as the pathologized language of the medical model (37-38). After the first panic attack of the novel, Audrey narrates:

So now you know.

Well, I suppose you don't know—you're guessing. To put you out of your misery, here's the full diagnosis: Social Anxiety Disorder, General Anxiety Disorder, and Depressive Episodes. (Kinsella 22-23)

Audrey's description has the cold, sterile tone of a doctor, with the authoritative diagnosis communicated through the capitalization of her list of labels. Feeling compelled to explain her panic attack, Audrey's first impulse is to rationalize the event through a very clear reference to the categorization of illnesses from the *Diagnostic and Statistical Manual of Mental Disorders*, which leaves little room for her own personal interpretation of anxiety and depression. However, Audrey does critique her diagnosis's insufficiency when, continuing, she states: "*Episodes*. Like depression is a sitcom with a



fun punch line each time. Or a TV box set loaded with cliffhangers. The only cliffhanger in my life is ‘Will I ever get rid of this shit?’ and believe me, it gets pretty monotonous” (Kinsella 23). Through this comment, Audrey distances herself from a purely medical stance and highlights a problem in the way the diagnosis seems to minimize depression’s effects. Her criticism of labels resembles Marcelo’s observation that even though he finds an Asperger’s diagnosis insufficient, “it makes people more comfortable to have a scientific-sounding term” (Stork 55). Yet her critique lacks substance due to the episodic format of her own narrative: the brief chapters tend to have one major event each, and they *do* frequently end with Audrey’s quips serving as sitcom-like punchlines. For example, in the very next chapter in which Audrey works through the panic attack with her therapist and is assigned the documentary film, she ironically concludes that she will call it *My Serene and Loving Family*, which readers will no doubt chuckle at since the novel began with her mother throwing Frank’s computer out a second-story window to prevent him from playing *LOC* (Kinsella 29). While Audrey may take issue with her diagnosis, she has internalized so much of it that she struggles to represent her experience in an alternative way. This treatment of diagnosis is less impactful in comparison to Marcelo’s representation of disability, in which he first explains the shortcomings of medical labels before personalizing his diagnosis through a focus on the diversity of individuals with “pervasive interests” (Stork 54, 57).

Another key feature of identity establishment comes when characters address the specific experience of being diagnosed as *mentally* disabled. Kinsella creates two key scenes in which Audrey reflects on the invisibility of her anxiety and depression, and in

doing so, Audrey emphasizes the validity of her disabled identity. When she returns to the children's unit at St. John's hospital, she compares visible sickness to mental illness:

I lived here for six weeks, after Mum and Dad worked out that there was something really wrong with me. The trouble is, depression doesn't come with handy symptoms like spots and a temperature, so you don't realize at first. You keep saying "I'm fine" to people when you're not fine. You think you *should* be fine. You keep saying to yourself: "Why aren't I fine?" (Kinsella 25)<sup>26</sup>

Here, Audrey notes that her initial struggle is compounded by the cultural desire for visible empirical evidence—"handy symptoms"—as a source of proof. This social emphasis on visibility has serious consequences: in second-guessing her gut reaction that she is "not fine," Audrey does not seek an explanation for her feelings sooner but instead waits for her parents to come to the conclusion that she should seek help (Kinsella 35). Audrey returns to this idea again when she mentions that she had overheard a teacher describe her as "deluded and seeking attention" after the bullying incident at school (Kinsella 36).

In both these scenes, a disabled identity becomes questionable because it cannot be seen, which reflects how frequently disabled people are "accused of 'faking it'" (Vidali 632).<sup>27</sup> Moya analyzes this "realm of the visual" at length, arguing that "Even

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<sup>26</sup> Audrey's words strikingly resemble those of scholar and artist Eisenhauer's: "When I do not resemble what people think mental illness 'looks' like and how a person with a mental illness is presumed to act, I experience suspicion about my intentions grounded in the assumption that I have something to gain or that my illness couldn't be that 'serious' because I 'look' and seem 'fine'" (para. 5).

<sup>27</sup> Vidali cites several examples of how this "faking it" myth circulates, such as detective shows in which "mental insanity pleas" are exploited. She also mentions that physical disabilities are not immune to such accusations—she supports this with the example of Rush Limbaugh describing Michael J. Fox's involuntary actions from his Parkinson's disease as "purely an act" when portrayed in commercials about stem cell research (Vidali 632).

with these ‘invisible’ identities, though, we often behave as if we can reliably ‘see’ identity. This is because we, as members of a society in which such identities are seen as significant, are socialized to pick up visual cues... as a way of ‘seeing,’ and thus ‘knowing,’ them” (106-107).<sup>28</sup> Both Audrey and her teacher view her disability through the lens given them by society—a lens that seeks to “know” by “seeing,” as Moya points out. However, once Audrey experiences anxiety personally, she recognizes this misconception, in turn making readers more aware of specific prejudices against mentally disabled people.

Yet despite her defense of the legitimacy of depression and anxiety, Audrey distances herself from disability by denying its *centrality* to her identity. Using my second question about the relationship between disability and identity—namely, “*How do language and rhetoric help construct identity in a text about disability*”—readers can more closely examine the way that Audrey describes anxiety and depression as “other” and liminal, rather than fundamental. Audrey creates this distance by following what Radden calls a “symptom-alienating model,” which portrays disability as “emanating from alien, sometimes diabolical, sources of agency outside the self” (15). Audrey first alienates her disability by giving it a name, thus distinguishing between the parts of herself that are truly “Audrey” and parts that are the disability. She portrays her over-active amygdala as the culprit, referring to it as her “lizard brain” because she read about how it developed early in evolutionary history when humans were “prehistoric” (Kinsella 76). This explanation creates a chronological distance between Audrey and the primitive

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<sup>28</sup> Moya references sexuality, class, and disabilities such as dyslexia or chronic fatigue syndrome as examples of invisible identities.

survival instincts which are overreacting in a way that seems out of place in the modern age in which she lives. Next, Audrey describes her lizard brain as having a personality, complete with reactions and motivations that exist apart from her own: “It basically tells your body what to do through chemicals and electrical signals. It doesn’t wait for evidence and it doesn’t think, it just has instincts. Your lizard brain is *totally* not rational or reasonable: all it wants is to protect you” (Kinsella 76). The lizard brain becomes a “source of agency outside the self” (Radden 15) because the lizard brain has its own unique set of desires as it serves as a protector. In addition to being an agent separate from Audrey herself, the lizard brain displays a touch of the “diabolical” (Radden 15), despite its desire to protect, by being “really hard to control” (Kinsella 76).

Audrey pits herself against this other by representing a conflict between “me” and “it”: the real problem with the lizard brain, according to Audrey, is that in moments of crisis, “my body tends to listen to *it*, not to me” (Kinsella 76, emphasis in original). The use of the symptom-alienating model culminates in this total split between two warring factions; although Audrey refers to her lizard brain in a jokingly affectionate tone, it is clear that she hopes to rid herself of it eventually. When Audrey tries to talk to Linus face-to-face after her first panic attack, she describes the interaction again in terms of a battle: “My lizard brain is in overdrive. And even though I’m telling myself frantically to *ignore* the stupid lizard brain, it’s kind of hard when you have a prehistoric reptile banging away inside your head, yelling ‘Run!’” (Kinsella 76). The representation of a caged animal fighting for control of Audrey’s body casts her anxiety as an “invasive” force attacking her true personality (Radden 19).

A symptom-alienating model of identity does not automatically disempower a disabled person. As Radden points out, when symptoms are seen as “by-products” of a malfunctioning biological process, one can attempt to divert the impulse to portray a person *as* the disability rather than a human being (16). In this way, positioning a disability as outside oneself can lead to “taking back an identity hitherto reduced to symptoms” (Radden 21).<sup>29</sup> Conceptualizing a mental disability as a specific entity also provides a more tangible focus for those who seek to manage its negative effects, which can be a powerful therapeutic tool. For instance, Audrey learns to avoid the full effects of a panic attack by conceptualizing her anxiety as a character which she must “tolerate” and trick so that she can continue with her daily routine. She compares her lizard brain to her four-year-old brother: she cannot pacify the toddler by yelling at him and trying to force him to behave, but she can eventually wait for the storm to pass and continue on with whatever she was doing. In the same way, Audrey applies this technique to her anxiety when she almost backs out of going shopping at the store. She directly addresses it—“Nice, try lizard brain”—and then takes deep breaths to “regulate the carbon dioxide in the brain” (Kinsella 215-216).<sup>30</sup> Because anxiety is just as much a character as her brother, Audrey can isolate the source of her emotions and communicate with herself in a way that enables her to function in public. Furthermore, emphasizing the neurological process of breathing allows Audrey to reduce her anxiety to the elements that she can

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<sup>29</sup> Dolmage makes a similar observation: “...perhaps the most prominent disability rhetoric is the medical model— abnormal bodies undergo a rhetorical accretion toward synecdoche, and an abnormal body becomes the sum of its dysfunctional parts” (37). Whereas synecdoche would focus primarily on Audrey’s anxious features, symptom-alienation attempts to move beyond that to her personhood.

<sup>30</sup> Although the relationship between treatment and disability will be addressed in chapter 3, it is worth noting that one of the most positive aspects of *Finding Audrey* is the excellent therapy experience Audrey has in which she learns techniques such as this one. Indeed, Dr. Sarah provides Audrey with empowering tools to help her manage anxiety and helps her move past taking on the guilt or responsibility of others’ bad actions.

work with, rather than positioning it as some overwhelming tragedy that makes her powerless.

At the same time, it is important to note that the language used to isolate one's identity from disability can be warped into a devaluation of disability entirely. *Finding Audrey* ultimately fails to empower Audrey as a protagonist because a symptom-alienating model causes two significant problems. First, alienation often leads to dehumanization because referring to a disability as something totally foreign can stigmatize the person as "other" as well. Second, because it is distanced from identity, disability often gets removed from the narrative through cure (Radden 21). Total elimination of disability is not only unrealistic but also disempowering because it makes it seem as though being "normal" is the only worthwhile mode of being (Dolmage 39; Lewiecki-Wilson "Uneasy Subjects" 66; Mitchell and Snyder 3 and 7).

By examining the language Linus uses to describe Audrey, readers can see the first problem with symptom-alienation: Audrey's identity as a human being is subtly eroded. For instance, during their first extended conversation, Audrey explains her anxiety to him, describing the adrenaline that causes her panic attacks. While Audrey uses her biological processes as a way to manage her disability, Linus gives them a more sinister bent by responding: "They should teach us this stuff in biology lessons...this is way more interesting than the life cycle of the amoeba" (Kinsella 77). Linus's first reaction to Audrey's anxiety is to "gawk" or "stare" at her, very much in the tradition of the freak show (Dolmage 28; Garland Thomson 346-348; Vidali 623-624).<sup>31</sup> In

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<sup>31</sup> Rosemarie Garland Thomson is the primary theorist of the "stare" as related to the theory of the male gaze but different because it is specifically tailored to a "focus" on disability. She elaborates that "Staring is the social relationship that constitutes disability identity and gives meaning to impairment by marking it as

comparing Audrey to a non-human organism from a science class, Linus essentially puts Audrey under his own microscope as an *object* that could be medically studied, rather than listening to her as a person who can testify to her experiences herself. Audrey doesn't seem to see a problem with this treatment; she has a habit of making sarcastic quips to the reader about the offensive things people say to her, but she doesn't comment on Linus's statement at all.

Later in the novel, Linus dehumanizes her again, this time giving her the nickname of "Rhubarb." The sentiment is an attempt to be sympathetic—Linus's aunt grows rhubarb, a plant which grows best in the dark, which symbolizes Audrey's preference for wearing her sunglasses. When she gives him a nickname in return, she calls him "orange slice" for his wide smile, but the human-to-plant ratio is different in their two metaphors. When they draw characters for each other, Linus is represented *primarily* as human—a face with an orange-slice smile. Audrey, however, is *entirely* plant—a rhubarb with sunglasses. Her only human feature is a material object, while the neurotypical Linus still retains his essential human features. These two examples highlight that while attempting to distance herself from her disability, Audrey paradoxically becomes distanced from her human peers as well. This distance suggests that as a plant or scientific object to study, Audrey has little power or freedom to act on her own, which is particularly problematic in comparison to Marcelo's empowered use of his differences. He, in contrast, uses his unique third-person speech to rhetorically

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aberrant. Even if a disability is not apparent, the threat of its erupting in some visual form is perpetually present. Disability is always ready to disclose itself, to emerge as some visually-recognizable stigmata, however subtle, that will disrupt social order by its presence" (347).

represent his moral difference in his confrontation with his father—indeed, his humanity is emphasized by his ability to show compassion to Ixtel (Stork 289).

Underscoring all of these signs is the very title of the novel, *Finding Audrey*, which indicates that Audrey is somehow lost. I do not believe this title was chosen merely because Audrey goes missing during the climax, but that it is instead meant to refer to the process of working through her diagnosis. Yet if Audrey is having to “find herself” again after developing anxiety and depression, does this mean that disability disqualifies her from personhood, at least until she learns to minimize her disability? While Kinsella might have intended for her title to represent a more general “coming of age” young adult trend, the larger implications of such a title are obviously problematic when writing about a group of people who are often viewed and treated as less than human.<sup>32</sup> If Audrey is not “Audrey” at the beginning of the novel, it would seem that her incompleteness is due to her distance from the norm, a distance which she seeks to close by alienating her symptoms.

The second and larger problem with symptom-alienating models of disability is the pressure it creates for a cure. As Radden puts it, the key to “recovery” is the “absence” of symptoms (21), and because Audrey sections off her disability as “it,” the only way she can conceive of succeeding in life is to eventually rid herself of this prehistoric force. The video game storyline is symbolic—Audrey conceptualizes her

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<sup>32</sup> In connection with legal rights and humanity, see “Rethinking Rhetoric through Mental Disabilities” by Lewiecki-Wilson; for sexuality, see “Revealing Femmegimp: A Sex-positive Reflection on Sites of Shame as Sites of Resistance for People with Disabilities” by Loree Erickson; for eugenics, see Part I of *Disability and Mothering*, particularly “Stalking Grendel’s Mother: Biomedicine and the Disciplining of the Deviant Body” by Terri Beth Miller; for limited freedom and hyper-scrutiny of those with mental disabilities, see “The Madwoman in the Academy, or, Revealing the Invisible Straightjacket: Theorizing and Teaching Saneism and Sane Privilege” by PhebeAnn M. Wolframe; finally, for a general study on access to equal rights, see “Autism and Quality of Life” by S. Robertson.



anxiety as something she can beat the way her brother defeats the “boss” at the end of a game. As a matter of fact, when she finally adjusts to being around Linus, who used to be a stranger, Audrey says, “I’ve gone up a level,” as though she were a character on *LOC* who upgraded her skills (Kinsella 170). Thus, her end goal is to ultimately continue defeating her symptoms until she is “normal” again. She frequently complains to Dr. Sarah that she doesn’t want to be “ill forever” and “stuck” (Kinsella 26, 27). Although Dr. Sarah attempts to counter this by showing Audrey a “jagged-line graph” with ups and downs, the ultimate message is that despite set-backs, Audrey still exists in a progress narrative that eventually goes “in the right direction,” as Dr. Sarah describes it (Kinsella 134).

Audrey’s emphasis on cure can also be seen when she spends time with her friend Natalie for the first time since the bullying incident. Natalie struggles to comprehend Audrey’s experience and, much like Jasmine’s question to Marcelo in *Marcelo in the Real World*, she asks Audrey “So... what are you?” Given another chance to express a disabled identity and to define what that means to her, Audrey instead separates herself from it, saying: “I’m getting better... That’s what I am” (Kinsella 194). Although Audrey is certainly not obligated to explain herself as a disabled person, her decision to focus on progress *away* from depression and anxiety leaves little room for an empowered disabled identity because she does not want to conceptualize her condition as something permanent.

The narrative’s climax attempts to expose the fallacy of a “quick fix” for anxiety and depression, but it does so with limited success. Dr. Sarah uses language to attempt to shift Audrey’s focus from cure to identity incorporation by telling Audrey, “You will not

be like this forever” and emphasizing that her anxiety and depression are “fully treatable” (Kinsella 26). Significantly, she offers the hope that anxiety will not always prevent Audrey from leaving the house, but she avoids the all-encompassing idea that Audrey will never be anxious or need medication again by emphasizing the *treatment* but not *eradication* of Audrey’s disability. Unfortunately, Audrey does not listen to her. Audrey believes her successful trips to Starbucks and interactions with Linus mean “I’ve had all my setbacks...I’m just not having any more. It’s not happening” (Kinsella 197). This attitude plays into the idea that a disabled person “should just try harder to overcome their impairment and cure themselves” (Dolmage 98). After Audrey’s relapse on the night when she disappears and goes into shock from taking too much of the medication she has been abstaining from, she accepts that she cannot go off her medication without professional approval and that she cannot force herself to recover at a faster pace than her body can handle. Ultimately, she and her mother conclude, “We’re all on a jagged graph...Up a bit, down a bit. That’s life” (Kinsella 266).

Even though Audrey’s personal misconceptions are challenged, the narrative does little to interrogate the social forces that feed her desire for cure. Her brother Frank conforms to what Dunn describes as the “just try harder myth” (Dunn 20, 90) by asking Audrey to agree not to have a panic attack when his friend comes over, as though it is something she can switch off when the situation is important enough (Kinsella 72). When she makes it to Starbucks with Linus, he exclaims “You’re cured!” and when she starts to panic, he quotes a neurotypical maxim: “Just tell yourself to snap out of it. You know, mind over matter” (Kinsella 158). The narrative punishes Audrey for falling into the trap of believing in a quick cure by creating scenes where Dr. Sarah chastises her in therapy

or when she nearly overdoses, but characters such as Frank and Linus are not held accountable in the same way. Linus's reprehensible behavior throughout the novel is disturbingly unacknowledged, particularly when he calls Audrey selfish for trying to gain closure in the meeting with the bully, becoming "physically angry," swearing, and accusing her of inviting trauma back into her life. He asks, "You know how many people have tried to help you? You know how many people are willing you to get better?" (Kinsella 241). Not only does Linus engage in problematic victim-shaming, but he also suggests that Audrey should just "overcome" her anxiety (Dolmage 98) simply because he has invested so much time in her. In all of these situations, Kinsella subtly suggests that having a positive attitude about the jagged line graph of disability is Audrey's responsibility alone; despite living in an environment that creates the ideal of "getting better," Audrey has to resist and manage those pressures on her own.

As mentioned, power is particularly problematic for Audrey since her symptom-alienation does not incorporate disability as a fundamental part of her identity. Therefore, Audrey cannot tap into the subversive potential of being an "other of language" (Berger 17).<sup>33</sup> Unlike Marcelo's use of third-person speech to incorporate Asperger's into his conversations, Audrey is frequently silenced rhetorically. Silences reveal an imbalance of power in young adult novels, according to Trites, who argues, "Readers trained to pay attention to tensions that arise from such narrative silences can experience both a richer reading of the narrative and a better understanding of the role of discourse in regulating the relationship between power and knowledge in their own cultures" (52). During her

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<sup>33</sup> This is not to say that Audrey has no power at all. Her refusal to reveal the details of the bullying incident are a very positive portrayal of a person's right to "...be private. It's OK to say no" (Kinsella 39). This instance and others do not, however, draw specifically on her disabled identity because she positions normalcy as empowering, not disability.

exposure therapy at Starbucks, Audrey and Linus practice speaking to strangers, often challenging each other to start absurd conversations with other patrons. Audrey shares that she can do this by saying, “Somehow, channeling Linus is giving me strength. I’m not me, I’m not Audrey, I’m a character” (Kinsella 207). A neurotypical persona replaces her own, and it is only through this pretend identity that she can find the confidence to carry out her challenges. Rhetorical power thus comes from a separation between her disability and her identity as Audrey, and she again splits herself along the lines of normalcy verses “not really me” to deal with the effects of her anxiety. This encounter sends the message that one must “pass” as nondisabled in order to gain the power to function in society.

Furthermore, Audrey is silenced by technology. When she reaches out to Linus after the meeting with the bully, he doesn’t respond, triggering her panic attack. Significantly, after Audrey goes missing, Linus tells the family that “she sent me this text yesterday, but it only came through just now” (Kinsella 259). Though this is a particularly weak plot maneuver, it is also disempowering for Audrey. The climax of the novel hinges on her inability to communicate with both the bully and with Linus, to the point where radio waves themselves prevent her from accessing the resources she needs—someone to help her work through her frustration over the day’s events. Audrey should not be expected to just turn off her anxiety, but the novel suggests that if she had simply had the means to contact Linus and reconcile with him, then perhaps she could have avoided her near-overdose. Whereas Marcelo overcame the “rhetorical constraints” (Covino and Jolliffe 11) of the medical model to validate his disabled experience,

Audrey's attempts to communicate are stopped at nearly every turn and she struggles to create new knowledge or connections with others (Covino and Jolliffe 8).

*Finding Audrey* actually reverses Vidal's idea of "performing the rhetorical freak show." The relationship between film and performance is obvious, so the documentary assignment would have been an ideal way for Audrey to display her disability in a meaningful and powerful way. However, the film functions instead as a performance of normativity. The film transcripts focus on very mundane subjects—interviews with family members, arguments between her mother and Frank, a birthday party—in which Audrey's disability does not make an appearance, despite the fact that she frequently speaks from behind the camera. It is not until the end when Audrey is missing and Frank films the family trying to find her that a serious subject such as her anxiety is ever recorded. Moreover, Audrey's last film transcript ends the novel on a melodramatic note, as Audrey finally gets in front of the camera and officially performs the separation between herself and her previous, more extreme anxiety and depression. Audrey symbolically represents her return to normalcy through an emphasis on her eyes. Having lost her sunglasses when she went missing, Audrey now proudly displays her new eye make-up with a "sunny" smile. As Audrey brings the interview to a close, the transcript reads "As she comes close to turn off the camera, Audrey's blue eyes loom large, filling the screen. She blinks a couple of times, then winks at the camera" (Kinsella 286). The overly-tidy ending conveniently sweeps Audrey's anxiety under the rug—it is almost miraculous that Audrey can automatically adjust to the eye-contact that has so terrified her the whole novel simply because she has lost her glasses. Ending with a performance of normativity sends a troubling final message to readers about the permanence and

viability of a disabled identity. Ultimately, “finding” Audrey is more about finding the best way to return to normalcy (Mitchell and Snyder 7) than it is about learning how disability can be an empowering aspect of identity.

### **Final Discussion**

My framework began with identity because it centers the character herself and how she takes initiative to embrace, adjust, or reject a disabled perspective. By representing disability as a key part of a character’s perspective and experiences, authors show that such differences are not something to hide but to appreciate. Identities are personal—“subject to an individual’s interpretation”—as well as shared—“social embodied facts about ourselves in our world” (Martín Alcoff and Mohanty 6), so they are intimately related to power: a person’s power to determine how she relates to herself and society. If readers do not acknowledge the way disability fundamentally shapes one’s experience in ways similar to class or gender, for instance, then they often fail to see the power of a disabled perspective—to “change the world and ourselves in valuable ways” (Martín Alcoff and Mohanty 6).

In creating an identity, both Marcelo and Audrey move beyond taking their diagnosis at face value and expose the fallacies of a purely medical view of disability. Although Marcelo spends more time creating a personal interpretation of his diagnosis, Audrey expands her critique to look at the way mental disabilities in particular often face extra stigma because of their invisibility. Building from a diagnosis, both characters analyze how disability affects their experiences and perspectives. Additionally, each character faces requests or demands to hide or turn off the effects of disability. When Arturo coaches Marcelo on how to behave at the law firm, he performs the same role as

Frank and Linus when they tell Audrey not to panic around other people. Stork effectively rejects the norm by exposing the corruption of the “rules of the real world” through Marcelo’s exit from the law office (although Marcelo does not leave the real world entirely). Kinsella’s scenarios also show that conceptualizing disability as a matter of “mind over matter” is simplistic and ineffectual, but she does not overtly condemn the characters that perpetuate this logic. When Kinsella uses these moments simply to highlight Audrey’s own eagerness for a cure, it sends the message that Audrey should just expect nondisabled people to be insensitive and should know better than to let them influence her.<sup>34</sup>

Despite these similarities, Marcelo and Audrey face different challenges related to their disability. Marcelo has had Asperger’s since birth, so he has already had time to solidify his understanding of his identity. His experience at the law firm causes him to continually reevaluate his perspective, but he has a strong basis in place that allows him to ultimately reaffirm his understanding of who he is. However, he is not immune from change, for he does question his special interest in religion and decides to remain in the real world, which could seem like a compromise to some readers. Unlike Marcelo, Audrey is adjusting to a disability that she has only recently developed, which requires her to work through her disabled identity in a way she has not had to before the narrative begins. Yet the primary problem with *Finding Audrey* is not that Audrey goes through a period of confusion or anger, but that the novel does not question a symptom-alienating discourse that casts disability as an antagonist. Personifying Audrey’s anxiety gives her a

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<sup>34</sup> See Dunn for how authors can create situations that “blame” disabled characters (90).

coping method, but it also makes it seem as though anxiety intentionally invades and ruins a person's everyday life.

Trites suggests that “We can surface the myriad intricacies that affect identity politics in a YA novel if we ask ourselves, ‘Who controls the discourse in this narrative?’” (47). Applying Trites’s question to the novels I have examined in this chapter demonstrates the key difference in their treatment of identity. In *Marcelo in the Real World*, society has immense power to erase difference and disable impairments, yet Marcelo actively opposes this by using his rhetoric to reject a “single story” of success (Adichie qtd. in Hughes-Hassell 216). Audrey, on the other hand, is often silenced by the discourse of those around her: Linus, her parents, and even the lizard brain itself. In this way, *Finding Audrey* places much more value on the performance of normativity than does *Marcelo in the Real World*. In searching for a positive portrayal of a mentally disabled protagonist in a young adult novel, Marcelo offers a better example of how empowerment is reliant on, not antithetical to, disability. Again, while this thesis does not attempt to divide young adult literature down a binary of “good” versus “bad” portrayals of disability, it does attempt to place them on a continuum of how thoughtful and empowering their representations are as a whole. *Marcelo in the Real World* would be farther along this continuum than *Finding Audrey*, though Stork’s novel is not without its flaws nor Kinsella’s without its merits.

With my analysis of individual characters’ disabled perspectives serving as a foundation, I will expand to a wider scope in the next chapter: communities and institutions. These entities are potent forces in young adult novels, whether they function as sources of solidarity, care, or oppression. Both Suzanne Young’s *Program* series and



Ned Vizzini's *It's Kind of a Funny Story* feature numerous mentally disabled characters who interact with each other and health care systems as they learn about both society's and their own personal power.

### Chapter 3: Outside the Vacuum: The Relationship between Characters, Institutions, and Communities

In the previous chapter, I began to build a theoretical framework for reading disability in young adult literature by discussing how characters can embrace mental disability as an empowering and important aspect of identity. The identity section of my framework can primarily be used to analyze a single character's internal process of validating her unique experiences in comparison to the standard of the "norm." Building on this, I now turn to the relationships between characters with mental disabilities and the institutions and communities that they encounter. Disability does not merely affect how these characters perceive themselves; it also influences their interactions with the society in which they live. I will analyze three novels in this section: two from Suzanne Young's Program series—*The Program* and *The Treatment*—juxtaposed with Ned Vizzini's *It's Kind of a Funny Story*. Like Marcelo and Audrey, the characters in Young's and Vizzini's novels forefront their disabled perspective, but I will focus on how institutions around them heavily influence their perception of their self-worth and how they fit into a larger network of people.

As with other minorities, disabled characters can be treated as a token diverse character in young adult literature, but I argue that more nuanced representations of disabled characters in young adult novels tend to position disability as a trait that does not exist in a vacuum. As characters begin to understand their diagnoses, they may seek help in understanding or treating certain aspects of their disabilities, and they may develop friendships and relationships with other disabled people. However, the doctor-patient

relationship is often an unequal power dynamic, and cultural stigma sometimes discourages people from seeking institutional assistance, such as medication, therapy, and additional resources for improving one's quality of life. For this reason, communities and institutions are a second piece in my proposed framework for reading disability in young adult literature, as these groups are inseparable from characters who navigate the concept of power, particularly when confronting the power of others as well as discovering their own power to act within a group (Trites 3, 6).

In order to understand how a character is empowered in her relationships with others, I first turn to institutions, the site of (and organizing force behind) many interpersonal interactions. As shown in Figure 1, the initial question that I ask of the novels I examine in this chapter is, "*What are the roles of institutions in texts that feature disabled characters—do they primarily help or harm characters?*"<sup>35</sup> Institutions such as school, government, or mental health facilities can oppress or empower protagonists, but they are almost always potent, unavoidable forces in young adult novels. According to Trites, "Virtually every adolescent novel assesses some aspect of the interaction between the individual adolescent and the institutions that shape her or him" (23). Due to their discursive roots, institutions are often locations of "socialization" that "exist for the purpose of regulating social power" (Trites 22). Connecting this to disability and queer studies, McRuer writes that institutions can also be a pervasive "abstract" cultural concept, offering the example of "rehabilitation" and its one-track focus on normalcy (3-4).

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<sup>35</sup> This chapter is shaped in large part by Dr. Sean Connors's Young Adult Literature class at the University of Arkansas, which helped me conceptualize the strong connection between institutions and dis/empowerment.

A diagnosis is only one part of interactions between disabled people and medical institutions; many use these facilities to learn more about their disabilities and to access treatment through therapy, medication, or other techniques. For some disability scholars, treatment—especially that which strives for rehabilitation—can be problematic and disempowering. McRuer writes that institutions can become “sites where compulsory able-bodiedness and heterosexuality are produced and secured and where queerness and disability are (partially and inadequately) contained” (3). In another chapter, he argues that with the shift from home care to institutional care, “...people with disabilities or illnesses were objectified and pathologized in new ways as authority to name and describe disability decidedly shifted to medical and psychiatric institutions...” (McRuer 92-93). Current terms such as “ex-patient” and “psychiatric survivor” reflect the antagonism many disabled people feel towards medical institutions that still wield enormous power over patients in the health care system (Radden 15), as in instances where people are given a diagnosis that they disagree with, yet it remains stamped on their health records and can result in their being detained in a hospital without their consent and subjected to harmful treatment.<sup>36</sup> However, not all institutions oppress

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<sup>36</sup> See Alicia A. Broderick “Autism as Rhetoric: Exploring Watershed Rhetorical Moments in Applied Behavior Analysis Discourse” for an analysis of applied behavior analysis’s rhetoric of “recovery” and Autism Speaks programs for “treating” autism through ABA. See Kate Millet’s *The Loony-Bin Trip* and Beilke’s summary of it in “The Language of Madness” for an analysis of the way mental disabilities are treated as a “crime,” which condones involuntary institutionalization of disabled patients (Beilke 32-33). See Abby Wilkerson’s “Refusing Diagnosis” in *Disability and Mothering* for a personal account of her daughter’s stay in a psychiatric hospital, which included threats to cut off the young woman’s hair, forced strip searches without parental or patient consent, and unwillingness to cooperate with family to create a health care plan. See Anne Wilson and Peter Beresford’s “Madness, Distress and Postmodernity: Putting the Record Straight” for more on the problematic use of labels, psychological records, and other types of treatment. Both Wilkerson and Wilson and Beresford comment on the long-term effects that medication can have, such as tardive dyskinesia, a type of brain damage, and how doctors tend to overlook and oversimplify such “side effects” (Wilkerson 104; Wilson and Beresford 145). See also Wolframe “The Madwoman in the Academy” on treatments for mental health patients which have been used as torture in other countries, for instance electroconvulsive therapy, which Wolframe explains is still in use in American institutions and which has been used in the Soviet Union on “political dissidents” (para. 25).

people with disabilities. Therapy and medication can be extremely helpful in improving self-esteem and managing different aspects of disability. Institutions often provide invaluable shelter and care for a group that is frequently discriminated against and excluded from equal access to resources and housing (Lewiecki-Wilson “Rethinking Rhetoric” 159; Mettler 186). Readers of young adult literature can analyze these institutions in any text about disability in order to more deeply examine the concept of power and its related privilege. Readers can also use this part of my framework to address the *accessibility* of power—both the limited power disabled characters have in an abusive institution as well as their power to choose beneficial treatment.

Inside, outside, and around these institutions, characters in young adult novels about disability may interact with peers who also have mental disabilities. My second question in analyzing the relationship between an empowered disability and community is, “*To what extent do these novels promote the idea of the interdividual as a hero?*” Young adult novels tend to endorse protagonists who are independent, extraordinary, and uniquely able to defeat the odds stacked against them (Coats 318-319). Sean Connors and Trites argue that in young adult literature shaped by neoliberalism, a protagonist is often a “special individual” who can rise above any situation in a boot-strapping way (5). They draw on the words of *Orleans* author, Sherri L. Smith, who calls this type of protagonist a “shiny soul” (qtd. in Connors and Trites 2). The shiny soul archetype effectively lends itself to a disability theory, for independence and individual willpower are also glorified by ableist ideals. One of the most difficult barriers for people with mental disabilities is accessing the care that they desire and need, often because society—particularly democratic American society—disparages anyone who does not match the image of the

idealized, independent individual. Some disability scholars cite what Berger calls the “fetishizing of autonomy” as a major source of the stigma against disabled people (173). Others scholars point out that the ability to “separate” from other people and care for oneself defines adulthood in Western society (Erickson 45; Price and Shildrick 71; Trites 55). Those who need or want therapy, medication, daily assistance, and other types of treatment thus ask for a type of care that is perceived as incompatible with American adult ideals. Suzanne Bost writes that “self-reliance” is valued over “vulnerability” (164-166, 178); for mentally disabled people, this means that they risk being perceived as failures or weak for accessing mental health care instead of attempting to put mind over matter (Dunn 90; Elman 101).

Young adult scholars often point out that the genre balances on the tumultuous edge of childhood and adulthood in the unstable and shifting category of “adolescence” (Coats 315-316, 325; Trites 7-10). This position makes young adult novels a valuable tool for examining how definitions of adulthood, independence, and power are also tied up in the binaries of ableism, particularly for characters on the brink of entering an adult society that devalues the need for assistance or treatment. Furthermore, because of her relationship to care, the disabled young adult protagonist is uniquely positioned to critique the shiny soul archetype and offer an alternative—the *interdividual*.

Karen Coats uses the term *interdividual*, coined by René Girard, to examine young adult novels that promote the idea of community and agency through group support (318). In this light, the combined effort of a community is preferable to the solo effort of an individual; help becomes an asset, not a sign of weakness. Importantly, in many young adult novels about disability, community is “cripped,” a verb which acts *on*

and *against* the norm through “transgression” and “disruption” (Berger 154). This term comes from McRuer, who developed “crip theory” as a way of discussing “disability solidarity and coalition” (61). Rather than rehabilitating disability and teaching the norm, McRuer argues that disabled persons should empower themselves through action: “Demanding that, as the World Social Forum would have it, another world is possible, or that— put differently— an accessible world is possible” (71). Accessibility here does not just refer to policies like ramps instead of stairs; it refers to a worldview that values and promotes disability itself (McRuer 72). As Loree Erickson puts it, “Crips and gimps are adamant in our refusal to be docile. We know that our presence makes the normative universal ‘you’ uncomfortable. Yet instead of acquiescing to a place of shame and servitude, gimps and crips are loud mouths that will deflect your discomfort back to its true source” (44). Mitchell and Snyder argue similarly, describing a technique of “transgressive reappropriation” in which “The power of transgression always originates at the moment when the derided object embraces its deviance as value” (35). Thus, young adult characters who come together as crips do not just affirm disability’s legitimacy but also amplify it within a community that values the same thing, redefining what society would consider heroic.<sup>37</sup>

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<sup>37</sup> Mark Sherry takes issue with McRuer and other academics who use “crip,” writing that it is a “new fashionable term among disability studies academics” but not the majority of those who experience such things outside a theoretical perspective (para. 2). He considers it offensive and labels McRuer and others “privileged” because they can afford to ignore the problematic linguistic history of the word *crip* (para. 7). Sherry’s critique is valid and important to include, although I also think it is important to mention that Erickson openly identifies as disabled and promotes the use of this term anyway (44). I continue to use crip theory because of its empowered mentality and its parallels to my selection of young adult novels, particularly Young’s *The Program*, but I hope to do so respectfully and with the knowledge that not all disabled people would want to embrace such a term.

The above questions about institutions and communities offer a springboard for readers to examine power in the three novels that I analyze in this chapter, as well as others outside of this thesis. Characters deal with suicide and depression in Young's dystopian novels *The Program* and *The Treatment*, as well as in Vizzini's *It's Kind of a Funny Story*, but the two authors offer radically different depictions of institutions that treat this type of mental illness. Young's dystopic future unsurprisingly features an evil, destructive, and power-hungry mental health center which the teenage protagonists must ultimately overthrow. The narrative could come straight out of the darkest corners of disability history and the accounts from victims of lobotomy, sexual abuse, and coercion, thus offering a contemporary critique of a system that still oppresses some people. Yet in critiquing the medical model of disability, the narrative also vilifies therapy, medication, and mental health residential facilities in a way that participates in the cultural stigmatization of treatment. Vizzini's narrative, on the other hand, offers a friendlier version of mental health institutions. The main character's experience in a psychiatric ward helps him learn to manage his depression so that it does not turn into suicidal desires, but the institution merely gives him the tools to do so without coopting his decision-making process. Perhaps influencing this more nuanced portrayal is Vizzini's personal mental health. On the final page of *It's Kind of a Funny Story*, Vizzini connects his own background to the narrative, sharing that he spent five days in a psychiatric hospital and wrote the novel directly after that experience. Despite these differences, Young's and Vizzini's novels promote a disabled community of support that makes their characters refreshingly interdependent, although Vizzini does so more effectively compared to some of the characteristics of the "shiny soul" heroine in Young's series.



### **Evil Institutions and Rebellious Interdividuals: *The Program* and *The Treatment***

Suzanne Young's *The Program* and *The Treatment* are part of a multi-book series set in a dystopian America where teenage suicide is a "national epidemic" affecting one out of every three teenagers (*Program* 9).<sup>38</sup> To combat this, scientists create an all-powerful residential institution, called The Program, which forcefully "rehabilitates" any person at risk for depression. Patients are separated from the outside world inside the institution where they live for six weeks. Their treatment begins with "therapy," bookended by two pills—or injections if a patient resists. The first pill manipulates the patient into talking about past experiences that were significant or traumatic; the act of remembering then signals a second pill to "wipe" these memories after the session. In this way, The Program targets and erases nearly every memory of important people, events, and even personal preferences (such as clothing style), leaving treated patients, called "returners" by the general public, confused and homogenously "normal." This clear institutional overreach alarms the teenage population, who frequently repeat the mantra that they would rather die than be taken to The Program.

When the first novel, *The Program*, begins, the most important person left in main character Sloane Barstow's life after losing loved ones to suicide and The Program is James, her boyfriend. Fiercely in love, the couple struggles to stay together throughout the series, which naturally brings them into conflict with The Program's attempts to separate and contain teenage relationships. In *The Program*, James is taken in for depression and then released, causing Sloane to also become depressed when she realizes

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<sup>38</sup> I will only be discussing the first two novels of the series. Others are either prequels set prior to The Program's creation or sequels that take place after its downfall, with several of the novels featuring a different set of characters (Young "Home").

he does not remember her after his treatment, meaning that their love was not, as they had hoped, stronger than the institutional forces around them. Fearing they will lose her to suicide, her parents report Sloane to Program authorities, and she is subsequently taken by “handlers”—Program employees who act as guards and monitors. Inside The Program, Sloane bribes a handler to give her a purple pill which allows her to protect one single memory; cleverly, she chooses to remember a photograph of James and her brother, which allows her to recognize James once she is released—although she does not remember why she knows him. In their search for answers about their connection, she and James again fall in love in a mirror image of their previous relationship, despite the combined efforts of handlers, parents, and school employees to separate them.

When their relationship alarms Program authorities that something has gone wrong with the memory wipe, James and Sloane run away to find a rebel underground through the help of a double-agent from inside The Program, Sloane’s friend Realm (who has also fallen in love with her). Before Sloane leaves, Realm gives her the most valuable possession he owns: one last orange pill which can restore all of a person’s lost memories. The pill becomes the key to bringing down The Program, for if the rebels can find someone to reproduce it, they can restore the memories of all the other returners. If, on the other hand, The Program discovers it, the institution’s scientists could analyze and then ban the ingredients needed to make more. In *The Treatment*, the spunky rebel characters shelter Sloane and James while also trying to save other teenagers, expose the corruption of The Program, and protect the orange pill from the authorities who hope to find and destroy it. After the various ups and downs of the rebellion, the group finally

exposes The Program to the media and the adult public, resulting in the institution's dismantling by the government.

As the title of the series indicates, the institution of The Program is the all-consuming focus of the characters in Young's dystopia, which leads to the first question I raised at the start of this chapter: "*What are the roles of institutions in The Program and The Treatment—do they primarily help or harm characters?*" Like much young adult dystopian fiction, The Program series portrays institutions as corrupt, controlling, and evil. From the opening scene of a screaming girl being beaten and dragged out of a classroom by handlers, institutional abuse becomes the focal point of the first novel. These abuses do not just function as filler material. Instead, I argue that the similarities between The Program and historical mental health institutions are presented intentionally to condemn a tradition of abuse against mentally disabled people, as Young uses specific buzzwords such as *lobotomy* to underscore the historical nature of her project. The series invites horrified readers to compare this dystopic world to their own, opening a window (Bishop 1) to the trauma that disabled people have undergone—and which some continue to experience—in a corrupted health care system.

The format of rehabilitation offered by The Program closely parallels the real-life interactions reported in twentieth century institutions for mentally disabled people. The abuses of these historical mental health centers created much of the fear and mistrust that makes treatment such a complicated issue today, particularly because such institutions were able to abuse residents due to a drastic imbalance of power. As "normal" individuals with control of other human beings due to their medical authority, mental health workers wielded more power than did their mentally disabled and stigmatized

residents. These residential facilities often separated children from their families, cutting residents off from the outside world. Examining the Orthogenic School for “emotionally disturbed children” during its time under director Bruno Bettelheim from 1944 to 1973, Griffin Epstein compares this institution to Native American assimilation boarding schools, arguing the Orthogenic School was shaped by a philosophy similar to Richard Pratt’s motto of “kill the Indian, save the man” (para. 34, 15-16, 50).<sup>39</sup> Mental health institutions like the Orthogenic School attempted to train the disability out of residents—and if training did not work, they resorted to physically cutting out a supposed source of the disability through lobotomy. These places often became places of terror for residents due to sexual and physical abuse, invasive surveillance, and eugenically motivated sterilization (Epstein para 49).<sup>40</sup> Even in the twenty-first century, mentally disabled people testify that they are never really free when they can be involuntarily and suddenly brought in for treatment in a hospital or ward, in addition to having little to no control over their diagnoses (Beilke 32-34; McRuer 104; Wilkerson 104-108; Wilson and Beresford 146-150).

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<sup>39</sup> Epstein’s larger project discusses the racial implications of Bruno Bettelheim’s background as a Jewish survivor of Nazi concentration camps, a complicated history which motivated Bettelheim to see “Jewish identity as an ‘affliction’” and to promote Jewish assimilation in the US. Epstein makes it clear that he does not “intend to create a relationship of equivalence between Indigeneity and disability,” but that such a comparison shows how cultural understandings of disability drew from the preexisting policies towards others of any kind (para. 16, 26).

<sup>40</sup> See Megan Albertz “Let’s Talk About Sex...and Disability Baby!” on the infamous “Ashley’s Treatment” sterilization of a nine-year-old girl with a brain injury as well as a discussion of the frequency with which women are sexually abused by caretakers (para. 7). See Eisenhauer’s “*Admission: Madness and (Be)coming Out Within and Through Spaces of Confinement*” for an explanation of an art piece she produced, which was influenced by her experience of madness, mental health care, and historical oppression in asylums. See Corinne Manning’s “From Surrender to Activism” about mothers who advocated for better care of mentally disabled children at Kew Cottages in Australia. See Wilkerson’s “Refusing Diagnosis: Mother-Daughter Agency in Confronting Psychiatric Rhetoric” on resisting abusive treatment from psychiatric institutions that teach what McRuer calls “compulsory able-bodiedness” (80). See also the four chapters that discuss eugenics and neo-eugenics in part one, “Reproductive Technologies in the Disciplining of Bodies” of *Disability and Mothering*, edited by Lewiecki-Wilson and Cellio.

The Program's six-week treatment begins with violence, thus setting the tone for the rest of the doctor-patient interactions. In every scene in which handlers come to pick up a teenager, a struggle ensues: Sloane's best friend Lacey is Tasered (*Program* 23); James is wrestled out of school in the middle of class (92-93); Sloane tries to cut her wrist to escape and is forcefully sedated so that handlers can take her away (121). Importantly, Sloane consistently conceptualizes this as an imbalance of power between teenagers and the institution—it is because she is a minor that they are able to “force” her into The Program (*Program* 11). After being taken from her home, Sloane wakes up chained to a bed, and during her first few days in The Program she is kept in a constant state of semi-consciousness through medication. In *The Treatment*, a rogue doctor tells Sloane that if she is ever recaptured by The Program, she would be considered too high risk to be re-treated; she would instead be lobotomized. When Sloane protests that no one would ever perform a lobotomy, the doctor responds:

Haven't they done it before? ... Years ago, when physicians didn't know how to treat the mentally ill, they began shock therapy, and in extreme cases—lobotomies. They would poke holes in their brains, Miss Barstow. Human beings are cruel creatures. And what we don't understand, we tamper with until we destroy it. The epidemic is forcing the world to focus on mental disease, but they've twisted it into something to be feared, rather than treated. (*Treatment* 133)

This reference to United States history is a jarring slip from the fictional dystopia of The Program series, and it forces readers to make connections between Young's novels and the world around them.

Young portrays The Program's threat of lobotomy as a way to control the "deviance" that mental disability represents (Bost 165; Epstein 13; McRuer 1). According to Joel Braslow, the practice of performing lobotomy on mentally disabled people exemplifies the link between medical treatments and "social and cultural values and beliefs" (293).<sup>41</sup> Egas Moniz, the inventor of this now debunked procedure, won a Nobel Prize in 1949 for his work, and this type of surgery had been used on approximately 18,000 Americans by 1951. Joel Braslow analyzes the history of Stockton State Hospital to argue that the decision to operate was frequently influenced by gender roles, as lobotomies were performed on "five times as many women as men" at this hospital (294). Examining the hospital records, Braslow writes that "For Stockton physicians, lobotomy was simultaneously a method of patient management and ward management," pointing to an example in which a woman is operated on multiple times because of the staff's "inability to control [her] violence" (294). Similarly, when The Program captures and lobotomizes Lacey, who had also joined the rebels, readers understand that the procedure was motivated primarily by The Program's inability to turn particular patients into complacent returners, not because Lacey or the other rebels required further treatment. This historical link indeed underscores the way abusers can maintain power by masquerading behind their institutional authority, and may lead readers to think critically about other practices that institutions use to maintain control of, rather than help, those with disabilities.

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<sup>41</sup> Dr. Gwynne Gertz introduced this article to me in a University of Arkansas English class: "Modern British Lit: Women Writing Women."

Other violations also occur inside The Program, including constant monitoring after release, instant suspicion of any slightly emotional behavior, and sexual repression.<sup>42</sup> The latter is particularly troubling. Dr. Warren specifically targets Sloane's sexual memories with James, erasing Sloane's sexual history and leaving her wondering if she is actually a virgin or if she simply does not remember ever having had sex (*Program* 223). Dehumanizing disabled people by presenting them as asexual has been decried by many disability scholars, and erasing Sloane's sexual knowledge also has a sterilizing effect with eugenic undertones (Erickson 42-43; Hazlett et al. 212; S. Robertson para. 33-37).<sup>43</sup>

Additional sexual manipulation occurs, as sexual abuse haunts the female residents inside The Program. One of the handlers, Roger, becomes the face of this mistreatment, beginning with his invasive and predatory stares while he watches for signs of Sloane's depression before she is taken—combining both the male gaze as well as the diagnostic, freak show “stare” that objectifies “aberrant” disability (Garland Thomson 347). When Sloane first wakes up inside The Program, Roger is waiting, stroking her hair and whispering in her ear, despite Sloane's repeated demands that he stop touching her (*Program* 125-126). Their subsequent interactions are laced with the threat of rape. After a few days inside, Sloane learns that Roger is injecting her with extra sedatives compared to the dosages that other residents receive (*Program* 151), once appearing in her room to try to help her dress for the day because she is too groggy to do so herself (*Program* 162). Desperate to preserve her memories, Sloane eventually strikes a deal with Roger to trade

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<sup>42</sup> See Wolframe paragraph 13, 18-20 for her explanation of how each of these violations have affected her or other 21<sup>st</sup> century “mad” people.

<sup>43</sup> According to S. Robertson, over 47,000 mentally disabled people in the United States were involuntarily sterilized between 1907 and 1947 (para. 37).

a kissing and groping session for the purple pill, which protects one of her memories from erasure. The scene, punctuated by Sloane's "I hate you," tears, and nausea, is an incredibly difficult one to read, and makes it clear that Roger is a villain exploiting Sloane's helpless position (*Program* 178-182). Sloane is not the only character abused; in *The Treatment*, one of the rebels reveals that Roger repeatedly raped her before she managed to escape from The Program (*Program* 200; *Treatment* 81-82).

In addition to these physical abuses, there are also psychological ones. Sloane states that "The Program makes us anonymous..." (*Program* 12), highlighting the threat of assimilation which is a major theme throughout the series. The Program's removal of memories is the type of rehabilitation which McRuer cautions against because it is an opportunity to indoctrinate compulsory able-bodied/mindedness (McRuer 3-4)<sup>44</sup> and it is the memory wipe that Sloane and other teenagers fear the most about the institution. Sloane narrates that for returners, "Whole sections of their lives have been erased; past relationships mean nothing to them" and "They've been reset—both emotionally and physically" (*Program* 23-24, 27). Echoing Pratt's philosophy of "kill the Indian, save the man" (Epstein para. 15), The Program removes everything that makes teenagers unique in the name of mainstream, mass-produced conformity. Lacey, characterized before treatment by her "bright, bloodred hair and black, tight dresses" (*Program* 22), significantly returns as a blond wearing cardigans and ballet flats (*Program* 28). Sloane also emerges changed by her time in The Program, returning home to discover that her room lacks any personal or identifying characteristics. Standing in her closet, Sloane

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<sup>44</sup> McRuer drew on Judith Butler's theories about compulsory heterosexuality and gender roles to create the term "compulsory able-bodiedness," which describes the assumption that non-disability is always preferable to disability (9); I believe he would agree with my addition, which also highlights the bias against mental disability.



wonders, “Did I dress in all black and overline my eyes? I don’t remember. So right now I’m wearing a pink button down shirt that feels too stiff, paired with a khaki skirt. I look...painfully average” (*Program* 272). Lacey’s and Sloane’s previous clothing choices represented their differences and individuality, which threatened the power of the institution that sought to contain and manage all aspects of the teenagers’ lives. The Program teaches returners to conform in order to minimize the power that their difference and transgression represents (Berger 154; Mitchell and Snyder 35; Trites 22). The reference to black “goth” outfits does play into stereotypes—black clothes and dark make-up do not indicate depression—but the obviousness of the symbolism emphasizes Lacey’s and Sloane’s transformation from rebellious crips to generic, “normal” teenagers. The Program is able to blatantly restructure Sloane’s and Lacey’s lives because the label of disability leaves them vulnerable to institutional intervention, and The Program has free reign to attack anything it regards as influenced by depression, using the medical diagnosis as an excuse to indoctrinate an ableist—and gendered—norm.

The doctors also have a nearly omnipotent ability to impose a “single story” of disability on recovering teenagers (Adichie qtd. in Hughes-Hassell 216), taking advantage of the lack of memories to inform the residents that it was their friends who infected them and drove them to suicide—even in cases when no suicide attempt was made. After treatment, Sloane narrates that Dr. Warren “tried to help me line up my memories sequentially, filling in some of the blanks” (260); although Sloane interprets this as a benevolent gesture, readers know that Dr. Warren is playing puppet master to prevent Sloane from remembering abuses inside the institution, as well as to cut off her access to her old friends who might encourage her to question the status quo (*Program*

253). These assimilation and isolation tactics prevent individual teenagers from effectively rebelling against the institution on their own.

Although individuals on their own are unlikely to succeed against The Program, a new kind of hero could better combat The Program's physical, sexual, and psychological abuse, which leads to my second question in this chapter's framework: "*To what extent does The Program promote the idea of the interdividual as a hero?*" A fundamental characteristic of an interdividual is the ability to acknowledge the need for help and support, yet such a negative portrayal of institutions in *The Program* and *The Treatment* suggests that most treatment that comes from the medical establishment is sinister. Although Young's novel can be used as an opening for discussions about disability rights, it could simultaneously silence disabled people who use mental health institutions, as its prominent focus on pills, sedatives, therapy, and abusive doctors portrays "treatment" as a less-than-positive experience. The potential harm of such a one-sided portrayal can be seen in a revealing *Disability in Kidlit* discussion post on "Stigmatizing Treatment of Mental Illness in Fiction" between contributors Sarah Hannah Gómez, Kelly Jensen, and Alex Townsend. Kelly shares that she is frustrated by tropes where medication is "demonized" and discouraged. She writes that one popular justification for refusing medication is "the big old 'but it'll make me feel like a zombie'" (Gómez et al. para. 10). *The Program* is particularly rife with zombie imagery about returners. Speaking about Lacey following her return from The Program the first time, her boyfriend Miller says, "They dissected her . . . They opened up her head and took out the pieces, putting them back together as a happy-face puzzle. It's like she's not even real anymore" and "She's empty, Sloane. She's like the walking dead now" (*Program* 52).

Even Sloane describes returners as living “a life half lived” and susceptible to “total brain-function-drooling-on-themselves meltdowns from the overstimulation” when they are released from The Program (*Program* 25, 26). Teenagers who have received treatment are thus dehumanized and avoided. Depression and mental illness can often be isolating experiences, and in Young’s novel, depressed people are even further ostracized because teenagers are afraid of being associated with those who are “sick” out of fear that this will bring them unwanted attention from The Program. Sloane narrates about one of her classmates, “I’ve known Kendra for years, but we’re not really friends, especially now. Not when she’s been acting depressed for close to a month. I try to avoid her...” (*Program* 4).<sup>45</sup> These portrayals promote a view of mentally disabled people as so “other” that they aren’t even human anymore; as a matter of fact, they lose every shred of autonomy and become *symbols* of the hated institution. Such a binary—one who seeks treatment versus one who doesn’t—is as divisive as able versus disabled.

The novel does redeem itself slightly when Sloane becomes a returner and wonders if she and others will “be discriminated against forever” (*Program* 269). She proves that she is no less human in the post-Program part of the book than the pre-Program part. At the end of *The Treatment*, she also shares that health care workers are returning to traditional therapy methods to help her and other depressed teenagers, rather than disavowing treatment altogether (333). Even after the lobotomy, Lacey is not

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<sup>45</sup> The epidemic analogy has significant connotations. Many scholars argue that non-disabled society ostracizes disability in order to “purge” itself of the knowledge that everyone needs care at some point in life. In ignoring examples of bodily instability, non-disabled persons pretend that their own instability does not exist (Bost 175; Leweicki-Wilson “Uneasy Subjects” 68-69; McRuer 30; Price and Shildrick 72). Price and Shildrick write that “What can be read in the uneasiness of carers, both professional and lay, is the thought that ‘this could be me’” (71). It is this cultural fear of contagion-like vulnerability that can discourage people from seeking treatment.

considered beyond hope, as Sloane shares that the two visit frequently (*Treatment* 335). As one of the doctors who created The Program states, “The problem was that they didn’t—I didn’t—give therapy enough time to be effective” (*Treatment* 135). One has to wonder, though, if these more tangential comments are buried underneath the anti-institution messages that I have attributed to the series.

Significantly, no such redemption occurs for medication in the same way that it does for therapy. Instead, *The Program* plays into the stereotype that taking medication is not really necessary and is instead dangerous. Although later disproven, the initial theory on why suicide had reached epidemic proportions was that teenagers were taking so many antidepressants that it had changed their bodies’ chemicals (*Program* 9). Adding to the paranoia surrounding medication, Sloane also discovers that sedatives are put in her food even after she leaves The Program, and she and her friends often have to try to rebel against the “fog” of medication that acts like a chemical weapon against them. She notes that after a few days of being released from The Program, her handler “doesn’t offer me the white pill anymore, which tells me that maybe I never really needed it in the first place. Maybe they were to keep me complacent. At home my doses go into the disposal” (*Program* 283). Throughout *The Program* and *The Treatment*, abstaining from or resisting medication marks a character as heroic, which can make it seem as though those who *do* take medication are weak or addicted. These messages have real-world consequences. It is this antagonistic mentality towards pills that *Disability in Kidlit* contributor Maggie Tiede warns readers to examine more closely, explaining that she partially blames some of her favorite novels for her misunderstandings about medication. She writes that she ended up in the hospital because “I had slowly been reducing my dose

of Risperdal, the primary medication that managed my terrifying manic highs, without telling anyone,” rationalizing that “*My psychiatrist is lying. I don’t need medication. I’m fine. I can beat this.* Until, of course, I couldn’t” (Tiede para. 3-4). Her fear of what she describes as “the ‘weakness’ of taking the medication” parallels the cultural messages disseminated by novels like *The Program*, which is why Young’s predominant focus on pills as agents of an evil health care institution is so problematic.

Without minimizing the seriousness of Young’s portrayal of treatment, one can also see the importance of an interindividual surrounded by community in *The Program*. The focus of the story is on a group of scared teenagers with no special skills who succeed only because they are able to create networks of support both inside and outside the institution. The series is rife with rebellion, yet it also suggests that rebellion does not (indeed *cannot*) happen solely because of one person. Sloane and James take care of each other, helping each other to move on from the loss of friends and supporting one another when they get dangerously close to depression. Sloane even shares that it is James’s ability to be “vulnerable” that increases her love for him (*Program* 211)—a total rejection of the “fetishizing of autonomy” (Berger 173). Indeed, Sloane’s romantic feelings about James are strongest when he is *not* self-reliant but instead lets her help him.

Yet interdividuality does not come naturally to characters shaped by an American ethos of rugged individualism; to this end, Young allows Sloane and James to work through their expectations that the dangerous world around them can only be set right by an independent hero. Both feel pressure to stand as individuals and protect one another against the government and adults, especially when they feel that they cannot trust

anyone else. James frequently promises to “keep us safe” (*Program* 20, 48), automatically taking control of situations when the two are put in danger. Young expertly exposes the flaws in this bravado, however, for no matter how often the two swear to keep each other safe from The Program’s control, they fail to do so when they act as single agents. James becomes depressed first and is admitted to The Program, thus violating his insistence that he would never be taken alive, but Sloane also feels guilty because she is unable to keep him from the notice of Program officials. Sloane returns to this idea in *The Treatment*, finally noticing the problems inherent in her continually expecting James to live up to his declaration that he will fix all of their problems: ““Promise?” I ask, wanting to believe his words even though I know James *doesn’t have the power* to make them come true” (*Treatment* 67, emphasis mine). Despite her decision to “believe” James when he makes his promise, Sloane realizes that this is a coping method, not a real guarantee of success.

Sloane’s acknowledgment of their limited power turns the focus away from the powerful individual to the potential of the rebel group. Once the couple joins the rebels, James’s bravado is quickly and efficiently shut down by the tough leader, Dallas, who has to tie the two up for security reasons on the drive to the safe house. In doing so, Dallas places the good of the group over the individual’s demands, which in the novel positions her as an effective leader. Yet she too, like James, must overcome the pressure to act as the idealized, independent individual, and both have to learn to work with others. Dallas initially ignores everything Sloane says, condescending to her as a helpless “sweetheart” (*Treatment* 11) before slowly realizing that she should trust Sloane’s intelligence and loyalty. Sloane initially claims that James’s dislike of Dallas and his

“aversion to authority” make him attractive to her (*Treatment* 10), but as she develops a sense of her power *within* the group, she, too, realizes how important it is for everyone to care for one another while on the run.<sup>46</sup> This maturation towards an ethos of care rather than away from it is an important rejection of the Western mark of adulthood (Erickson 45; Price and Shildrick 71; Trites 55). The “disability solidarity and coalition” of the rebels is ultimately the key to their successfully resisting the institution (McRuer 61). Even though James helps lead the rescue mission because of Sloane, he cannot do so without the help of a distraction created by an allied news reporter as well as the connections of the inside agent, Realm, who helps get him inside the building. As a matter of fact, when the rebels arrive, Sloane has failed to fight her way out on her own and is running blindly to escape from her own lobotomy; though she is unable to reach Dallas personally, another friendly handler rescues Dallas and drives the entire group away in a getaway van. Thus, it is only through a group effort between rebels *and* those within the institution that The Program is broken into and ultimately defeated.

In addition to signifying a community that works together to fight a corrupt health care institution, the rebels also represent an alternative to the norm through the transgressive power of McRuer’s crippled “other world” (72, 90). Nearly everyone in the group is disabled in some way, whether they are depressed evaders of The Program or returners who are becoming sick from the strain of escaping. The most symbolic representation of their crip community comes when the group goes out for a recreational night to a “Suicide Club.” According to Dallas, these clubs are a direct reaction against

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<sup>46</sup> It is important to note that one of the rebel members does betray the rest of the group to The Program, resulting in the capture of Sloane and Dallas. I do not see this betrayal as proof that Sloane was incorrect in relying on other people; instead, it is a way to move the group towards their collective action in directly confronting the institution.

the Wellness Center, which had been created by The Program for returners to “assimilate” back into the rest of the teenage population (*Program 26; Treatment 43*).

The Wellness Center represents the norm, a mandatory requirement for all teenagers who have to log a certain number of hours there per week. In a direct rebellion against the cardigans and pink colors that are imposed on returners, the rebel group instead wears sexually-charged black outfits. Dallas explains:

You remember the Wellness Center? . . . This is the opposite. It’s like a place for those of us who don’t want to wear polo shirts and khakis. For those who want to celebrate the choice—the choice to kill ourselves if we damn well please . . . We don’t want to die, but it’s fun to explore our dark sides when the rest of the world is intent on burying it. (*Treatment 43*)

Dallas and the rebels “crip” the Wellness Center and transform a teenage gathering into a space that is “accessible” through its openness to, rather than concealment of, depression. Despite the Wellness Center propaganda about reintegrating those who have been treated, returners are meant to feel isolated—The Program tries to prevent personal relationships among teenagers by erasing their memories of friends or lovers and discouraging them from associating with potentially depressed people like Kendra. By contrast, the Suicide Club succeeds because it provides a communal sense of “solidarity” in the face of an institution which has forced these rebels to go into hiding. Dallas emphasizes the *choice* and desirability of a disabled perspective (McRuer 90), which also makes it empowering—this night of wearing black openly defies “wellness” and bonds the group together as they celebrate their sexuality and anti-institutional perspective.



However, Sloane does have a few characteristics of what Connors and Trites refer to as the “shiny soul” (5). For example, she is described more than once as a “poster child” because her and James’s love story fascinates the general public, as the two are featured in *Dateline* specials and *New York Times* interviews (*Treatment* 71-74, 235). Of all the people Realm encounters in The Program, it is Sloane he trusts with the only orange pill that will restore a person’s memories. James and Sloane comment (rather ironically) that they have “become responsible for the fate of the entire world” (*Treatment* 207). Such responsibility is often a marker of dystopian, individualistic heroes, though the self-consciously dramatic tone of the conversation does make it seem as though Young is tongue-in-cheek commenting on her own clichéd use of the trope. The orange pill further sets Sloane apart as the primary target of the institution, and when she is captured, the entire rebel group risks everything to save her despite having never successfully infiltrated before (*Treatment* 23, 303).

The ending of *The Treatment* further undermines the power of the interindividual. After returning to her hometown with James once The Program is dismantled, Sloane describes visiting their favorite spot by the river where James is teaching her to swim:

It’s in these quiet moments since The Program that I’ve found the reason to go on.

It’s not James. It’s not my parents or my friends.

I’ve found me. After all this time, after all that’s been taken and destroyed, I’ve found my way back home. (*Treatment* 339)

Sloane importantly reclaims her agency from the institution: even though her memories have “been taken and destroyed,” she has found a new source of power in making fresh

memories. Through a feminist lens, this scene is a positive addition to the more empowered female characters that recent young adult fiction has offered readers, since Sloane celebrates her own strength instead of acting as a sidekick to her male romantic interest. However, Sloane also seems to disavow the power and value of community. In proclaiming that she has “found me,” Sloane indeed becomes the self-reliant heroine who has left her disability largely behind her (Bost 164).

Although *The Program* and *The Treatment* strive to celebrate disability communities as protection against abusive institutions, the effectiveness of the series is problematized by both the wholly negative portrayal of medication as well as Sloane’s last moment of “fetishizing autonomy” (Berger 173). However, readers of young adult literature will be able to use even flawed novels such as Young’s to critically examine structures which prevent disabled people from having the power to make their own decisions and access appropriate care, particularly when they must navigate the balance between treatment and control in a mental health system. Furthermore, strong interdependent characters such as the rebels who attend the Suicide Club remind readers to search for alternatives to the extra-special “shiny soul” protagonist.

### **Finding the “Good Lifestyle” in Peer Support and Treatment: *It’s Kind of a Funny Story***

Ned Vizzini’s *It’s Kind of a Funny Story* certainly catches readers’ attention with its opening line: “It’s so hard to *talk* when you want to kill yourself” (3). Maintaining a no-nonsense and witty tone throughout the novel, teenager Craig Gilner narrates his experience of depression with suicidal tendencies, making it clear that disability will be

front and center during the story. He begins with an introduction to his life, which centers around his smoking marijuana, daydreaming about his best friend's girlfriend, and forcing himself through the motions of school and family life. His seventh grade year, Craig dedicates every waking minute to studying for the entrance exam to get into the highly competitive Executive Pre-Professional High School in Manhattan. Despite achieving a perfect score and getting into the program, Craig does not find that high school lives up to what he had hoped it would be. He wants to earn 98 percents and have a clear path to a "Good College" followed by a "Good Job" and "Good Lifestyle" (Vizzini 14-15), but instead he constantly puts himself down by comparing himself to other successful students. His fear of failure coupled with the high-pressure environment of the school become what he calls his suffocating "Tentacles," which prevent him from even starting on his homework; instead, he blocks everything out, struggling to eat, sleep, or spend quality time with friends.<sup>47</sup> He eventually tells his parents that he is depressed and enters the mental health environment of therapy and medication.

Much like Sloane from *The Program* and Audrey from *Finding Audrey*, Craig begins to believe that he doesn't need his medication once it has begun to alleviate some of his depression. He does not request a refill once he runs out of his Zoloft, and two months later, he relapses back to where he was before, stress vomiting and panicking over the demands of his daily life. His frustration over being unable to will himself out of depression prompts him to make a plan to jump off the Brooklyn Bridge. However, on his way to sneak out of the house early that morning, he decides to call a suicide hotline

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<sup>47</sup> Craig's Tentacles describe "the evil tasks that invade my life" (Vizzini 14) and are another example of a symptom-alienating portrayal of disability (Radden 21) like Audrey's "lizard brain." Another novel that uses this technique is Cammie McGovern's *Say What You Will*, in which one character, Matthew, refers to his obsessive compulsive tendencies as the "voice."

instead, and is eventually directed to check into an emergency hospital near him. Instead of committing suicide, he walks down the block to Argenon Hospital. Through a truly *funny* turn of events in which Craig thinks he is agreeing to therapy with a doctor he met in the emergency room, he and his mother sign him up for a stay in Sixth North, an adult psychiatric hospital. Once he realizes where he is, Craig has officially committed to spend at least five days in the institution.

While staying at Sixth North, he gets to know a diverse, captivating group of mentally disabled neighbors. By the end of the novel, readers will have become just as attached as Craig is to characters like Humble, who is a blustering, walking hyperbole; self-styled “President” Armelio, who calls Craig his “buddy” and always wants to play cards; Ebony, whose kind heart makes her seem like a house mom; and Bobby, who regales the group with tales of youthful drugs and parties. Craig’s time in the institution teaches him invaluable lessons about himself and mental disability, such as Dr. Mahmoud’s motto, “Life is not cured...Life is managed” (Vizzini 239). During his stay at Sixth North, Craig realizes that until he changes the environment that is causing him so much stress, he will end up right back in the hospital. He also rediscovers his artistic talents as he draws “brain maps” of the other residents—which feature personalized streets and city blocks inside the shape of a head—and he finds that this holds much more pleasure for him than the academic rigor of Executive Pre-Professional. As a consequence, he decides to transfer to a school that will help him become the artist that he wants to be.<sup>48</sup>

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<sup>48</sup> Several scholars critique the frequent characterization of mentally ill people as more creative or artistic than others. In chapter four, I will address this trope of the depressed/mad artist.

Before making the decision to transfer schools, Craig is firmly entrenched in a system of institutional power which makes him doubt his self-worth and potential, so it is important to analyze the novel through the lens provided by my first question, “*What are the roles of institutions in It’s Kind of a Funny Story—do they primarily help or harm characters?*” Craig’s narrative features two institutions juxtaposed against each other: Executive Pre-Professional High School and Sixth North psychiatric hospital. Executive Pre-Professional differs from Young’s portrayal of The Program in that it does not physically or sexually abuse students, nor does its curriculum specifically rehabilitate mental illness. However, I will argue that it does perform rehabilitative functions by stressing a particular type of normativity with which Craig’s personality and depression do not align. Executive Pre-Professional shares with The Program a “socialization” process that “exist[s] for the purpose of regulating social power” (Trites 22). By contrast, Sixth North psychiatric hospital offers Craig a reprieve from compulsory able-bodied/mindedness (McRuer 3-4), and unlike the institution in *The Program* and *The Treatment*, Sixth North illustrates the positive benefits of medication and treatment.

Although Craig acknowledges that depression does not always have a root in a single traumatic cause, he does place a majority of the blame on his high school for catapulting his depression to unbearable levels. According to Trites, “...school serves as an institutional setting in which the protagonist can learn to accept her or his role as a member of other institutions” (32). Combining this with a disability studies perspective, I argue that school also indoctrinates individuals to the norm in order to produce productive citizens. A preoccupation with the productivity of disabled people has been pointed out by scholars such as Cynthia Lewiecki-Wilson, who argues that even

legislation that works to provide rights for disabled people justifies these accommodations in nationalistic, capitalistic terms. Though applauding the progress of disability legislation, Lewiecki-Wilson cites the wording of the Americans with Disabilities Act of 1990, which emphasizes that when disabled people have equal access to opportunity, they will be able to “compete” and no longer cost the government money for “dependency and nonproductivity” (qtd. in Lewiecki-Wilson “Uneasy Subjects” 72).<sup>49</sup> The ideal disabled citizen who uses equality to “compete” in the marketplace thus aligns with the compulsory able-bodied/mindedness described by McRuer, which assumes that “able-bodied identities, able-bodied perspectives are preferable and what we all, collectively, are aiming for” (9). In legislation as well as institutions, this attitude disempowers disabled characters like Craig because they are only seen as valuable when they serve a particular ableist function of productivity and competition.

This mentality shapes Executive Pre-Professional, which pushes its students towards becoming lawyers, Wall Street brokers, computer science experts, or even President (Vizzini 49-50, 98). Despite the school’s emphasis on reading as a way to develop a well-rounded education, the curriculum devotes most of its attention to a capitalist view of success by highlighting professions that yield substantial earnings. For instance, while no artists or social workers are invited to speak to the school’s students, a representative of Bear Stearns gives a speech that makes Craig feel even more overwhelmed (Vizzini 97-98). As a matter of fact, when Craig decides to pursue art, it is

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<sup>49</sup> The full excerpt which Lewiecki-Wilson pulls from the ADA reads: “the continuing existence of unfair and unnecessary discrimination and prejudice denies people with disabilities the opportunity to compete on an equal basis and to pursue those opportunities for which our free society is justifiably famous, and costs the United States billions of dollars in unnecessary expenses resulting from dependency and nonproductivity” (qtd. in “Uneasy Subjects” 72).

significant that he is compelled to leave the environment of Executive Pre-Professional, where he is not encouraged to pursue such an occupation (Vizzini 391). To readers, it seems absurd that earning less than a 98 percent would send Craig into a spiral of scenarios in which not getting accepted into a prestigious college would culminate in his assured future homelessness. Yet it does not seem so absurd when readers see that this pressure first comes from Craig's teachers, such as when Craig makes an 85 on his first test and gets rewarded with a frowny face drawn on his paper by his teacher (Vizzini 95). Craig learns from his school—whether Executive Pre-Professional intends for him to or not—that his purpose is to fit into future institutions: academia, law firms, or high-powered companies, as well as into the social institution of being a citizen who invests in health insurance and a “Good Lifestyle” (Vizzini 15). Craig's depression is thus fed by what he sees as his incompatibility with the school's norm and expectations for success.

This type of pressure begins before he even gets into Executive Pre-Professional, when he is studying for his admission test and says, “I...turned my brain into a fierce machine, a buzz saw that could handle anything” (Vizzini 51). Craig abstracts himself into tools—a machine and a saw—both of which are manual and technological items of production. This metaphor also plays into what Jackie Leach Scully describes as the medical model's “Cartesian view of the body as a machine” (49). On the night he most strongly considers suicide, he rationalizes it by saying, “I can't eat; I can't sleep; I'm just wasting resources” (Vizzini 126). Having been taught to conceptualize everything in terms of its institutional usefulness, Craig now sees himself like a business that is operating in the red and which should simply declare bankruptcy.

Craig's temptation to commit suicide leads him to a very different institution: the psychiatric hospital affectionately dubbed Sixth North. Here, his appetite returns and his stress takes a backseat since he is not allowed to do homework or check email. Much like Marcelo describes Paterson in *Marcelo in the Real World*, Craig tells his parents that he is given time to think at Sixth North, and in conversations with therapists, he begins to work through what it is that makes him feel comfortable there. He realizes that he likes the structure of the institution, with its scheduled events and straightforward expectations, which is unlike the constant pressure and complicated demands of Executive Pre-Professional (Vizzini 266). Unlike The Program, which indoctrinates conformity and complacency, it is the mental health institution that teaches Craig to understand and embrace difference, altering his view that mental illness is shameful or an indication of his failure as a student. For example, he fears that staying at the hospital has only postponed the inevitable return of the pressure he had previously experienced, and informs his therapist, Dr. Minerva, "[I]t's *not* normal here." In turn, the therapist responds, "Nowhere is normal, Craig" (Vizzini 305). His school has taught Craig that the real world is one of competition, binary success *or* failure, and deadlines, making Craig feel as though the experiences outside of such an environment are less meaningful or invalid. Sixth North, however, rejects the assumption that there is a universal standard "we all, collectively, are aiming for" (McRuer 9). Instead, it accepts that no one place holds the title of "real" as opposed to "fake," or "normal" as opposed to "abnormal"; in short, there is no right way to achieve that "Good Lifestyle" about which Craig has been so concerned.



When Craig tells Dr. Mahmoud that he is embarrassed his friends have found out he is in a mental institution, Dr. Mahmoud responds with an analogy of diabetes, asking him if he would still feel ashamed if he had to go to a hospital for insulin (Vizzini 240). This type of comparison confronts the myth that mental illness is less “real” than other disabilities and helps Craig start to work through some of the negative self-imagery that has haunted him. It is his positive experience at Sixth North that shows him an alternative to Executive Pre-Professional. He is given tools to “establish a baseline” through identifying Anchors, calming tasks that are the opposite of Tentacles (Vizzini 299). In the institution, his art, humor, and kindness are valued. *Funny Story* celebrates Craig’s right to find peace in drawing maps, volunteering at Sixth North, and enjoying the little things in life, like running or eating. Although he initially feels ashamed of being in a mental hospital and thinks of it as something less than Executive Pre-Professional, he eventually learns that even though his depression is not “cured,” he has a broader understanding of happiness and success (Vizzini 442).

Of course, glorifying an institution can have its pitfalls. Trites argues that many characters in young adult literature reject an institution only to be reincorporated back into it, writing, “Adolescents have to fail at one form of institutionally proscribed rebellion before they find an institutionally tolerated form of rebellion that paradoxically allows them to remain within the system” (34). *It’s Kind of a Funny Story* initially shows signs of simply substituting one form of institutional control for another, particularly when Craig begins to work through his distaste for Executive Pre-Professional and feels that he should just stay in Sixth North with the rest of the residents. He even praises the institution for its power over him, elated that he has his appetite back the first time he sits

down in Sixth North's cafeteria: "I eat because *that's what people do*. And somehow, when the food is put in front of you by an institution, when there's a large gray force behind it and you don't have to thank anyone for it, you have the animal instinct to make it disappear..." (Vizzini 209). Like the zombie "returners" of *The Program*, Craig is reduced to basic instincts and is directed from one activity to the next. However, as an institution, Sixth North provides temporary assistance, and doctors, therapists, and residents all warn Craig that he cannot get too attached to the institution itself, but rather should focus on everything he has learned and use that once he is released.

The most empowering part about Vizzini's novel is that Craig *does not* return to either institution at the end of the novel.<sup>50</sup> He is initially jolted by Dr. Minerva's question, "Have you ever thought about going to a different school?" (Vizzini 391), and he realizes that he had been so focused on his "successful" life that he had not actually considered that there was any other option. Although the principal promises to support and accommodate Craig if he wants to come back, Craig decides to transfer from Executive Pre-Professional. His decision to do so affirms the importance of protecting his mental health rather than sacrificing it to the standards of success that Executive Pre-Professional encourages in its students. Furthermore, he consciously chooses to reject a competitive mindset in favor of a more positive, empowered attitude. When he tells his family about his decision to leave Executive Pre-Professional, the following exchange occurs:

"So you want to quit school?" Dad brings us back to the real-deal stuff.

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<sup>50</sup> This is not to say that those who need to remain in a residence program for permanent care are disempowered; in this case, not returning to the psychiatric hospital merely reflects that Craig has learned to find success and happiness beyond institutional control over him—and he most likely continues to receive therapy afterwards.

“I don’t want to *quit*.” I turn to him. “I want to *transfer*.” (Vizzini 413)

His father’s use of “quit” suggests that it exists as the binary opposite of “never give up until you succeed,” but Craig corrects him by focusing on the fact that he has not failed to complete a task; he has merely decided to pursue a different course of action.<sup>51</sup> This conversation testifies to how much Craig’s own thinking has changed since the beginning of the year when he explained that he never quit anything except Tae Bo, “the only Tentacle I ever cut” (Vizzini 96).

Critical to Craig’s rejection of an oppressive institution is the transformation in his view of care, support, and independence, which leads to the next question in my framework: “*To what extent does It’s Kind of a Funny Story promote the idea of the interdividual as a hero?*” As a depressed character who recognizes the flaws of Executive Pre-Professional, Craig exposes the type of person who is accepted by institutions and society. Executive Pre-Professional does not just push the norm as an example of future success; it also defines an ideal student as self-reliant, extraordinary, and able to “do it all.” As disability scholars point out, disability and its relationship to assistance often oppose the glorification of superhuman individuality (Berger 154, 173; Bost 164-166, 178; Erickson 45; McRuer 72; Price and Shildrick 71; Trites 55). In comparing himself to other students at this new and competitive school, Craig constantly juxtaposes his personality and values, which are shaped by his depression, against what

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<sup>51</sup> Dunn describes this binary in her analysis of another young adult book, *Peeling the Onion*, in which a character struggles with the “never give up myth” and considers it the only alternative to “giving in” (Dunn 94-95).

Connors and Trites refer to as “a shiny soul.” The other students’ activities overwhelm Craig, as evidenced by a list he presents that goes on beyond this brief excerpt:

The other kids were geniuses...There were kids from Uruguay and Korea who had just learned English but were doing extra credit for the current events stuff in Intro to Wall Street, reading *Barron’s* and *Crain’s Business Daily*. There were freshmen taking calculus, while I was stuck in the math that came after algebra...

Plus there were extracurriculars. Other kids did *everything*: they were on student government; they played sports; they volunteered; they worked for the school newspaper; they had a film club; they had a literature club...” (Vizzini 95-96).

In holding up this mass example of successful students, Craig longs to be the neoliberal individual that is able to boot-strap his way to the top of the class. As scholars on neoliberalism and disability studies alike point out, individualistic characters ignore the social structures that affect a person’s success and present a monolithic view of achievement—if you just try hard enough, work long enough hours, join the right organizations, and want it badly enough, you can become the next president of the United States (and by extension, transcend any disabling forces).<sup>52</sup>

Craig registers this pressure, sharing an early memory in which he wanted to hand-draw maps that looked as professional as the ones that were printed by computers, narrating, “They always said on TV you could do anything you wanted but here I was trying to do something and it wasn’t working” (Vizzini 24). Though Craig is only four

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<sup>52</sup> In her explanation of “commonplaces,” Dunn references Sharon Crowley and Debra Hawhee’s example of “Anyone can become president of the United States” (qtd. in Dunn 100). Dunn understands such commonplaces to be “deeply ingrained, but invisible assumptions about society” (99).

years old at the time, his struggle with the maps symbolizes his major problem throughout the novel: he has been presented with an elusive image of success by a society that tells him that an individual can succeed if he only has the willpower to do so, yet he cannot match these expectations to his own experience. He describes having a “real job and a real house and everything” as the only option for living what he calls a “sustainable life,” a term which connotes the self-reliance and independence that he is desperate to achieve. He becomes more depressed and anxious the longer he pursues this heroic, individualistic norm, calling himself “lazy” (15), “incapable” (386), “not gifted” and “common” (96). In American society, those who receive government assistance are often insulted with terms like Craig uses to describe himself. These descriptions also resemble the problematic language of the Americans with Disabilities Act—especially its assumption that the ideal citizen is one who does not need government assistance. However, Vizzini exposes the fallacies of the individualistic hero by capturing the intense emotional frustration Craig feels when he is faced with the pressure to “do it all” by himself. Even though Craig certainly does not consider himself a hero, other characters value Craig for his traits, such as his perception, humor, and ability to connect with the other residents. As a consequence, readers understand that Craig’s negative perception of himself is an inaccurate and incomplete image of a person who is overall an incredibly likeable character, and readers must therefore examine the institution that has fueled this type of self-doubt.

His friendships with other residents also help Craig to develop as an interindividual, a transformation that is represented by the comparison he draws between his disconnected and unsupportive peer relationships before the hospital and his crip

community inside Sixth North.<sup>53</sup> Before beginning at Executive Pre-Professional, Craig admits that he does not have that many friends, not because he cannot form relationships but because he sees them as replaceable commodities: "...my friends were a bit estranged. They're sort of ancillary anyway, friends. I mean they're *important*—everybody knows that; the TV tells you so—but they come and go. You lose one friend, you pick up another" (Vizzini 52-53). Though he knows that he needs social interaction, Craig feels little personal attachment to any of his peers, instead pushing them away in order to study for his entrance exam (Vizzini 51).

Craig's one constant friend, Aaron, is self-absorbed and at times cruel, as is Aaron's girlfriend Nia. Nia also has depression, sharing with Craig that she is on Prozac and joking that they are "part of that messed-up generation of American kids who are on drugs all the time." Craig understandably recoils from her assessment of him, disliking the way she has turned his personal struggle into a "trend" (Vizzini 119). However, he also tries to distance himself from her mental disability, narrating to readers that she could have any type of depression, including manic-depressive, erroneously wishing that was what he had because it was "much cooler." He again returns to a competitive mindset to maintain his sense of individuality, even when Nia—however misguided—is attempting to bond with him and offer solidarity. Nia reacts badly, telling him, "You know why you're messed up? It's because you don't have a *connection* with other people" (Vizzini 119). Although blaming Craig for his disability is offensive, she does point out his problem with relationships, suggesting that community could be a source of

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<sup>53</sup> As Trites accurately points out, "...parent-figures in YA novels usually serve more as sources of conflict than as sources of support" (Trites 56). Craig's parents buck this trend; though not perfect, they generally encourage and comfort him when he is depressed and support his decisions. Craig's peer relationships thus reveal more of a purposeful transformation to interdividuality.

support for him. Although she and Craig do eventually begin calling each other to request support when one is feeling depressed, the relationship is clouded by her self-centeredness and his sexualization of her.<sup>54</sup> Aaron and Nia further prove what poor friends they are by failing to support Craig when he becomes suicidal. With several of Craig's peers in the room, they call him while he is in Sixth North to "rag on" him for having checked into the hospital, offering useless advice such as "you don't *chill* enough," and disregarding the seriousness of his situation (Vizzini 255-256).

By stark contrast, the cripp community that Craig forms inside Sixth North promotes acceptance and teaches him to rely on others. Here, "no one will think you're too crazy or not crazy enough, and that's how you make friends" (Vizzini 199). Craig's description of making friends is a marked departure from the spirit of competition that had characterized the ideal student at Executive Pre-Professional and shaped his relationship with Nia and Aaron. Like McRuer's ideal inclusive world, Craig feels freer to be exactly who he is, which allows him to make such close friends with the other residents during his five days in Sixth North. He gets to know his fellow residents so well that he draws a personalized map of each person's brain before he leaves, celebrating mental health in a kind and compassionate way. His ability to deeply understand and connect with each of their unique traits also reflects the empowered solidarity that McRuer describes (McRuer 61). The group forms a give-and-take community; Craig

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<sup>54</sup> Although offering an empowering portrayal of disability, *Funny Story* repeatedly describes the female characters in misogynistic ways. The sex-crazed male teenagers are obsessed with Nia's appearance; thinking of her, Craig points out that girls develop so quickly these days because of hormones in milk and that by the next generation, girls will probably be "sex robots" (*Funny Story* 210-211). Another time, he compares spending money to "being raped" (*Funny Story* 135). I point this out because *Funny Story* is an important book on disability, but readers and educators should address the disturbing objectification of female characters when recommending or teaching it.

loans one resident a shirt to go to an important interview and tracks down his roommate's favorite Egyptian music, while the other residents return the favor by showing him around and integrating him into the group.

The impact of forming connections with the residents can be seen in the new way that Craig looks at relationships. After having stayed in Sixth North for two days, Craig receives a call from one of Nia's friends, who asks to spend time with him because she has depression as well and had previously had trouble finding support for her experiences. He makes tentative plans to meet with her once he is released, a response very unlike his guarded and testy response to Nia (Vizzini 299). Additionally, the psychiatric residents' unabashed cripness shines through when Craig's family comes to visit him inside Sixth North. Several of the residents come over to say hello in their unique ways, with Jimmy repeating his favorite phrase, "It'll come to ya!" Craig's father cracks a joke at Craig's affection for these eccentricities, asking, "Is it just me, or are you starting to develop a sort of allegiance to the *tribe*?" (Vizzini 223, emphasis mine). Although said facetiously, *tribe* connotes a close, tight-knit group, not unlike the crip coalition of *The Program*'s Suicide Club, and Craig claims his father's description as a compliment.

*It's Kind of a Funny Story* does express concern about relying on community as one's only source of support. Dr. Minerva emphasizes the importance of understanding that "People don't make good Anchors... They change" (Vizzini 308). Even though she compliments Craig on his ability to make friends inside Sixth North, she also encourages him to find less variable sources of stability, such as his art. Such a balanced approach to friendship—engaging in it without making it one's whole focus—characterizes the



approach to treatment throughout the novel. Craig initially expects both medication and therapy to hold the key to earning him happiness, but he quickly learns that there is no quick fix for working with his depression. In describing Dr. Minerva, Craig states, “I want to feel my brain slide back into the slot it was meant to be in . . . I’m waiting for the phrase that will invoke it. It’ll be like a miracle within my life. But is Dr. Minerva a miracle worker? No” (Vizzini 17). A similar revelation about medication occurs when, in reference to his parents, he explains, “They say it’s a chemical imbalance, and if I get the right drugs for it, I’ll be fine” (Vizzini 104). The course of events that leads to Craig’s hospitalization, however, proves that medication is only one piece of the puzzle, especially if a person with depression takes that medication irregularly.

Far from undermining the book’s message, such a well-rounded approach to treatment offers a diverse picture of seeking help. No single source holds a magical cure, but on the same token, every method also holds empowerment. Because the institution, community, therapy, and medication are all shown to be helpful, particularly in combination, readers see that treatment is a personal choice that works differently for different people. Ultimately, it is the decision to seek help in the first place which is celebrated in this novel. Craig’s decision to check himself into the mental facility defines him as heroic; his mother and other characters celebrate his decision, describing him as “brave” (Vizzini 169, 299). In the conclusion, Craig lists an entire page of all of the “verbs” he is going to enjoy now, such as “Make a phone call. Open a door. Ride your bike. Ride in a car. Ride in a subway. Talk. Talk to people. Read” (Vizzini 443-444), suggesting to readers that simply to live is the victorious “Good Lifestyle” which Craig has been pursuing all along. This type of balance offers Craig more sources of

empowerment than Young allows her protagonists, thus permitting him to more effectively navigate the power dynamics of institutions, as well as friendly—and sometimes disadvantageous—communities of his peers.

### **Final Discussion**

Communities and institutions play a key role in developing a character's power because these forces reveal and influence how a disabled person interacts with the world around her. Without analyzing these structures, readers of young adult literature would limit disability to something that occurs in a vacuum away from the norm as opposed to something that is affected by social forces—and which in turn acts on those social forces through transgression and rebellion. Furthermore, disability scholarship nearly always includes a discussion of accessibility, and mentally disabled people require this conversation as much as someone who uses elevators or braille. Accessing the appropriate care and assistance in order to live a satisfying life means that mentally disabled people must be given the power to accept *or* reject treatment. Seeking such treatment almost always involves overcoming the stigma of “weakness” or shame that is all-too-often directed at mentally disabled people, and resisting these cultural narratives is in itself heroic. Yet it is also important to note that disabled people who do not desire treatment can still be forcefully “rehabilitated” towards compulsory able-bodied/mindedness (McRuer 3-4, 9). Because institutions are essentially inescapable (Trites 23), crip communities offer an accessible alternative to the norm often pushed by mainstream institutions (McRuer 72). Interdividuals likewise offer a new way to be heroic compared to the individualistic, self-reliant, boot-strapping protagonist valued by much young adult and ableist literature (Coats 318-319; Connors and Trites 5). Both

Young's *The Program* series and Vizzini's *It's Kind of a Funny Story* exemplify these aspects of my proposed framework for reading disability in young adult novels because they center disability and contact: contact with other depressed people, with powerful ableist forces, and with treatment such as therapy and/or medication.

Young and Vizzini's negative institutions—*The Program* and Executive Pre-Professional—differ in their methods, though not their intention to impose compulsory able-bodied/mindedness. *The Program* seeks to violently rehabilitate disabled people to make them assimilate to the norm, drawing on a historical record of abuse, coercion, and control of mentally disabled people such as that found in Bruno Bettelheim's Orthogenic School. Executive Pre-Professional also indoctrinates the norm, not by force, but by presenting competition and lucrative professions as the only avenue for success. Just as *The Program* attempts to produce cookie-cutter, powerless returners, Executive Pre-Professional also favors a homogenous type of student, one who values competition and production.

All three young adult novels also portray a cast of depressed interindividuals who use community as a way to overcome such institutional abuse. Yet even in this empowering use of crip solidarity (McRuer 61), only Vizzini's novel emphasizes that a mental health institution can be a source of help or empowerment for a depressed character. Young powerfully dramatizes the historical tradition of abuse while also allowing readers to consider modern mental health treatments such as forced institutionalization, electroconvulsive therapy, and unsafe medication, but she ignores the positive experience that people can experience when they obtain professional psychological help. A mentally disabled reader who takes medication might struggle to

relate to heroes who are defined by their resistance to therapy, medication, or mental health assistance. While it is important to address the power dynamics of the institution of psychology itself, one must also realize that it has done a great deal of good for those who choose to use its services. Furthermore, Sloane, the protagonist in *The Program* series, is a questionable interindividual, at times seeming more like a “shiny soul” that values an ableist self-reliance (Smith qtd. in Connors and Trites 2). By contrast, Vizzini’s novel offers a more nuanced portrayal of mental health institutions and the interindividual. Without shying away from Sixth North’s very powerful control—Craig is obviously unable to leave the institution for five days even when he initially wants to—*It’s Kind of a Funny Story* positions Sixth North as a source of self-discovery, community, and affirmation for Craig. By exploring different types of assistance such as Zoloft, therapy, and group bonding, *Funny Story* shows that Craig is an agentive character capable of choosing which combination works best for him.

Readers should be able to access both types of narratives found in *The Program* series and *It’s Kind of a Funny Story* in order to resist developing a “single story” about treatment (Adichie qtd. in Hughes-Hassell 216). Readers who analyze Young’s and Vizzini’s novels can develop a well-rounded perspective that refuses to turn a blind eye to abuse but which also validates a disabled person’s decision to seek professional or communal help. The need for such diversity can be seen in the following exchange between participants in the previously referenced *Disability in Kidlit* discussion:

Alex: It’s unfortunate that treatment is so demonized, because it would also be helpful to talk about the ways treatment can go wrong or not suit everyone. Like, I’ve had awful therapists.

Kelly: What's so complicated about mental illness is everyone's method of dealing with it is different. Yet we see such a ... singular narrative in YA.

(Gómez et al. para. 77-78)

Here, Kelly uses the same concept as Adichie's single story, and both she and Alex express the desire for an open dialogue about disability. I argue that such a dialogue could be created through a combined reading of Vizzini and Young's novels because they each highlight the influence of institutions and community. As I argued in the opening chapter of this thesis, there is no one way to be empowered. Sloane and Craig differ in the treatment they request and receive, but both could be classified as heroes of their respective stories. Although I ultimately regard Craig as representing a more well-rounded and expansive type of empowerment, both he and Sloane are valuable, strong protagonists for the young adult disability genre as a whole.

Having highlighted the importance of empowerment and heroism for disabled characters, in the next chapter I will address how authors can potentially push this characterization too far towards an othering of disability through "romanticization." Several scholars develop a more nuanced interpretation of the social model and McRuer's "desire" for cripness, acknowledging its power to destigmatize disability, but also its potential to silence those who find aspects of their disability painful or difficult to manage. The novels I discuss in Chapter Four—*When We Collided* by Emery Lord and *Will Grayson, Will Grayson* by John Green and David Levithan—attempt to strike a balance between the demonization and romanticization of disability in order to provide a realistic, and ultimately more empowering, portrayal of what it is like to live post-diagnosis.

## Chapter 4: The Balancing Act of Distinguishing Between Realist and Romanticized Portrayals of Mental Disability

In chapters two and three, I argued that effective representations of disability in young adult literature refuse to portray disability as undesirable, disempowering, or other, while affirming the many different ways that disabled characters can be heroes of their own stories. Much of my analysis focused on characters who embraced disability—incorporating it as part of their identities and communities—while rejecting dominant cultural narratives influenced by the medical model. This analysis has laid an important foundation for examining empowering representations of mental disability in young adult literature, but readers must also look at how individual novels allow disabled people a full range of expression, including a discussion of struggles they face because of the physical or mental effects of disability. Such a discussion does not mean that disabled people are disempowered—instead, it means that they can celebrate their disabled identities and communities while also dealing with challenges.

Such realistic portrayals are relatively rare, because in avoiding stigmatizing and disempowering portrayals, novels can take theories like McRuer's "crip" to the extreme and gloss over any negative aspect of disability (Berger 162-163; Price and Shildrick 67). Such portrayals "romanticize" disability, and have the potential to silence those who experience pain, discomfort, or displeasure because of their disability. In a discussion of empowering portrayals, therefore, it is fitting to conclude with a chapter dedicated to determining when empowerment dissolves into romanticization, and when realism becomes tragedy. I will apply the third piece of my theoretical framework to two novels: *Will Grayson, Will Grayson* by John Green and David Levithan and *When We Collided*

by Emery Lord. These novels raise important questions about balance because of their romantic plotlines and bold characters who unapologetically challenge misconceptions about disability.

When analyzing the balance between romanticization and realism, I first ask, “*Does the novel romanticize mental illness or address society’s tendency to do so?*” Frederick K. Goodwin and Kay Redfield Jamison define one aspect of the “romanticization of madness” as “a tendency toward overvaluing the positive aspects of bipolar illness while minimizing the negative, painful ones” (qtd. in M. Clark 204). Though Goodwin and Jamison focus on bipolar disorder, this theory could be applied to any mental disability that is represented in a one-dimensional way. Romanticizing mental disability can take many forms, but in young adult literature it often takes the shape of an actual love story (Townsend et al. para. 16). Teen romantic relationships abound in this genre, so it is no surprise that many novels about disability include first love in their plot.<sup>55</sup> As with Kinsella’s *Finding Audrey*, teenagers often fall in love and “fix” each other, although relationships can also be an important source of support as in Young’s *The Program*. Yet in many romantic relationships, disability can often become the alluring, mysterious character trait which attracts the nondisabled partner (Elman 102; Rodas 121). *Disability in Kidlit* contributor JJ discusses the implications of this in a discussion on romanticization, arguing that, “To romanticize anything is to set it apart as something Other, different, and the otherness is what makes it romantic and exotic”

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<sup>55</sup> Many scholars point out the importance of acknowledging that disabled people are no less sexual than anyone else (Dunn 34-35, Erickson 42-43; Hazlett et al. 212; S. Robertson para. 33-37). For other young adult novels that combine romance and mental disabilities, see E. Lockhart’s *The Boyfriend List*, Cammie McGovern’s *Say What You Will*, Jay Asher’s *Thirteen Reasons Why*, and Marissa Meyer’s *Winter* in the Lunar Chronicles series.

(Townsend et al. para. 11). The disability is thus exploited as a means to an end, rather than being treated as a real part of a character's life (Elman 95; Mitchell and Snyder 6). Julie Passanante Elman taps into this issue in her study of the popular trends of young adult literature that accompanied the advent of the 1970s "problem novel." She identifies what she calls "teen sick-lit," defining this type of book as a "romantic illness narrative" in which the "ill girl's pursuit of a boy parallels and positively affects her process of 'getting well'" (Elman 93, 94). Using the example of Lurlene McDaniel's novels, Elman's definition of teen sick-lit proves useful when examining novels about disability because it recognizes that romance plotlines can serve as a way to "overcome" or minimize disability in its effort to transform a teenager into a normal, functioning adult (95, 97). As I have mentioned in previous chapters, forcing a binary norm onto disabled people takes away the power and potential of diverse viewpoints. In both *Will Grayson*, *Will Grayson* and *When We Collided*, the main characters enter into new romantic relationships, and as such these novels offer rich cases for examining the ways in which disability can be romanticized by a non-disabled partner.

Beyond simply making the disabled character attractive to a potential partner, romanticization often makes the character attractive to readers as well. Romanticization can act as Mitchell and Snyder's "narrative prosthesis" because it "seeks to return one to an acceptable degree of difference" by glossing over negative aspects of disability that might shock readers in its contrast to a nondisabled person's experience (Elman 95; Mitchell and Snyder 6-7). Romanticization thus makes readers more comfortable with a character who might otherwise not resemble traditional heroes. Studying feminist interpretations of Jane Eyre's "madwoman in the attic," Elizabeth J. Donaldson cautions



against pop culture representations of mental illness, such as Oprah Winfrey's *David and Lisa*, which prove "the enduring romantic appeal of madness" (100-101). Like Mitchell and Snyder, Donaldson objects to this treatment of mental disability, arguing that "when madness is used as a metaphor for feminist rebellion, mental illness itself is erased" (102). Even if madness is not used to specifically represent rebellion, representing mental illness as an abstract, figurative concept suggests that mentally disabled people face few real challenges (Donaldson 102).

In addition to the rebellious mad person, another problematic archetype is the creativity mystique and its predecessor, the mad genius/artist. Katie Rose Guest Pryal writes, "The creativity mystique suggests that mood disorders (a specific type of modern-day 'madness') are mysterious, even sacred, and sources of creative genius" (para. 3). Pryal argues that this trope "arose outside of science, from within the realms of philosophy and literature" (para. 10). In their study of the effects of the "mad genius" stereotype, researchers James C. Kaufman et al. suggest that the internalization of these tropes can cause patients to reject medicine or refuse any type of help so that "everyday battles with depression or mania may be inflated to be struggles with the muse" (157). Pryal makes a similar point, arguing that patients sometimes believe "treatment, especially pharmacological treatment, should be avoided because it disrupts their creative process," and she cites an article by Diana Chan and Lester Sireling which records instances of patients desiring a diagnosis and identifying themselves as having bipolar disorder (para. 15).

As I am not trained in psychology or science, I will not argue that there is or is not a connection between creativity and mood disorders, but I will analyze what happens

when novels pick up and repeatedly represent this connection across the young adult genre as a whole. In doing so, I first argue that it treats disability as something that must be counterbalanced by an even greater talent. Dolmage uses Pryal's creativity mystique as an example of "super crips," a term coined by Joseph Shapiro to describe a stereotypical portrayal of disabled people whose extraordinary talents are intended to distract from their disability (Dolmage 39-40; Dunn 119-120). Dolmage describes the effects of a super cripp, noting,

The audience does not have to focus on the disability, or challenge the stigma that this disability entails, but instead refocuses attention toward the "gift." This works as a management of the fears of the temporarily able-bodied (if and when I become disabled, I will compensate or overcome), and it acts as a demand placed upon disabled bodies (you had better be very good at something). (Dolmage 39-40)

A mad artist thus makes up for having bipolar disorder by being creative, and as Emily Martin points out, those who are not creative are seen as the "'bad' variety" of disabled people (qtd. in Dolmage 40). Secondly, this trope could encourage potentially harmful behavior or serve to further isolate disabled people. Kaufman et al. write, "Regardless of whether creativity and madness are linked—and it is important to re-state that based on the empirical literature, there is no clear verdict one way or another—the pursuit of creative success may lead one to also pursue madness" (158). Glossing over the more painful aspects of madness can make others forget how disability impacts a person's everyday life, often making it seem as though there is no serious need for solidarity or support (Donaldson 102). Authors, publishers, and readers must therefore be cautious in

perpetuating romanticized versions of disability; it is not empowering for novels to create impossible standards that teenagers feel they must live up to, or which make it seem as though being disabled in and of itself disqualifies a person from being valued by one's peers and community (Dunn 99).

Yet what does a realistic portrayal of disability look like? It seems as though there are many pits into which a young adult author can potentially fall—in avoiding the dehumanizing or stigmatizing portrayal of disability, an author can find herself portraying the disability as a glamorous, interesting side-note. It is important to remember that the reality of disability varies for each and every person—mental disability includes a vast array of diagnoses, from anxiety to depression to schizophrenia and crosscutting other identity factors such as race, gender, sexuality, age, and so on (Siebers 10-11). However, young adult readers are not to be underestimated in searching out balance and nuance in the fictional scenarios they love. Readers often critique endings as inauthentic and unsatisfying if a too-perfect resolution does not reconcile with the entirety of the book; they often avoid novels that blatantly romanticize events. For instance, Sherri L. Smith elaborates in her interview with Connors that readers of her novel *Orleans* would not have accepted a “happily ever after” ending to her dystopia about trauma, divisiveness, and death, but they did appreciate a “hopeful” conclusion (Connors 40). In the same way, a realistic portrayal of pain or struggle does not mean that a character's life is without hope, happiness, and empowerment. Readers can and will search out examples of novels that can achieve this balance.

The second question that I take up in this chapter is intended to look critically at this realism by asking, “*How does the novel portray negative experiences that arise*

*because of a character's disability—and does this realistic portrayal still allow for an empowered disabled perspective?”* This question will lead readers back to the social model, which I discussed in a previous chapter, and which “sees disability as *socially created*, or constructed on top of impairment, and places the explanation of its changing character in the social and economic structure and culture of the society in which it is found” (Corker and Shakespeare 3). Yet several disability scholars have recently begun to critique the expansion of the social model and its influence on identity politics. It is true that the social model has been very effective in demonstrating how society gives meaning to mental difference, and in previous chapters, I have relied heavily on the social model's ability to complicate the idea of “normal” and its arbitrary definition. Scholars such as Berger, Donaldson, Price and Shildrick, Siebers, and Shakespeare all agree that society contributes to the disabling of impaired individuals, but they also find that disabled perspectives can be erased by such a model. Indeed, Siebers writes, “Many disability scholars have begun to insist that the social model either fails to account for the difficult physical realities faced by people with disabilities or presents their body and mind in ways that are conventional, conformist, and unrecognizable to them” (13). He also points out that the social model can inadvertently delegitimize the experience of being disabled because it emphasizes that disability is primarily an external, constructed experience rather than an intensely personal and real one—in other words, if the disability *only* exists in society, then an expectation lurks in the background that disabled people should be able to overcome disability if/when society changes, which is not so dissimilar to cure-driven medical models (Siebers 14).

Price and Shildrick make the same point about scholars who emphasize the social model so heavily that the mind and body are divided into separate and unrelated entities:

This denial of the body has been more recently challenged by feminist disabled writers, such as Jenny Morris (1996) and Liz Crow (1996), who demand an acknowledgment of the bodyliness associated with disability, of the pain, tiredness and limitations that affect individuals. However, the fear of the medical model, with its corrosive approach to disabled people, and its denial of their subjectivity and almost exclusive focus on the possibilities of ‘mending broken bodies’, is so great that the distinction drawn in the social model between bodily impairment and socially constructed disabling effects still holds powerful sway.

(67)

Though Price and Shildrick focus on physical disability and its bodily experience, their analysis can easily be applied to a study of mental disability. “Pain, tiredness and limitations” can be caused by panic attacks, suicidal impulses, and manic episodes. Mental anguish can be both physically and emotionally exhausting, yet these negative aspects are often overlooked in an attempt to avoid ableist misconceptions about deficiency and lack. According to Berger, disability scholar Shakespeare has also criticized the social model. Summarizing Shakespeare’s argument, Berger writes that the social model originated as a way to destigmatize disability and unite advocates to create political change—to “absolve disabled people from feelings of guilt, to free them from perceiving their lives as tragic” (162). Yet Shakespeare argues, “Even in the absence of social barriers or oppression...it would still be problematic to have an impairment, because many impairments are limiting or difficult, not neutral” (qtd. in Berger 163).

Berger writes that Shakespeare's stance on disability wants to move beyond the "stigmatizing label[s]" that oppress people, but shies away from portraying disability as a "celebratory badge (e.g. McRuer's transgressive 'crip')" (163). This section of my framework thus requires that readers look critically at these "impairments." After asking the questions from my first two chapters to examine how society gives meaning to these impairments, readers will then need to examine the pain or challenges caused by the impairments themselves.

Part of this analysis should also include a look at the small, mundane details of a disabled person's life. Well-rounded novels include both the macro and micro scale of being disabled—it should tackle momentous encounters, such as when Marcelo faces discrimination in the workplace in *Marcelo in the Real World*, as well as the moments in between big events. Disabled people do not stop existing outside of these confrontations, and they do have daily lives that involve waking up, meeting with friends, and going to school. I first realized the necessity of such a portrayal after reading a discussion between the authors of *Will Grayson, Will Grayson*. Levithan shares that he intentionally created a story in which depression is not something to hide, but neither is it the entire focus of the novel, explaining of his character: "...he lives with depression, but he's at the stage where he's living with it, not discovering it. So many novels—many of them excellent—are written about teens who first grapple with their depression and get help. There are very few about what happens next, when you have to live the rest of your life" (para. 8).<sup>56</sup> *Disability in Kidlit* contributor Alex echoes this statement, writing, "I think it's bad to see

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<sup>56</sup> This quote is from "A Conversation between John Green and David Levithan," which was included at the end of the 2011 edition of *Will Grayson, Will Grayson* (published by Penguin Random House's Speak imprint).

people with mental illness ‘cured.’ It sends the message that mental illness is a temporary struggle, and you can eventually get over it. I’d like to see more stories where someone learns to cope, or gets in a better situation, but also knows this is a part of their life” (Townsend et al. para. 41). Later in that same discussion, an equally revealing exchange between Alex and another writer takes place:

JJ: I think it’s hard to dramatize mental illness.

Alex: How so?

JJ: It’s like dramatizing the narrative of being a POC.

Lee: That’s a good analogy, JJ. We get narratives that are About Being Black, or About Being Depressed, as though these are the whole life of the people being portrayed.

As these contributors point out, a barrage of books that are “about” disability tend to obscure the personhood of disabled people, resulting in more “othering.” Though I argue that books that center disability, such as the ones showcased in this thesis, are important, I do agree with Levithan and these online contributors that these novels cannot exist without the balance of novels that have a broader focus. This chapter will demonstrate how one might analyze novels that do not deal primarily with diagnosis—without condemning important works such as Vizzini’s *It’s Kind of a Funny Story* that align more with the other category. Such an analysis fits with my question about realism because a focus on the micro level can counter romanticization: though characters might perceive a mental disability as leading up to one grand battle that a person emerges from having

learned how to “beat” depression, a disabled character can reject this by focusing on daily experience that can be both trying and rewarding (Dyer 43).

Influenced by the debates surrounding the social model and romanticization of mental illness, I argue that it is important to arrive at a point where portraying mental disability’s difficulties or challenges does not get coded as disparaging. In the example of depression, a person can acknowledge that it is difficult to deal with the empty or flat feelings that a depressed person might experience without that acknowledgment being perceived as an admission of disempowerment, helplessness, or self-hatred. Having the freedom to voice *all* of the challenges facing her empowers a disabled person to accept herself and take steps to having the highest possible quality of life. Acknowledging difficulties is also crucial to affirming that disabled perspectives are unique. As those who experience challenges in everyday life that are qualitatively different from those faced by a person without depression or anxiety, disabled characters are valuable voices that must be represented in our literature so that readers can see themselves in a story’s mirror or learn about their peers in its window (Bishop 1)—indeed, as I argued in Chapter 1, realistic portrayals of disability demonstrate that the story would *not* be the same if a character did not have a disability.

The two novels I analyze in this chapter both critically examine relationships in which the disabled partner feels pressure to overcome disability in order to satisfy the nondisabled partner. The eponymous protagonist of *Will Grayson*, *Will Grayson* has to confront his partner for romanticizing his mental illness and does so without allowing these expectations to influence him. On the other hand, Vivi in *When We Collided* initially conforms to many of the traits of the creativity mystique and becomes a larger-



than-life, super cripple figure to her new boyfriend, Jonah, but as readers get to know her better throughout the story, they discover that she is also a very strong mental health advocate for herself and others. Both Will and Vivi also represent characters who “have to live the rest of your life” (Levithan para. 8): they often express irritation at the way disability creates challenges in their daily experiences, but they are equally vocal about the value of their lives and their futures.

**[Not] All You Need is Love: *Will Grayson, Will Grayson***

Young adult literature titans John Green and David Levithan teamed up to coauthor *Will Grayson, Will Grayson*. Their collaboration results in an insightful, clever, and well-rounded novel that deals not only with clinical depression but also celebrates sexuality, teenage friendship, and self-expression. Just as there are two authors, there are also two Will Graysons: Green and Levithan each create a character named Will Grayson, and the novel alternates between the two Wills’ perspectives. Green’s Will tries hard to be stoic and ultra-rational as a comical counterbalance to his best friend, Tiny Cooper, “the world’s largest person who is really, really gay, and also the world’s gayest person who is really, really large” (Green and Levithan 3). The duo’s friendship, though tumultuous, is incredibly endearing, and the two friends eventually meet Levithan’s Will, a teen who has a dark, biting sense of humor, as well as depression. Unlike most of the novels presented in this thesis, *Will Grayson, Will Grayson* does not make disability its main focal point, although depression does influence the way Levithan’s Will interacts with others and perceives himself. His diagnosis seems to be in the distant past, while the more noteworthy event at the beginning of the novel is that he has just been heartbroken by a fake Internet boyfriend. Levithan’s Will had fallen in love with “Isaac” online and

arranged to meet him for the first time in Chicago, only to find out that his friend Maura created the persona to try to force Will to admit he is gay. The two Wills run into each other at a store in Chicago, where Levithan's Will was supposed to meet Isaac and where Green's Will was waiting for his friends to get out of a concert. After finding out they share a name, Green's Will introduces his new friend to Tiny, and Levithan's Will and Tiny quickly begin a relationship. Both Wills navigate their new romantic relationships: Levithan's Will comes out to his mother and friends about being gay, and Green's Will experiences serious attraction and romantic feelings for the first time with one of his friends, Jane.

The major event of the novel is the musical, *Tiny Dancer* (later renamed *Hold Me Closer*), which Tiny is writing about his life, relationships, and, most importantly, love—both platonic and romantic (Green and Levithan 290). The novel threads throughout the two Wills' stories as the performance date nears. Though readers will be hooked by Tiny's personality, which is as big as his body, they will also appreciate how both Wills get lost in his overpowering shadow. Levithan's Will and Tiny break up after a fight in which both are guilty of minimizing the other's struggles: Tiny fails to comprehend the scope of Will's depression, and Will fails to acknowledge the stress that Tiny is under to express himself and be the big personality that he is. In the end, however, all of the characters reunite to support Tiny's successful performance of *Hold Me Closer*, which celebrates the group's relationships and myriad personalities as well as their conflicts with each other.

Some of these conflicts arise when Levithan's Will has to explain to other characters—and to the reader—why he does not experience the world exactly like his

friends do. Readers can analyze this bluntness about depression by asking, “*Does Will Grayson, Will Grayson romanticize mental illness or address society’s tendency to do so?*” Throughout the novel, characters value honesty and authenticity above all else, expressing distaste for over-dramatized representations of life. Several of their conversations, though not explicitly about depression, can be read as a critique of romanticization of any aspect of life, whether that is sexuality, misfortune, or disability. Levithan’s Will addresses this through what he calls the “birdshit rule.” Just after Levithan’s Will has discovered Maura’s deception, Green’s Will consoles him by trying to tell him that something good will come out of his situation. With trademark wit, Levithan’s Will narrates to the readers that the birdshit rule comes from the belief that a bird’s excrement can be good luck:

i just want to grab them and say, ‘dude, don’t you realize this whole superstition was made up because no one could think of anything else good to say to a person who’d just been shit upon?’ and people do that all the time—and not with something as temporary as birdshit, either. you lost your job? great opportunity! failed at life? there’s only one way to go – up!” (Green and Levithan 141).<sup>57</sup>

The birdshit rule thus becomes the standard for evaluating the rest of the events of the novel, as both authors try to avoid treating difficulties or challenges as a divinely-orchestrated struggle (Pryal para. 3). This rule holds especially true for the treatment of

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<sup>57</sup> Levithan’s chapters are all in lowercase. Levithan shares that he chooses to represent his Will in lowercase letters because of the “anonymous” internet culture which shapes his character, particularly since instant messaging forms such a large part of Will’s communication throughout the novel. Levithan does acknowledge, however, that this is a “stunted” but “true” way of communicating (para. 10), which suggests an interesting connection to the flat affect that sometimes accompanies depression. It also prompts comparison to Stark’s portrayal of Marcelo in *Marcelo in the Real World*, as both authors use language in unique ways to represent their characters’ differences.

disability; in her analysis of *Peeling the Onion*, Dunn analyzes a character who “rejects society’s pop psychology about accidents happening for a reason, usually to allegedly build the character of the person injured” (101). Though depression is not a disability caused by an accident, it too can be treated like a test for proving one’s moral stamina before reaching a reward. However, Green and Levithan refuse to portray the darkest moments of depression as akin to walking down a spooky lane to get to a sunny park.

Other scenes support this anti-birdshit rule philosophy. Tiny debates the content of his musical with the high school’s Gay-Straight Alliance, experiencing some pushback from other members who are undecided about the musical’s ability to create “education and awareness” (Green and Levithan 44). Another member, Jane, defends the play, arguing, “But it’s honest. It’s funny, and it’s accurate, and it’s not full of crap. It shows gay people as a whole and complicated—not just like ‘oh my God I have to tell my daddy that I like boys and wah-wah it’s so hard’” (Green and Levithan 45). Jane values Tiny’s musical for its balance and its refusal to overdo the coming out moment. In the same way, *Will Grayson*, *Will Grayson* refuses to represent disability as a useful narrative prosthesis simply to add intrigue to the story (Mitchell and Snyder 6-7). When Maura first confronts Levithan’s Will for not telling her he is gay—prior to revealing herself as Isaac—Will narrates that Maura constantly tries to push him into confiding in her, flashing back to the time when she looked through his bag without permission and found his depression medication. He narrates, “she kept telling me i didn’t need to be ashamed of my ‘mental condition,’ and i kept telling her i wasn’t ashamed – i just didn’t want to talk about it with her. she couldn’t understand the difference” (Green and Levithan 61). This scene suggests that shame is exactly what Maura is hoping for, as the secretiveness of knowing

about Will's depression will link her to him, yet he wants to avoid this conversation not because of guilt but because he does not want Maura to dramatize or obsess over a challenge with which he has already come to terms. In examining this friendship, readers must also consider how society's tendency to romanticize mental illness might be part of the reason why more people feel like Will and just avoid the topic altogether, as they expect to be misunderstood before they even begin to discuss their experiences.

Maura is not alone in her desire to bond with Levithan's Will over his depression.<sup>58</sup> Tiny also romanticizes depression by viewing the disability of his partner as part of the allure, first falling in love with Will the night that Will has just been crushed by Maura's deception. Will represents the dark, brooding, and depressed love interest who attracts his opposite: the exuberant Tiny who feels he can change and uplift Will from his depression. However, I argue that Green and Levithan use this relationship to intentionally expose the problems of a "teen sick-lit" novel in which one character can be normalized through his relationship with a nondisabled partner (Elman 94). One of the first signs of these teen sick-lit tendencies can be seen when Will tells Tiny that he has clinical depression. Though well-intentioned, Tiny minimizes Will's disabled perspective by equating long-term depression with everyday sadness:

me: it's a depression thing.

tiny: oh, i feel depressed, too. sometimes.

we're coming dangerously close to the conversations i'd have with maura, when she'd say she knew exactly what i was going through, and i'd have to explain that,

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<sup>58</sup> In order to avoid repetition, the rest of this paragraph will refer to Levithan's Will simply by his first name.

no, she didn't because her sadness never went as deep as mine. i had no doubt that tiny *thought* he got depressed, but that was probably because he had nothing to compare it to. still, what could i say? that i didn't just *feel* depressed – instead, it was like the depression was the core of me, of every part of me, from my mind to my bones? that if he got blue, i got black? (Green and Levithan 210-211)

This exchange is particularly important when examining romanticization because it shows that Tiny has failed to understand exactly how serious Will's depression is. While on the one hand romanticization tends to inflate the experience of disability to the "mysterious" and "sacred", much as Maura tried to do by making Will's depression a special secret (Pryal para. 3), it can also make disability seem inconsequential because it does not also take into account the real challenges disability entails (Donaldson 102). Tiny equates his experience of sadness with Will's depression because depression remains an abstract concept for him, causing him to gloss over the consuming pain that Will describes to the reader.

Tiny again puts Will in an uncomfortable position when he calls Will to tell him that he is skipping school to come visit in order to have a "mental health day." Will bitterly narrates his reaction to this:

i think the idea of a 'mental health day' is something completely invented by people who have no clue what it's like to have bad mental health. the idea that your mind can be aired out in twenty-four hours is kind of like saying heart disease can be cured if you eat the right breakfast cereal. mental health days only exist for people who have the luxury of saying 'i don't want to deal with things

today’ and then take the whole day off, while the rest of us are stuck fighting the fights we always fight...” (Green and Levithan 226-227)

Levithan again uses an interaction between Will and Tiny to call attention to the fact that mental health is not a grandiose battle that takes place in one afternoon but is instead a daily challenge—a “fight.” Readers can learn a great deal from this scene; as Dunn points out, “Some YA novels have sections that provide subtle or not-so-subtle suggestions to non-disabled people regarding how to interact with more respect towards disabled people” (51). Because Will’s narration has such an honest confessional style, readers may feel as though they are being spoken to directly and reminded of the importance of choosing one’s word carefully. His words critique the implied demand of a mental health *day*—that he should be a super crip, the idealized version of a depressed person who “works as a management of the fears of the temporarily able-bodied (if and when I become disabled, I will compensate or overcome)” (Dolmage 39). For Tiny, who cannot comprehend what it would be like to deal with mental health issues on a daily basis, it is more comforting to portray sadness as something that can be easily fixed with the proper combination of activities in case he too ever becomes clinically depressed.

However, Will also portrays mental health in a binary manner by failing to see that the stress Tiny has been under for several weeks has also taken a toll on him. For Will, Tiny is firmly in the category of *not* disabled, and he does not leave room for a “spectrum” model of mental health (Berger 26; Wilson and Beresford 144),<sup>59</sup> even if he is correct in pointing out that a temporary challenge is not the same thing as having a

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<sup>59</sup> Berger’s term “spectrums of ability” (26) closely resembles Wilson and Beresford’s description of “a broader continuum of distress and well-being,” which does not see individuals as “normals” or “mentally ill” but as those who experience better or worse mental health at various life stages (144).

disability. Levithan and Green use this interaction to perfectly capture the results of romanticization: because their preconceptions create such a wide gap between them, the disabled and non-disabled characters both struggle to relate or understand the other.

Levithan brings his critique full circle during Tiny and Will's break-up scene. Though both struggle to see things from the other's perspective, Levithan's Will accurately points out that his depression is part of the reason Tiny is attracted to him. In their argument, Tiny tells Will, "you have a heart, will. you even let it slip out every now and then. i see that in you. and i see that you need me" (Green and Levithan 245-246). Will stubbornly argues back, claiming that he does not need Tiny or anyone else before finally saying, "you're not in love with me. you're in love with my need" (Green and Levithan 246). The conversation comes to a halt soon after this exchange, with both Tiny and Will parting ways to deal with their heartbreak over the breakup. Though Tiny truly did care about Will, their relationship had become something for Tiny to invest in, much like the musical that Tiny was creating. They do not get back together romantically, but they do reconcile after the play when Will coordinates a show of support in which audience members call out to Tiny about how much he is appreciated for sharing his story (Green and Levithan 307-308). Ultimately, Green and Levithan manage to create a novel which rejects the type of love that voyeuristically idealizes someone with depression, but it does not condemn the possibility of love entirely, as the novel concludes with Levithan's Will linking pinkies with another of his friends, Gabriel (Green and Levithan 310).

*Will Grayson, Will Grayson* thus takes several opportunities to directly confront traditionally romanticized portrayals of depression: through Tiny and Will's romantic



relationship, conversations about the daily experience of depression, and stories that violate the “birdshit rule” by justifying pain in order to achieve happiness. Yet what about that pain? Throughout this thesis, in discussing empowerment, pain and negative challenges caused by disability have seldom appeared. This subject must be tackled in order to fully round out my study. Recognizing this, it is necessary to analyze the novel through the lens of my second question, “*How does Will Grayson, Will Grayson portray negative experiences that arise because of a character’s disability—and does this realistic portrayal still allow for an empowered disabled perspective?*”

As Levithan mentioned, his portrayal of Will was intended to fill the void of “what happens next” (para. 8), and he does so very effectively. Even though *Will Grayson, Will Grayson* switches between perspectives, readers still get a valuable look into the daily life of Levithan’s Will and how he does not always feel like celebrating his disability, particularly on some of his hard days. When he spends time with Tiny for the first time, Will struggles to reciprocate Tiny’s friendliness, narrating that feeling heartbroken over “Isaac” also makes him feel worthless:

...part of me thinks i *deserve* this...if i wasn’t such a lame excuse for a person, something right might happen to me. it’s not fair, because i didn’t ask for dad to leave, and i didn’t ask to be depressed, and i didn’t ask for us to have no money, and i didn’t ask to want to fuck boys, and i didn’t ask to be so stupid, and i didn’t ask to have no real friends, and i didn’t ask to have half the shit that comes out of my mouth come out of my mouth. (Green and Levithan 148)

Will experiences this moment because of a barrage of stressful events, but these statements are not rare for Will—he frequently talks himself down in his narration, even

criticizing himself as a person, as can be seen in the above excerpt. After they have begun dating, Will tells Tiny, “i’m trying to be on my best behavior, but you have to understand — i’m always standing on the edge of something bad. and sometimes someone like you can make me look the other way...but i always end up turning my head. always. i always walk off that edge. and it’s shit i deal with every day, and it’s shit that’s not going away any time soon” (Green and Levithan 214). Importantly, Will expresses that rather than acting as the antidote, their relationship is merely a distraction, rejecting the idea that Tiny can “fix” him the way teen sick-lit narratives would try to do (Elman 94-95). Furthermore, he emphasizes the daily experience of depression, which always affects how he sees events, even happy ones. His description is haunting, leaving readers wishing that Will did not always have to stand on that edge. As Shakespeare points out, “Even in the absence of social barriers or oppression...it would still be problematic to have an impairment, because many impairments are limiting or difficult, not neutral” (qtd. in Berger 163). Will’s reaction to depression is obviously not neutral. Even if Tiny completely understood depression and never questioned Will’s attitude towards him, Will would still struggle to feel worthwhile and manage the darker moments of depression. Readers must be able to see these moments in order to distinguish between the romanticized sadness of Tiny and the painful experience regularly dealt with by those with depression.

Another daily feature of depression is the medication Will takes. As can be seen from nearly all of the books included in this thesis, medication gets a lot of attention from young adult authors. Will’s prescription is mentioned several times throughout *Will Grayson*, *Will Grayson*, sometimes with a joke attached, but the casual yet frequent

references allow Green and Levithan to subtly remind readers that taking pills is not something that goes on behind the scenes. Instead, it is something which Will cannot forget to do each morning—it is such an important detail that Will remarks he keeps the bottle by his fish tank so that feeding his fish reminds him to take his medicine (Green and Levithan 210). Another time, Will narrates that in a conversation with his mother, “she asks me if i took my pills before i ran off this morning and i tell her, yeah, wouldn’t i be drowning myself in the bathtub if i hadn’t?” (Green and Levithan 34). Though shocking, this statement reminds readers that every day, Will’s depression has the potential to cause serious trauma or death. Will’s sarcasm also manages to find the humor in taking medication, which emphasizes Levithan’s realistic treatment of depression. If depression is entirely off-limits to being included in jokes, then disability is othered even more. As Beth Haller and Sue Ralph point out in their analysis of the Pelswick cartoon series (which features a disabled character), there is now a “new phase of disability humor because it includes all the characters. Most of the characters have no disability and much of the laughter is directed at them. When Pelswick becomes the focus of the humor, it, therefore, is normalizing because he is represented like all the characters” (para. 4). Likewise, because Will can use humor to describe his everyday life, he fits in well with the wittiness that characterizes Green’s Will, Jane, and other supporting characters.

Yet Will does not hesitate to express how much he hates having to rely on medication every day. After Tiny learns about his depression, Will asks rhetorically how he could express that “...i hated those pills so much, because i knew how much i relied on them to live?” (Green and Levithan 210-211). This quote should provide readers with ample discussion material when working through the questions I pose in my framework.

It is a prime example of how difficult it can be to distinguish between a stigmatizing or realistic portrayal—is Will being shamed for taking medication like the characters in Chapter 3, or is he giving voice to a challenge that he must deal with as part of being depressed? As Berger and Shakespeare point out, using the social model to analyze Will’s hatred of pills could help him reject the “feelings of guilt” about being disabled, particularly because Will lives in a society where taking vitamins or birth control every day does not always carry the same negative connotations as depression medication. As I demonstrated in Chapter 3, most scholars would critically examine how society adds to Will’s feeling of resentment for having to take *mental health* medication regularly and for not “overcoming” his depression (Dolmage 39; Dunn 92-95; Elman 95, 97). Yet the “fear of the medical model” (Price and Shildrick 67) makes it difficult to move beyond the social pressures surrounding depression to examine the fact that perhaps it *is* inconvenient and challenging for Will to “rely” on a medication in order to fulfill his quality of life. Throughout the novel, Will is fairly insistent about not caring what people think of him, so the hatred of his pills could be attributed primarily to the obligation of remembering and being tied to something he would rather live without. There is, of course, room for both interpretations. I believe that this struggle—sarcastically commenting on taking medication one day while loathing it the next—truly captures the balance that a young adult novel needs. Taking daily medication, though necessary and important, does not have to be a smooth process, but instead can be seen as something one handles better on some days than others.

Such realism exists alongside empowerment, as it gives characters—and readers—valuable tools to accept themselves as imperfect, but strong, people. In a

conversation online, the two Will Graysons discuss the falling out between Tiny and Levithan's Will and come to a hopeful yet realistic conclusion. Levithan's Will writes of relationships: "I just wish that it wasn't all trial and error" (Green and Levithan 268). Green's Will eventually responds, stating, "it's more like try-error-try-error-try-error-try-error-try-error-try... at least fifteen more rounds ... then try-error-try-*it*" (Green and Levithan 269). Although they never explicitly define "it" as a happy ending or a tidy resolution, the characters do voice that happiness exists somewhere for both of them. After deciding to make peace with Maura after she tricked him with the fake profile of Isaac, Levithan's Will observes that "there's no way we're ever going to find an ideal state of *it*. but i guess i'm seeing that we have to at least make it to an *it* we can bear" (Green and Levithan 275). These characters have thus achieved balance: without forgetting that hard challenges will always exist, they can still move forward towards making their lives and their world a better place. These characters do not hide behind the presentable or normative moments of their daily lives but are empowered by the entirety of the disabled experience.

### **Characters Who Are "Sad but Strong": *When We Collided***

*When We Collided* by Emery Lord features one of the most unapologetic, dynamic characters of young adult literature: Vivi Alexander. With Marilyn Monroe hair, a take-charge attitude, and limitless energy, Vivi is, in her own words, full of "fight and art and entire swirling galaxies" (Lord 304). Her empowering quotes throughout the novel promote a positive self-love that will immediately hook readers. She is also wonderfully unapologetic about both her personality and her disability, as she says at one point: "I AM NOT SORRY FOR MY CREATION OR MY BIRTH OR MY LIFE"

(Lord 209-210). Vivi had been diagnosed with bipolar II disorder before the events of the story took place, though readers do not know this until after several chapters. Visiting Verona Cove for the summer, she meets Jonah Daniels, and the two quickly fall in love. It certainly begins with the rather typical summer love story, complete with an instant connection, dramatic gestures of love like turning on the beacon in a restored lighthouse to celebrate Vivi's birthday, and a skinny dipping escapade at a beach bonfire. Yet Lord's novel also goes deeper into an exploration of mental health that takes precedence over the admittedly addictive love story. In fact, Vivi is not the only one with a disability. Jonah's large family is recovering from the loss of his father, and his mother has had a particularly difficult time dealing with it. Throughout the story, Jonah worries that her grief has turned into clinical depression since she has seldom left her room in the past six months, while responsibility for running the home and family restaurant shifts to Jonah and his older siblings (Lord 87).

That Vivi also has some type of medical condition becomes clear from the beginning when she throws her pills into the ocean each morning (Lord 10), and, as *Disability in Kidlit* reviewer C. Martin notes, those who are versed in bipolar disorder narratives will recognize the early stages of mania in her high volume of activities offset against her lowered need for sleep (para. 7). As Vivi and Jonah begin dating, her exuberant personality wins the hearts of his siblings, and the two explore their relationship, Jonah's grief, and various family struggles. Vivi's more obvious mania begins after she decides to find and contact her father, whom she has never met before. When she realizes that he has had an entire life—complete with wife and children—without ever trying to get to know her, she understandably struggles to come to terms

with her discovery. This encounter is not necessarily the *cause* of Vivi's mania, as she had suddenly bought a Vespa a few days before—"impulsive" decisions being another suggestion of mania (Martin para. 6-7)—but it does contribute to the extremes of Vivi's emotions, resulting in a few days of sadness followed by another mood shift. Readers are plunged into her frenzy of activity as she creates an abundance of art and then goes on what she perceives as an adventure, hunting down numbers throughout the town which act as clues to a mysterious destination. She ends up crashing her Vespa, resulting in an emergency trip to the hospital, where her mood is stabilized and her broken arm and ribs are treated. By the end, Vivi and her doctor can loosely recreate the timeline as events which occur before the summer—"depression, hypomanic episode in March, depression *after* the hypomanic episode,"—and events during her time in Verona Cove—"then new medicine and manic again" (Lord 299). As I will discuss in the last part of this chapter, both she and Dr. Brooks build on this simple labeling framework for a more nuanced portrayal of Vivi's experience.

Vivi and Jonah's relationship is the focus of the plot as the chapters alternate between their first-person narratives, so readers must look closely at this portrayal to better understand if bipolar disorder is used as a narrative prosthesis to normalize Vivi through her connection to Jonah (Mitchell and Snyder 6-7), which leads to my framework's first question, "*Does When We Collided romanticize mental illness or address society's tendency to do so?*" Like Levithan, Lord sets her characters up to counteract what she recognizes as trends in young adult literature. In her author's note, she writes, "Sometimes it seems like the portrayals of mental illness we see—in movies, in the news—are primarily tragic ones. Please hear me: there are thousands upon

thousands of other stories” (340). Yet there are moments when Lord’s characterization of Vivi skirts the edges of being a romanticized teen sick-lit heroine. I argue that the novel does achieve the “counter-storytelling” (Hughes-Hassell 214-215) that Lord intends, although some of the initial conflicts seem less intentional than Levithan’s portrayal of Tiny and Will.

One particular issue that goes unchallenged is Vivi’s stereotypically outgoing and dreamy personality. *Disability in Kidlit* reviewer Martin observes in her review of *When We Collided*,

At first, her [Vivi’s] symptoms are so mild that I worried the character was falling into the maddening Manic Pixie Dream Girl trope; however, as the story progresses, this illusion falls apart. Whereas the MPDG is a two-dimensional character who exists mainly to support the emotional development of a repressed love interest, both Vivi and Jonah display agency and independent emotional lives throughout. (para. 4)

Martin’s use of the term “Manic Pixie Dream Girl” is an apt one; MPDG was first coined by Nathan Rabin to describe character types such as the ones played by Audrey Hepburn in *Breakfast at Tiffany’s* and Kirstin Dunst in *Elizabethtown*. Interestingly, Rabin never directly links this term to mental illness; it is instead used to describe the “fantasy woman,” a gregarious female character with just the right amount of quirkiness and outright weirdness to make her attractive to the despondent male protagonist (Rabin para. 1-2).<sup>60</sup> However, pop culture critics like Martin who focus on disability have certainly

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<sup>60</sup> After coining “manic pixie dream girl,” Rabin later wrote an article for *Salon* in 2014 about how the term has been overused and gone beyond what he intended for it; while it began as a term used to call out



picked the term up and used it to apply to bipolar characters who display the same amount of outgoingness during their manic stages.<sup>61</sup> Like the characters in a teen sick-lit novel, the MPDG's disability only serves as a hook for the romantic plotline between a "different" woman and—in bipolar disorder narratives—a non-disabled boyfriend.

Martin is correct in her fear that the beginning of the novel fits these stereotypes. Jonah's first impression of Vivi is one of "fantasy" (Rabin para. 1, 2). He describes her by narrating, "She doesn't look like any girl in my school. She doesn't look like any girl I've ever seen *in real life*" (Lord 23, emphasis mine). Vivi is full of endearing and unusual mannerisms which advance the couple's romantic chemistry: she calls Jonah "cutie pie" when she meets him (25), spontaneously creates a slip 'n' slide in his backyard (66-68), and counters his "prudishness" with her own sexual adventurousness (119-120).<sup>62</sup> Like a MPDG's uncanny ability to appeal to a "repressed love interest" (Martin para. 4), Vivi immediately works her way into the lives of the reserved Jonah and his shy siblings, despite their recent familial loss and keep-to-ourselves mentality. After Jonah's five-year-old sister Leah invites Vivi over for dinner on the first morning they meet her, Jonah narrates that before they eat Vivi is a "snake charmer, making words rise out of Leah's mouth" (50). Vivi has the same effect on Jonah, who comes out of his tough-guy shell to share how much he struggles with his father's death. He too becomes a little more spontaneous, taking a night swim in the ocean with Vivi despite his reluctance

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misogynistic portrayals of women, it morphed into a way for critics to reduce any quirky female character to an archetype (para. 9-11).

<sup>61</sup> For examples, see Anita Sarkeesian's post and video at *Feminist Frequency* (created for *Bitch* magazine) and Sarah Grace Stevenson's article on *Cinemablography*.

<sup>62</sup> Elman notes that "...traditional gender roles combined with the pursuit of heterosexual romance becomes the central strategy of rehabilitation" in teen sick-lit novels (107). Vivi's unabashed sexuality and commanding personality excludes her from conforming to this part of the teen sick-lit stereotype.

to do so with the yellow warning flag raised (Lord 96-100). Like Jonah, readers will instantly be drawn to Vivi. Yet Dolmage's observation about super crips can also apply here: "The audience does not have to focus on the disability, or challenge the stigma that this disability entails, but instead refocuses attention toward the 'gift'" (Dolmage 39). Here, the gift is Vivi's MPDG-characteristics which make her so endearing, which could potentially cause readers to see bipolar disorder as simply a character trait that makes her stand out from the crowd—the unique female protagonist who wins the heart of the previously unavailable boy.<sup>63</sup> I will later analyze how Lord expresses her strong advocacy for mental disability in her author's note and in the later parts of the novel, but these initial impressions still play into stereotypes that readers should recognize as problematic when repeated across the majority of young adult literature.

Additionally, though Vivi is a strong character with a refreshingly positive self-image, she does conform to many of the traits of the creativity mystique and mad artist stereotypes. Throughout the novel, Vivi's creativity marks her as unique, and she references art in her conversations and creates it whenever she has free time. From the very beginning, Vivi has an intimate relationship to this art. Describing her mother, Vivi narrates, "She encourages my creativity, my impulses, my *me*-ness. To a point, I guess" (Lord 40). Vivi's personality—her creative "*me*-ness"—is inseparable from her impulses, which will later turn into manic episodes. The relationship between these characteristics is emphasized later in the novel after Vivi has been disappointed by the confrontation with her birth father. She first loses a great deal of her energy, ceasing to do the activities

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<sup>63</sup> Though not gregarious like a MPDG, Bella Swan in *Twilight* is perhaps the most iconic version of an unusual girl who wins the heart of the distant and unobtainable male protagonist.

she cares about, such as charging her phone to talk with Jonah or putting on her trademark makeup (Lord 220, 227). After a time, this mood wears off and her emotions swing in the other direction to another extreme, causing her to produce an onslaught of art, as Jonah describes it: “In her room, Vivi is the center of a cyclone. A cyclone of art supplies, color and texture smeared around her. There’s a long strip of fabric half-fed through the sewing machine. A propped-up canvas with a few long drips of sea blue and curry yellow. Scraps of magazines splayed out on the floor” (Lord 241-242). This cyclone imagery emphasizes Vivi’s elevated, out-of-control energy levels, visually tying her mood swing to the artistic signs of it. Jonah then narrates, “It’s like all her creativity was pent up, and now it has exploded everywhere” (Lord 242). This comment seems to bring the creativity mystique home: readers realize shortly after this scene that Vivi has indeed entered a manic episode, which has triggered the “exploded” release of her creativity.

Complicating the creativity mystique portrayal, Vivi does still produce art when she is depressed—while the creativity mystique holds that hypomanic episodes correlate with the highest levels of creativity (Pryal para. 21).<sup>64</sup> While this prevents Vivi’s creativity from being completely tied to her bipolar cycles, she significantly destroys the painting she is working on during the depression following the episode with her father.

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<sup>64</sup> In examining the creativity mystique, Pryal analyzes the work of well-known psychologist and memoirist Kay Redfield Jamison. Pryal writes, “In particular, Jamison examines the correlation between ‘hypomanic episodes’ and intensely creative periods described by the artists in her study. She [Jamison] found that the subjects’ ‘episodes’ were characterized by increases in enthusiasm, energy, self-confidence, speed of mental association, fluency of thoughts, elevated mood, and a strong sense of well-being’ (128). She diagnoses these states as hypomanic: ‘A comparison with DSM-III criteria for hypomania reveals that mood and cognitive symptoms showed the greatest degree of overlap between intensely creative and hypomanic episodes.’ (128).” (Pryal para. 21). Ironically, this is the same Jamison whose definition of “romanticization of madness” I used on page 109. Pryal notes that Jamison adjusts her arguments about creativity and mood disorders depending on her audience (para. 21).

She sketches a self-portrait, then crosses out the eyes and shreds the layer of paint with her nails (Lord 220-222). Though this is still self-expression, the symbolism of her destroyed art indicates that intact art production is reserved for her more animated moods. Vivi also throws her medication away, a side effect that Kaufman et al. warns can accompany a belief in the link between creativity and bipolar disorder (Kaufman et al. 158; Lord 10). Vivi does not explicitly tie her decision to throw away the pills to her creativity, but she does narrate that the mood stabilizer made her emotions feel like a “nice, flat line” (Lord 119). It should be noted that Jonah, who does not have bipolar disorder, is also creative in his cooking, creating magnificent dinners and edible proof of his affection for loved ones; Jonah’s creativity makes Vivi’s seem less tied to her disability. Furthermore, a character who is creative and bipolar is not inherently an insensitive or stereotypical portrayal, but again, it matters when this connection is repeated. A growing tally of creative bipolar characters could potentially add to the cultural desire for madness and creativity to have a cause-and-effect relationship (Pryal para. 15, Kaufman et al. page 157).

If Lord were to end the novel after the first few chapters, the teen sick-lit beginning and the creativity mystique tendencies would make her portrayal problematic, yet the novel earns its stripes when it delves deeper into disability, depression, and bipolar disorder. Though Lord hooks readers with the traditional young adult romance elements, she builds on Vivi’s character to show that Vivi cannot be “fixed” by her relationship with Jonah, and characters soon begin to address mental disability directly. Unlike Linus from *Finding Audrey* or Tiny in *Will Grayson, Will Grayson*, Jonah for the most part accepts Vivi for who she is, without trying to change her—although he does

argue with her over some of her more extroverted actions, such as skinny dipping in front of his friends (Lord 155-161). This acceptance comes from Jonah's own experience being treated as a romantic "project." He narrates that he refuses to try to change people, particularly his grieving mother, because after his father died, his then-girlfriend Sarah's support only lasted a few days: "But then I became her project. She was extra peppy—all positive thinking and up-and-at-'ems. When I couldn't decide to be happy and then do it, when my grief wasn't an easily conquerable goal... well, the yipping grated against my eardrums" (Lord 104). Just as Levithan's Will accuses Tiny of being "in love with my need" (Green and Levithan 246), Jonah recognizes Sarah's desire to turn him into a perfect, "normal" partner. He sees the selfishness and unsustainability of such a relationship, which in turn makes him more supportive of others. This background sets Vivi and Jonah's relationship up to be a more understanding one. When they argue over the skinny-dipping escapade, Vivi talks him out of his irritation, saying "Then how about you just let me be me, and I'll let you be you. We'll feel everything we feel and not apologize for it. If we get mad at each other, we'll have it out. And then we'll make up" (Lord 162). The juxtaposition of these two relationships—Jonah's relationship with Sarah compared to the one he has with Vivi—effectively reveals the romanticization trope before showing a more empowering alternative, one which does not erase disabled uniqueness but rather supports it.

Yet whenever Vivi thinks Jonah does fail to "let me be me," she is unafraid to call him out on it. They later have an argument when Jonah visits Vivi while she is creating her "explosion" of art, and Jonah gets frustrated that Vivi will not stop what she is doing to listen to him vent about the fight he had with his younger siblings—a reaction that

readers will probably sympathize with, though they also see that Vivi is going through what Jonah has not yet recognized as a manic episode. She shouts at him, “UGH, Jonah, stop treating me like I am the antagonist in the play of self-pity that you are writing. I am not your bad guy, and I am not your princess. I am me, and I am my own” (Lord 247). Whether Vivi is justified in yelling at Jonah matters less than Lord’s use of fantasy terms such as *bad guy* and *princess*, a subtle reference back to Jonah’s first impression of Vivi as something not from “real life” (Lord 23).

Vivi also directly addresses an instance when Jonah misunderstands the depression of his mother. After Jonah’s mother makes a trip to the grocery store and has a panic attack, Jonah tells Vivi that he plans to finally confide in a long-time family friend about what to do, talking over Vivi’s recommendation to simply ask his mother what she wants. Vivi narrates,

To the deepest, most cellular level of my being, I resent people who believe that depression is the same as weakness, that ‘sad’ people must be coddled like helpless toddlers. So to think that Jonah—my own boyfriend, my friend, my lover, *whatever* he is—would believe that he knows what his mom needs better than she does? That her grief makes her unaskable, voiceless, unreliable? This is very hurtful. (Lord 126)

Vivi’s reaction to Jonah speaks directly to the teen sick-lit tradition, particularly the part which Elman identifies as the need for the nondisabled partner to aid the process of healing for the disabled person (Elman 94). Such a narrative removes the personhood from the character and emphasizes that an able person needs to control, rather than work with, the disabled person. Recognizing that Jonah views his mother as disempowered

because of her illness, Vivi points out his prejudice and emphasizes how important it is to *listen* to disabled people. Though the two ultimately break up when Vivi moves back to Seattle after the summer, neither regret their relationship. Vivi decides it must end both because of the distance and because she knows that as she continues to adjust to her bipolar disorder, she cannot be affected by someone else's time scale. Though Jonah expresses his adamant support for her and a desire to visit, she replies, "I know you would never rush me, but I think *I'd* rush me. If we planned visits, I'd want to seem better for you" (Lord 324). Though heartbreaking to read, Lord positions the reader to respect and embrace Vivi's decision to place her mental health over a relationship.

Lord also juxtaposes romanticization and reality when Vivi becomes better acquainted with Ellie, one of Jonah's family friends. After hearing Ellie curse, Vivi narrates that her initial bad impression of Ellie has changed: "I thought Ellie was what I call a Lovely. I don't tend to like Lovelies because there's a lot of posturing and holding back of real human emotion" (Lord 306). For Vivi, Ellie's bad language breaks a stand-offish illusion of perfection and makes her more approachable and relatable. In the same way, Lord's novel is unafraid to show the rough edges of having bipolar disorder to avoid becoming a "Lovely" story that offers nothing to which readers can connect—which resembles Will's birdshit rule as well (Green and Levithan 141). Vivi's concept of a Lovely also aligns with Siebers's observation that an overuse of the social model can make disability seem "conventional, conformist, and unrecognizable" (Siebers 13). Just as Vivi wants genuine, imperfect characteristics in a friend, readers will also appreciate the realism of a novel that does not make disability so idyllic that it does not feel familiar or relatable. The second question in my framework examines other ways that Lord

emphasizes the importance of an authentic and non-romanticized portrayal of her characters: “*How does When We Collided portray negative experiences that arise because of a character’s disability—and does this realistic portrayal still allow for an empowered disabled perspective?*”

In addition to rejecting romanticization, Lord portrays the sometimes painful realities of having bipolar disorder. Once Vivi’s manic episodes spiral out of control, she struggles to distinguish between adventurous actions and dangerous ones. As part of her journey following the numbers, Vivi pays \$7.60 for a meal and interprets 760 as the clue for one of San Diego’s area codes, so she sets out for the city on her Vespa, taking the confused Jonah with her (Lord 260-264). Lord captures Vivi’s frenzied thought process so well that readers will be both caught up and frightened by the reasoning that leads to Vivi’s road trip. She narrates, “...I start to wonder what this number trail is leading me toward. It could be anything. It could be something the rest of the world doesn’t even realize exists. It could be the secret to *time travel*. Maybe the universe has chosen to reveal this secret only to me, and if I just keep following the numbers, I’ll be the first human to achieve it” (Lord 261). On their way to San Diego, Vivi begins driving too quickly, missing a stop sign and alarming Jonah to the point where he begs her to pull over. She does so only long enough to have a brief argument before taking off again. Her narration begins to run together, and as the sentences grow longer, the novel’s events seem to speed up to keep up with her: “The engine growls, and I stand up on the bike as it lurches forward and the wind grabs my skirt, and I yell ‘AYE-YI-YI!’ because I am made of moondust and twinkle lights, because I’m impervious to the shortsighted mortality of my peers, to their finite days on this planet that they spend being closed-off and insecure



and inert” (Lord 266). She then crashes her Vespa into a tree, breaking her arm and two ribs in addition to severely scraping the left side of her body. Her injuries are so severe that she has to go through immediate surgery, and it is clear that she almost lost her life from the events that occurred during her manic episode. Readers who get this inside perspective on a manic episode see how disorienting it can be during the experience, as well as how frustrating it can be to pick up the pieces afterwards. One of Vivi’s first thoughts upon regaining consciousness after surgery is, “What have I done?...Sleep, sleep, let me wake up in a different life or not at all” (Lord 280). Though she remembers the events, she feels completely disconnected from the reasoning behind her actions once she wakes up in the hospital. She is so distraught that she asks her mother, “What... if this... ruins... my life?” (282). Vivi experiences intense regret for events that occur during her manic episodes, including those that happened before the novel began; a striking example of this is when she wakes from a nightmare in which she was forced to relive the night she attended a party and slept with one of her best friend’s ex-boyfriends (Lord 115-116).

While Vivi is in the hospital, several characters acknowledge that mental disability can cause intense suffering. When Ellie comes to visit Vivi, the two bond over Ellie’s honesty about Vivi’s bipolar disorder. Ellie shares that her brother had been to that same hospital to be treated for depression and is able to comfort Vivi more than anyone else by simply telling her “depression fucking sucks” (Lord 306).<sup>65</sup> Ellie then sits with Vivi, sharing how her brother first struggled with his disability before going on to become an advocate for mental health awareness. Vivi expresses how rare it is to find

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<sup>65</sup> This is also the scene where Vivi realizes that she was wrong about Ellie being a Lovely.

someone able to express both empathy and solidarity, narrating, “Her words make me want to cry but only out of relief to have someone *get* me—without pity. Everyone else seems to feel so sorry for me, and also like they’re so glad they’re not me. No one settles inside my shoes—inside my towering, beautiful shoes—and dances around, not even for a minute” (Lord 308). For Vivi, Ellie’s visit represents the perfect balance between romanticization and reality—Ellie recognizes the difficulties of having bipolar disorder and does not try to coax Vivi into feeling cheerful, but she also refuses to paint Vivi as a tragic lost cause that needs “pity.” Vivi’s experience is indeed “towering” and intimidating when her mania causes her to lose control, but her life is also “beautiful” and exciting when she is touching the hearts of Jonah’s siblings or making new friends everywhere she goes.

After her accident, a new therapist, Dr. Brooks, treats Vivi temporarily while she is in the hospital. He too strikes the balance between romanticization and reality perfectly, and is one of the most positive representations of a therapist that I have come across in young adult literature about mental disability.<sup>66</sup> In their meeting, Vivi says, “Dr. Brooks, I would wear a *potato sack* for the rest of my life if I could erase the hurt I caused people while... hypomanic,” to which he eventually responds, “What about the hurt this has caused *you*, Vivi?” (Lord 301, ellipses in original). Vivi finally allows

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<sup>66</sup> Dr. Brooks begins their conversation by asking Vivi “Do you accept that?” when he references her previous diagnosis of bipolar II disorder, thus giving Vivi a chance to have an active role in her health care (Lord 299)—the kind of role that Wilkerson argues she and her daughter were not given in their experiences. Wilkerson consistently debated the doctor’s diagnosis of her daughter Lauren as having schizotypal personality disorder, such as when Lauren’s decision to wear a pinned-up and dreadlock hairstyle was labeled as “odd beliefs or magical thinking” (106). Wilkerson argues “Interactions between doctor and patient/family are framed as a process of mutual exchange and persuasion that facilitates informed decision making and patient and parental consent, but in reality such a severe imbalance of rhetorical power exists that a context of coercion is created. When Lauren and I attempted to find a common language, to use the language of the ward to address psychiatrist and staff concerns and to seek agency, whatever we said could only be heard as further evidence for Lauren’s pathology” (107).

herself to acknowledge this—that she cannot ignore the ways that she too has struggled because of the events that took place. Dr. Brooks thus uses the original intent of the social model, which Berger (summarizing Shakespeare) described as focusing on how to “absolve disabled people from feelings of guilt” (Berger 162). Although some people would blame Vivi for being irrational or impulsive, it is clear that many of her actions were outside of her control due to her mania—and the social model helps Vivi realize that she cannot punish herself for being different than people without bipolar disorder.

Yet Dr. Brooks does not place *all of* the emphasis on society, for he also recognizes that even if more people understood Vivi’s situation, Shakespeare is right: “it would still be problematic to have an impairment, because many impairments are limiting or difficult, not neutral” (qtd. in Berger 163). When Vivi tells Dr. Brooks that she had stopped taking her mood stabilizer because of its effect on her, the following conversation ensues, beginning with Dr. Brooks suggesting other options for her:

“But that was only one medication at one dosage. There are plenty of options that will regulate your body into a healthier—“

“Regulate?”

“Yes.” He pauses, as if reconsidering his choice of word. “Don’t you think it’s fair to say that’s necessary at this point? You’ve now had a depressive episode that ended in self-harm. And so did this episode.” (Lord 302)

As Price and Shildrick observe, the medical model can be frightening to people with disabilities, as it seems more intent on erasing their disability than on helping them manage their challenges (67). In this conversation, readers can see this reaction in Vivi,

who balks at the term “regulate” because of its medical overtones and the suggestion that she must change. However, Dr. Brooks is able to honestly point out to Vivi that her bipolar episodes have hurt her while also emphasizing that this is not her fault. He gives her an equal voice in their decisions on what type of treatment she prefers, though he does advise her to continue with at least some type of medication, acknowledging the dangerous side effects of her manic episodes. This aligns with Price and Shildrick’s summary of feminist disability scholarship which “demand[s] an acknowledgment of the bodylines associated with disability, of the pain, tiredness and limitations that affect individuals” (67).

This portrayal of reality does not undermine Vivi’s strong, empowered view of herself as someone who is generous, thoughtful, adventurous, and brave. Dr. Brooks advises her to “realize that bipolar disorder is just one facet of a multidimensional life...I would counsel you to accept your diagnosis. That? Comes with time and experience.” When Vivi seems to object, he replies, “Yes, I hear you when you say you don’t want to have bipolar disorder. It’s very trying and can be frustrating to manage. But you’ve got a loving family and a home and access to health care...And you’ve got a lot of fight in you. That much I can tell” (Lord 302). Dr. Brooks’s words encourage Vivi to see that the frustrations of bipolar disorder do not take away from her strength and other important aspects of her life. Furthermore, although Vivi is learning more about her bipolar disorder, this novel does not revolve around the process of discovering Vivi’s disability. Because the novel’s events cover Vivi’s *second* cycle of manic episodes and depression, Lord shows readers that Vivi’s bipolar disorder is a continuous experience, though not a hopeless one. Like *Levithan*, Lord reveals what “living with it” looks like for Vivi in the

scene when she asks her mother if the effects of her mania will ruin her life. Her mother responds with one of the most inspiring quotes of the novel: “This is going to ruin a few days. It might make some weeks harder. A few hard weeks in a great, big life. You can do that. We can do that” (Lord 282-283). Just as Will looks forward to an “*it we can bear*” (Green and Levithan 275), Vivi learns that there will be balance—she can still love herself and her life while also knowing that there will be more painful challenges to go through. Without ignoring the struggle of having bipolar disorder, Vivi and those supporting her keep the focus on the “great, big life” which awaits her, and Vivi ultimately concludes, “Sad but strong. You can be both. And I am” (Lord 322).

### **Final Discussion**

In the beginning of this thesis, I argued that a well-crafted novel about disability could not exchange its disabled protagonists for nondisabled ones while still maintaining the same story. It is this uniqueness that marks a novel’s power—its ability to tell a story representing a different perspective. Balancing romanticization with realization is inseparable from this goal because readers deserve to see themselves represented accurately and familiarly in a text that affirms that their stories matter (Bishop 1). Romanticizing disability warps the experience, making it seem tangential, expendable, or inconsequential to a person’s daily life (Dolmage 39-40; Donaldson 102; Elman 95, 97). The other extreme is equally harmful, for it characterizes disabled people as flawed, miserable, or afflicted (Dolmage 20; Dunn 46; Shakespeare qtd. in Berger 162). Realistically describing pain should never be used to suggest inferiority; it is merely an acknowledgment that disabled people do have different needs and a reason to advocate for better support, health care, or solidarity (Dolmage 97-98).

Yet a potential problem arises: every person's reality is different; one cannot conflate the experience of depression with that of anxiety simply because both could be classified under the broad category of mental disability. Siebers points out that it is this wide range of differences that makes advocacy difficult at times: "...people with disabilities are not often thought of as a single group, especially as a political group, because their identities are too different from each other" (10-11). Therefore, readers must approach realism with flexibility, understanding that open spaces might challenge one person while art might empower others; the focus should remain on how an author chooses to represent these challenges and successes. As I have tried to demonstrate in this chapter, characters like Will and Vivi will generally lead readers to this analysis with their own words. Both of these characters call out romanticization stereotypes in their relationships and acknowledge the challenges they face. Neither of these authors create stories that violate the "birdshit rule" (Green and Levithan) or sugar coat the experience of having depression or bipolar disorder. There are days when Will hates his medication and feels like he is on the brink of destruction; likewise, Vivi faces the risk of dangerous manic episodes that could potentially take her life. Yet both also affirm their agency and importance by focusing on victories: a successful play, a summer love, a strong support group.

These novels share an emphasis on romantic plotlines, which leaves them at risk of falling into a teen sick-lit narrative (Elman 93-94). *Will Grayson*, *Will Grayson* draws on this tradition through Will and Tiny's relationship, but ultimately condemns a situation that voyeuristically portrays disability as "exotic" and "Other," in the words of *Disability in Kidlit* contributor JJ (Townsend et al. para. 11). *When We Collided* also toys

with the teen sick-lit narrative; although Jonah's grief does turn into depression at times, he also plays the nondisabled counterpart to Vivi's bipolar disorder. Without condemning their partners as bigoted or evil, both Will and Vivi move on from relationships which—intentionally or otherwise—cause them to feel pressured to “get better.” However, Vivi's characterization has its questionable features; unlike Will, Vivi's personality does play into popular fantasies about creative, bubbly girls in the Manic Pixie Dream Girl archetype. Yet readers can also realize that even if artistic girls with bipolar disorder are overrepresented in young adult literature, a creative and energetic female character is not necessarily a *misrepresentation* of some people's experience of having bipolar disorder. JJ also makes this observation, writing, “I don't know if tropes are necessarily a ‘bad’ thing, providing they are examined with care and sensitivity. HOWEVER. Seeing them over and over again creates a monolithic view of mental illness” (Townsend et al. para. 20). Lord skillfully counters some of Vivi's traditional traits with Vivi's frequent and refreshing affirmations of her own value and power, affirmations Vivi makes without the need for validation from other characters, particularly in her refusal to apologize for being a different girlfriend and daughter than expected. Again, the novel ultimately comes down to balance, and readers can identify commonly used trends in young adult fiction while also finding many empowering features in the novel.

The balance achieved in *Will Grayson*, *Will Grayson* and *When We Collided* can largely be attributed to the mindfulness of their authors, as both Levithan and Lord have used their writing as platforms about mental health. At the close of their novels, both authors include personal statements about their effort to fill a void in the young adult

genre. As previously mentioned, Levithan's purpose was to write a character whose depression was part of daily life:

I wanted my will to be very much in the middle of things, because I don't feel there are enough books written about teens caught in the middle of things...So many novels—many of them excellent—are written about teens who first grapple with their depression and get help. There are very few about what happens next, when you have to live the rest of your life. (para. 8)

Lord's expresses a similar sentiment in her author's note, writing, "Sometimes it seems like the portrayals of mental illness we see—in movies, in the news—are primarily tragic ones. Please hear me: there are thousands upon thousands of other stories. One is that it's hard sometimes, and maybe the path isn't perfect, but you get there. Some difficult weeks in wonderful lives" (340). Using the framework that I have presented in this thesis to recognize stereotypes and honest representations of challenges, readers can analyze how effectively authors achieve their goals of diversifying fictional representations of mental health. In fact, Vivi's words are the perfect encapsulation of this chapter: "Sad but strong. You can be both" (Lord 322).



## Chapter 5: Discussion and Implications for Future Research

Throughout this thesis, I have repeatedly returned to the empowering value of a disabled perspective. Outstanding characters like Marcelo, Craig, and Will demonstrate that mental disabilities lead to unique identities, relationships, and challenges that deserve attention in the publishing industry, the classroom, and society at large. Although they represent their mental disabilities in various ways, these characters share a belief that there is power in their differences, and by critically engaging with quality young adult literature, readers can develop methods for highlighting and understanding this power. To this end, the conceptual framework and related questions that I have proposed using to investigate representations of disability in young adult literature also offer a springboard for analyzing some of the primary experiences that mentally disabled protagonists encounter: personally defining one's identity, selecting appropriate treatment while rejecting institutional control, and dealing with the challenges of disability without portraying it as a burden or romanticized adventure. Throughout these novels, the witty and often biting observations of these characters call attention to how society both exacerbates impairments and ostracizes those who do not meet certain expectations for mental health.

Though many important studies continue to examine classic literature, much can be gained by turning scholarly attention to literature that is being produced in today's era. When analyzing contemporary young adult novels, we are not just studying literature—we are studying our present world, and it is important that this genre reflects our diversity and promotes its inclusion. Insightful novels can encourage readers to examine fictional scenarios to better understand the current social factors that shaped such a text. For

example, reading *Marcelo in the Real World* allows readers to examine how “normalcy” influences standards of professional success while *The Program* and *The Treatment*’s dramatization of lobotomy leads readers to better understand the United States’ legacy of psychiatric abuse. This active potential of texts is what Curwood refers to as “critical literacy,” and I argue that being more aware of disability stereotypes and empowerment can help readers “analyze, critique, and transform the norms, rules, and practices that govern our daily lives,” as Curwood notes (18). With that in mind, the framework that I have outlined in this thesis is intended to help readers select books that serve as a mirror for some to reaffirm their power and a window for others to appreciate that power (Bishop 1).

### **Limitations and Directions for Future Research**

Like all research, this thesis is not without limitations. The intersection of disability studies and young adult literature is a growing field for researchers, offering many possible avenues for study. I realize there are difficulties in comparing autism to anxiety, as I did in chapter one, as these experiences have different neurological and emotional roots, which in turn affects how a character conceptualizes power. Though my hope was to create solidarity and awareness for a broad spectrum of less visible disabilities, a closer look at individual disabilities could create more focused frameworks in future scholarship. In narrowing my research from all disabilities to mental disabilities, my smaller research scope beneficially allowed me to explore specific challenges that society and mental disability pose for individuals; for instance, I analyzed how a less salient disability prompted “coming out” moments that allowed for identity articulation and how mental health medication is both feared and stigmatized. Likewise, a more

detailed focus on depression or autism could reveal common preconceptions about those experiences that are more noticeable when repeated across all books about that particular disability. Books with autistic characters, for instance, often have a dry, literal tone that can create a monolithic view of autism voice and humor, which might not be analyzed in a larger study but is significant when considering the popularity of novels like *The Curious Incident of the Dog in the Night-Time* by Mark Haddon and *Mockingbird* by Kathryn Erskine. My research project covers some of the most frequent and important themes in young adult literature, but it is of course not comprehensive. In particular, graphic novels, disability intersectionality, and negative portrayals of mother figures offer rich potential for future scholarship.

Graphic novels, a subcategory of young adult literature, have received more attention in our age of multimodality, and they offer an interesting opportunity to analyze how authors represent the “unseen” of mental disabilities. Dolmage recently contributed to a new 2016 edited collection of essays, *Disability in Comic Books and Graphic Narratives*, which has broached the subject, but future researchers could undoubtedly find much to explore in this juncture by specifically concentrating on mental health. In my initial research for this project, I was also interested in web comic depictions of depression and anxiety which are popular on blogs and social media sites. Notable examples include Allie Brosh’s *Hyperbole and a Half* and Clay Johnson’s *depression commix*.

The level of inclusion of diverse disabled characters is the second important area for future research. As with feminism, intersectionality in disability studies is key to representing the many different identities that influence the experience of mental health.

In her study of 50 Canadian young adult and children's novels, Brenna writes, "It appears that along with the inclusion of one aspect of difference—disability—other aspects of difference have been ignored in the novels that comprise this sample: namely, differences in sexuality, ethnicity, and religion, although gender is treated with equity" (5). In my own research, I found Brenna's observation true to a certain extent: in books where mental disability was the main focus, characters rarely commented on how other identities overlay and influenced their experiences. This is particularly true of some of the most iconic novels in the genre, such as *The Curious Incident of the Dog in the Night-time* by Mark Haddon, *Thirteen Reasons Why* by Jay Asher, *Mockingbird* by Kathryn Erskine, and *A Mango-Shaped Space* by Wendy Mass. Most of these novels have won accolades, and some have even crossed over to other media forms, such as Haddon's novel, which is a Tony Award-winning musical, and Asher's, which will be a Netflix television series at the end of this March.

However, upon closer inspection, there were intersectional moments in several other books: Marcelo experiences racism when Wendell calls Arturo a "minority hire" (Stork 127); Craig recognizes his class privilege when other mental health patients want to stay in the hospital to avoid being homeless on the streets (Vizzini 249, 317); and characters in *Will Grayson, Will Grayson* discuss homophobia and being an ally (Green and Levithan 41-45). *Girls Like Us* by Gail Giles is in a class of its own—it powerfully discusses learning disabilities, gender, class, and race (both the experience of being "mixed" in Texas and being considered "white trash"); furthermore, both protagonists are gang raped at different times in the novel, reflecting the intersection of age, disability, and violence and the horrifying statistic that children with mental or learning disabilities

are 4.6 times more likely to be sexually assaulted than those without disabilities (Smith and Harrell 4).<sup>67</sup> Therefore, these intersectional novels do exist—but scholars have to be more diligent about searching them out and highlighting these issues even when they are not a “theme” of the work. These stories are greatly needed in order to highlight the variability of the disability experience. When Julie E. Maybee’s interracial daughter became cognitively disabled following an aneurism, she dreaded what she called the future “fights” for equal treatment, asking, “Was I supposed to accept the added burden of having to fight for a child who is a woman, black, and now disabled as well, in a society that values men, whites, and able-bodied people?” (259). Her argument that the definition of normalcy hinges on additional factors such as race and gender is critical to better understanding the way society is built upon different overlaps of exclusion (Maybee 247-256), and including these intersectional identities in young adult literature will better reveal how impossible it is to create a “universal” story about disability (Dunn 7)—and also how important it is to provide additional windows for all readers (Bishop 1).

The specific intersection of feminism and disability studies has been covered by many excellent scholars, particularly those who contributed to *Disability and Mothering*. However, Dunn briefly mentions a theme that appears in young adult literature and which I noticed most frequently in the novels that I read for this thesis: mentally disabled children often had bad mothers, who were either coldly distant or obsessively controlling, in comparison to the father figures, who received little attention due to their scant lines of dialogue or total absence (71). The helicopter mother in *Finding Audrey* is merely one

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<sup>67</sup> It is difficult to find consistent statistics on this topic, though this is one of the most up-to-date articles, referencing a 2012 study by Emily M. Lund and J. Vaughn-Jensen. Referencing a Sobsey and Doe study from 1991, the Washington Coalition of Sexual Assault Program writes that approximately 80 percent of intellectually disabled women have been sexually assaulted.

example; *The Boyfriend List* by E. Lockhart, *Surrender* by Sonya Hartnett, and *Winter* by Marissa Meyer (her final novel in the The Lunar Chronicles series) are just a few of the novels with unappealing mothers—in the two latter novels, the mother must be killed before the protagonist can achieve narrative closure.<sup>68</sup> I believe this creates an attitude of blame towards a figure who is often the primary caregiver—a phenomenon that is at once a sexist method of policing maternity and a way to again treat disability as something negative that necessitates an explanation. Lewiecki-Wilson and Cellio tap into this attitude of blame when they ask the rhetorical question, "If the mother was herself not deemed 'normal,' how could she fulfill the role of teaching normality?" (8). The reverse could also be true—if a child is not "normal," then she must not have been correctly taught normalcy by the mother figure. Understanding this negative characterization will thus allow readers to understand the intricate ways in which normalcy is encoded in common experiences such as parenting, subtly suggesting that disability is a type of instructional failure rather than an empowering perspective.

### **Implications for Educators**

Although all readers should be aware of empowering themes in young adult disability novels, students and educators in particular can create more inclusive classrooms by addressing disability studies like this one (Dunn 1-4; Hazlett et al. 208; Kurtts and Gavigan 23). To this end, the critical framework I have developed can help

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<sup>68</sup> See also Berit Åström's "A Narrative of Fear: Advice to Mothers" in which the author writes that since the nineteenth century there has been "the idea that the mother is responsible for every aspect of the child's physical, emotional, and mental wellbeing, and that while she is important, she is also dangerous, and liable to destroy the child, if not closely supervised" (114). See also Elman 119-120. See also Epstein para. 42-44 for an explanation of early psychological theory that suggested autistic children were created primarily by "refrigerator mothers" who were "selfish, controlling and as cold as an icebox" (para. 43).

guide literary criticism and classroom discussions about the nuanced and multivalent topic of disability. Developing specific questions and a vocabulary for addressing these issues—such as the “social model” and “interdividuals”—enables readers to move beyond simply appreciating a text to closely questioning the relationship between socially sanctioned norms and the representation of disabled characters (Curwood 19).

One of the concerns for educators, scholars, and authors alike is their own disability status, particularly if they hope to include a disability perspective but feel unsure about their ability to approach it adequately. Both Dunn and the *Disability in Kidlit* “About” page reference James Charlton’s slogan “nothing about us without us,” which aims to keep disabled people at the forefront of discussing disability issues so that their opinions and experiences are not coopted by nondisabled others (“About” para. 4; Dunn 12). With this in mind, I questioned my own right to work on this project—although I consider myself an ally of loved ones with anxiety disorders and PTSD, I have not directly experienced these disabilities and wonder if I can accurately represent them in my writing. However, Price and Shildrick, whose joint scholarship is formed by one disabled and one nondisabled writer, express concern that avoiding the subject because one is not disabled could create “the suggestion that disability is not an issue for non-disabled people” (64). By incorporating disabled scholars’ writing and remaining sensitive to the ever evolving goals of the disability community, writers and teachers alike can make sure that disability is discussed alongside race, gender, sexuality, and so on (Dunn 1).

These novels can begin discussions that eliminate binaries of ability and destigmatize the disability experience, which all students will come into contact with in

the workplace, friendships, or personally (Dunn 2). Furthermore, as Curwood argues, “The integration of critical analysis and disability counternarratives in the classroom can also offer students a space to consider how their own lives are shaped by normalcy narratives” (26). The subject of disability is thus an important topic for all students who have encountered societal norms. Literature is also a powerful social force and conversation starter about inclusion, as Brenna writes, “I think books have a tremendous potential to teach us ways of thinking about ourselves and others that are imperative going forward as caring communities. It’s not all about modelling the perfect way, but about helping us interrogate our thoughts and feelings, and exploring fictional situations that can help us when the real world comes calling” (Dobbins forthcoming).

One in five children will have a “severe” mental disability during her lifetime (“Any Disorder Among Children” para. 1). Dealing with challenges to one’s mental health is thus not a rare experience, and educators have a responsibility to include such perspectives in curriculum. Though there are an increasing number of young adult novels being published which feature mentally disabled protagonists, disability studies unfortunately goes undiscussed in many classrooms, as Dunn and Wolframe point out (Dunn 1, 5-6; Wolframe 2). With this type of situation in mind, the We Need Diverse Books movement has emphasized the consequences of silencing or excluding different viewpoints. As Anshu Wahi points out in an educators’ roundtable, “Diversity, social justice, equity, and inclusion are also about who is making decisions about what stories are getting told, who is telling them, and how” (Bruce et al. para. 19). Often, educators are the ones introducing students to these stories, establishing which young adult novels become “classic,” and demonstrating whose voices matter. It is thus important to



recognize that educators play a key role in the empowerment and appreciation for disability which has been at the center of this thesis.

This project has certainly changed me as I have worked on it, making me more aware of the importance of language and the way we as writers and readers code disability as a negative experience. This tendency was recently confirmed when I had the opportunity to review *Wild Orchid* and interview its author, Brenna, for an article in the *SIGNAL Journal*.<sup>69</sup> Before ever turning a page, I was struck by the back cover copy on the 2005 publication, which described the protagonist as someone who “suffers from an autistic condition” and “whose life experience has been limited by her condition” (*Wild Orchid*). I pointed this out to Brenna, who had not noticed the problematic copy before and sent an email to her publisher within the week to arrange for new copy on the novel’s reprints. Had I not read Dunn’s study, which discussed how much the disability community dislikes the term “suffers” because of its reductive negativity (46), I would not have been equipped to make this analysis and address a problem in a popular and overall well-written young adult novel. This experience underscores the subtle yet frequent ways that disabled people are disempowered, but more importantly, it demonstrates the ever-active potential for readers to demand better, more thoughtful representation. It is also why a study like this matters so much: it gives students and scholars the tools to identify a problem and articulate its implications, ensuring that young adult literature truly becomes a more diverse genre.

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<sup>69</sup> This is the same Brenna whom I have quoted on the topics of teaching in special education classrooms and disability intersectionality.

### **Closing Thoughts**

I began my study of mental disabilities because I fell in love with a character named Caitlin, the protagonist with Asperger's in Kathryn Erskine's *Mockingbird*, but I finished this project with a newfound appreciation for the entire culture of disability studies, particularly its disregard for the norm and its emphasis on creating an accessible society. These messages parallel Dolmage's point about his analysis of disabled rhetoric: "This is not to say that we are all disabled, but instead to emphasize that no one is normal" (91). This lesson can indeed be learned by all readers of young adult literature. By reading novels like the ones highlighted in this thesis, "invisible" disabilities will not be treated as though they are "out of sight, out of mind." The ableist societies in *The Program* or Arturo's "real world" do not have to be our own; we can continue to promote empowering narratives about all types of people—both in the literature we read and the communities outside them.

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