Narrative Empathy and an Analysis of Three Contemporary Young Adult Mental Health

Novels

by

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A thesis presented to the Honors College of Middle Tennessee State University in partial
fulfillment of the requirements for graduation from the University Honors College

Spring 2021

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Dedication

To Wallace "Doty" and Nell Jordan, and Allan and Mary Cranston, my beloved

grandparents.

And to a beloved family friend who recently lost his life.

I treasure all of you in my heart.

And to anyone who has considered or attempted suicide: You are valued and loved.

Never give up. There is always help.

National Suicide Prevention Lifeline:1-800-273-8255

Acknowledgments

I want to thank my family: Mom, Dad, Juliana and Josh, Sarah, Jack, and Kyle. I love

you all. I am eternally grateful for the joy each of you brings into my life.

I want to thank my best friend, Maddie, for believing in me and for being my soul sister.

I want to thank Dr. Donovan and Dr. Myers for their wonderful support since the

beginning of my thesis journey. I could not have completed this thesis without them; I am

so grateful.

I want to thank Dr. John Vile, Dr. Philip Phillips, Dr. Maria Bachman, Judy Albakry, and

the entire University Honors College for this blessed opportunity and for their support.

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Abstract

The goal of this project is to propose a solution to the mental health stigma crisis.

Through my thesis, I explore the theory of narrative empathy, character identification,

and two character-identification techniques: suspense and descriptive language. I

ultimately argue that one way potentially to reduce mental health stigma is through the

reading of literature that features a protagonist with a mental illness. The three novels I

utilize to support my argument through literary analysis include *Challenger Deep* by Neal

Shusterman, *The Memory of Light* by Francisco X. Stork, and *Under Rose-Tainted Skies*

by Louise Gornall. I selected these three novels because each collectively paints

individuals with various mental disorders in an authentic and empathetic light; the

authors' accurate representations stem from their personal connections to the mental

disorders that they represent within the pages of their respective novels. I argue that these

novels can cultivate empathy in readers toward individuals with a mental illness, which

will help reduce the mental health stigma pandemic.

Introduction

When I was in the sixth grade, I developed an irrational fear of engaging with people. This fear quickly snowballed into an array of crippling anxieties that stalked me like a shadow all the way into my college years. Conversing with others, meandering through crowds, waiting in lines, eating in front of others, and talking on the phone are only a few snippets of the many battles I have waged with ever since I was twelve years old. Even though my fear and anxiety followed me practically everywhere, it was most prevalent in school settings. Throughout middle and high school, I avoided paths that harbored clusters of students, prohibited myself from raising my hand in class, avoided eating in the lunchroom and evaded group activities. These struggles ultimately resulted in my cultivating a shy presence.

One would think that my quiet presence would have protected me from appearing on the radars of others. However, rather than being overlooked by others, my rather silent disposition was subject to ridicule, especially while I was in middle school. In fact, my classmates would often question why I was not talkative or why I rarely made eye contact or why I avoided every school social event; thus, I subsequently became labeled as the "quiet, weird girl."

By the time I was nineteen years old, I sought out therapy for my social-related struggles. I was later informed by my counselor that she believed I had social anxiety, which, according to the National Institute of Mental Health, is a disorder in which one harbors "anxiety or fear in certain or all social situations, such as meeting new people, dating, being on a job interview, answering a question in class, or having to talk to a cashier in a store" ("Social Anxiety Disorder: More than Just Shyness"). Since then, I

thankfully have been able to overcome a few of my social fears, despite their presence creeping on me every so often.

My social anxiety, however, is not the only personal connection I have to mental health illnesses. A few of my family members, and some of my friends collectively suffer from different mental disorders including anxiety, depression, obsessive-compulsive disorder, and agoraphobia. With mine, my family members, and my friends' mental health difficulties, I thoroughly understand the notion that "not all scars are visible" ("Not All Scars are Visible"). In other words, mental disorders can scar the fragile human mind in a manner that is as paralyzing, crippling, and bruising as physical ailments.

Despite the physical and emotional suffering that often plagues those with a mental disorder, society tends to downgrade the seriousness of mental illnesses. According to the Centennial Mental Health Center, many people regularly view those with a mental illness in an unfair light, casting them off as violent, unreliable, dramatic, weak, or odd individuals ("Myths and Stereotypes about those with Mental Disorders"). These beliefs lead to a horrific, unfortunate reality: mental health stigmatization. Mental health stigmatization can be defined as "a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses" (Hogan et al. 4). Mental health stigmatization is a pervasive, widespread issue (Hogan et al. 4). In fact, studies have found that the majority of individuals in the United States and in western Europe harbor some form of mental health stigma; however, it is important to note that stigma occurs across the entire globe (Corrigan and Watson 16). Thus, mental health stigma is like a universal plague.

Mental health stigmatization is divided into two categories: public and self-stigmatization. Public mental health stigmatization typically comes in three forms: stereotyping, prejudice, and discrimination (Corrigan and Watson 16). Stereotyping is a form of discrimination in which an individual possesses a "negative belief about a group" (Corrigan and Watson 16). Thus, mental health stereotyping results in individuals having negative beliefs about those with mental health disorders; some of the most common stereotypes depict that those with mental disorders are dangerous, incompetent, weak, violent, homicidal, childlike, and unpredictable (Corrigan and Watson 16; "Mental Health Myths and Facts"; Corrigan 50). On the other hand, prejudice is a form of stigmatization in which an individual holds negative emotions, most notably fear and anger, toward those with a mental disorder (Corrigan and Watson 16). Stereotypes and feelings of prejudice are detrimental because they result in individuals perceiving people who have a mental health illness in a false manner. As mentioned previously, one of the most common stereotypes that causes mental health stigma is the idea that those with a mental illness are more likely to be violent, especially individuals with schizophrenia and/or drug abuse illnesses ("Mental Health Myths and Facts"; Lauber et al. 57). Thus, it is common for people who adopt this stereotype to be fearful of those with a mental disorder (Corrigan 50). In other words, stereotypes are beliefs while prejudice is a cluster of feelings; the two are closely connected and often go hand-in-hand.

The "violent" stereotype, however, could not be farther from the truth. In fact, according to the United States Department of Health and Human Services, only a mere three to five percent of individuals who have a "serious" mental illness demonstrate violent tendencies; most individuals with a mental illness are found not to have a violent

or aggressive nature ("Mental Health Myths and Facts"). It is ironic that many people tend to think that those with a mental illness are violent when those who have a mental illness are actually more likely to be on the *receiving end* of violence. As a matter of fact, the U.S. Department of Health and Human Services has found that "people with severe mental illnesses are over . . . [ten] times more likely to be victims of violent crime than the general population" ("Mental Health Myths and Facts"). It is foolish and erroneous for people to anchor beliefs and feelings of terror, anger, worry, and bitterness toward people with a mental disorder.

Stereotypes and prejudice are very powerful because they can lead to the third form of public mental health stigmatization: discrimination (Watson 16). Discrimination is a "behavior[al] response to prejudice" (Watson 16). In other words, discrimination is an *action* carried out in response to specific feelings of prejudice. Discrimination toward people with a mental illness is found in various aspects of life. For example, individuals with a mental illness often endure unfair treatment within the health care industry (Ponte). Research has found that people who have a mental illness "die an average of 25 years earlier than the general population" due to doctors "incorrectly . . . [attributing] physical symptoms to a person's mental illness" (Ponte). These incorrect attributes are partially rooted in health care workers believing stereotypes about those who are mentally ill (Ponte). Moreover, many health care workers are also less likely to refer a mentally ill individual to a specialist since some health care workers commonly view mentally ill individuals as being less likely to respond successfully to treatment (Ponte). Thus, those within the mental health community are often denied basic health care rights simply because of stigma.

Furthermore, despite the passage of The American with Disabilities Act and Rehabilitation Act of 1973, those with a mental illness are regularly discriminated against in the workplace as well. Recent studies have found that individuals who have a mental illness typically earn lower wages and are less likely to receive promotions at work (Ponte). Research has also concluded that the mentally ill are more likely to be unemployed than the general public; this higher unemployment rate is most likely connected to discrimination (Ponte). In fact, a recent study in England uncovered that "one-third of people [in England] with mental health problems . . . have been dismissed or forced to resign from their jobs, [while] 40% . . . were denied a job because of their history of psychiatric treatment" (Wheat, et al. 83).

In addition to employment discrimination, those with a mental illness often face housing discrimination as well (Ponte). The U.S. Department of Housing and Urban Development recently revealed that individuals who have a mental illness are often subject to discrimination in various ways despite the passage of The Fair Housing Act (Ponte). For instance, they are not as likely to have an agent respond to a housing question or have an agent inform them about available housing spaces or receive special accommodations related to their mental illness (Ponte). Thus, unlike the general population, people who have a mental disorder sadly endure discrimination within the health care, workplace, and housing industries.

Public mental health stigmatization is a critical issue because it causes another serious form of stigmatization: self-stigmatization. Like public stigma, self-stigma is divided into the same three categories: stereotypes, prejudice, and discrimination (Corrigan and Watson 16). Firstly, when individuals with a mental illness self-stigmatize,

they accept negative stereotypes about themselves, such as thinking that their disorder makes them inept or fragile (Corrigan and Watson 16). Secondly, individuals can act prejudicial toward themselves as they illustrate feelings of anger, fear, or anxiety for themselves due to their mental disorder (Corrigan and Watson 16). For instance, individuals with schizophrenia may feel that they are likely to be violent toward people and are thus afraid of themselves. Thirdly, individuals may discriminate against themselves by choosing to pursue or not pursue certain actions based on their self-inflicted (and public driven) prejudicial feelings (Corrigan and Watson 16). For example, individuals with social anxiety may choose to never attend large events, like parties, because they feel angry at themselves for their perceived awkwardness or shyness.

Self-stigma is harmful toward people with a mental illness since it usually results in them enduring "a loss of self-esteem and self-efficacy" (Watson et al. 1312). Self-esteem and self-efficacy are two different concepts but are connected to one another (Ackerman, "What is Self-Efficacy Theory in Psychology?"). Self-esteem is the level of value one finds in one's self and is determined by various factors, including one's thoughts and experiences (Ackerman, "What is Self-Esteem? A Psychologist Explains"). On the other hand, self-efficacy is the level of confidence one has in one's self to effectively carry out goals (Ackerman, "What is Self-Efficacy Theory in Psychology?"). Research suggests that self-stigma can lead to a decrease in both self-esteem and self-efficacy (Watson et al. 1312). Thus, when individuals stereotype and discriminate against themselves, their levels of overall self-worth and confidence diminish, which can lead to serious consequences. For example, lower levels of self-esteem can cause individuals to endure weakened relationships with family, friends, partners, and coworkers, experience

increased anxiety and depression, and consume higher levels of alcohol and drugs ("Self-Esteem"). Similarly, lower levels of self-efficacy can cause individuals to avoid finishing goals or creating new goals altogether (Cherry).

Given that stigma usually causes individuals to endure a decrease in their self-esteem and self-efficacy, it is an understatement to suggest that living with a mental disorder is a constant, tumultuous battle. The National Alliance on Mental Illness argues that people with a mental disorder often develop certain copying strategies to fight through their mental health battles, such as by exercising, cleaning, organizing, cooking, and journaling ("Resiliency During COVID-19 and Beyond"). These activities are beneficial because they help individuals efficiently process and work through their negative thoughts and feelings. The Rose Hill Center Mental Health Facility states that coping strategies can also help individuals "fulfill responsibilities, set goals, and also gain privileges" ("Coping Skills Development"). In other words, coping strategies help individuals lead happier, productive lifestyles.

Coping mechanisms, however, cannot prevent every individual from avoiding certain consequences. In fact, the widespread combination of public and self-stigma toward those with a mental illness sometimes results in two dire consequences. Firstly, researchers have suggested that stigma encourages individuals to refuse seeking treatment from doctors, counselors, and psychiatrists (Watson et al. 1312). This is because "individuals fear being labeled as 'crazy' and [fear] being ostracized if their friends, coworkers, boss, or neighbors become aware they have a mental illness" (Holthaus). The World Health Organization estimates that around 450 million people across the globe suffer from some type of mental illness, yet, "nearly two-thirds of people with a known

mental disorder never seek help from a health professional" ("Mental Disorders affect one in four people"). This means 300 million people avoid mental health treatment, including psychotherapy, case management, and support groups. Thus, the mental health stereotyping, prejudice, and discrimination cultivated by the public is truly prohibiting individuals from seeking help.

Stigma can also lead to higher rates of suicide among those with a mental illness since they are less likely to seek out help for their struggles (Pompili et al. 173). By avoiding assistance, they often isolate themselves since they perceive society as an unsafe and unwelcoming place for them (Pompili et al. 173). According to the Centers for Disease Control and Prevention, social isolation, which is a "lack of social connections," is serious since it is connected to a higher chance of an individual committing suicide ("Loneliness and Social Isolation Linked to Serious Health Conditions"; Keller et al. 2). This makes sense given that social isolation leads to a spike in feelings of loneliness, which in turn leads to higher rates of anxiety and depression ("Loneliness and Social Isolation Linked to Serious Health Conditions"). And of course, when one experiences anxiety and depression, one is more likely to consider suicide (Nepon et al. 2). Unfortunately, many mentally ill people who endure stigma view suicide as the "best solution" to escape the constant judgment (Pompili et al. 173). For instance, in a 2019 interview with *ABC News,* a young woman named Kelechi Ubozoh from California opened up about her struggles with mental health and suicidal thoughts. Ubozoh revealed that she mentally suffered due to sexual abuse trauma. Unlike some individuals, Ubozoh did seek help from some people; however, they ignored her plea for help and claimed that she was "being dramatic, and needed to pray." This extreme example of stigma

ultimately led Ubozoh to attempt suicide. Thankfully, Ubozoh survived her attempt and is now sharing her story with others (Kindelan).

Sadly, many individuals who do attempt suicide are successful in their attempt. In fact, according to the World Health Organization, around 800,000 people globally die due to committing suicide ("Suicide"). In the United States alone, nearly 45,000 Americans commit suicide, which means there is at least "one death by suicide in the US every 12 minutes" ("Suicide Facts"). Furthermore, according to the National Alliance on Mental Illness, at least "90% of people who die by suicide had shown symptoms of a mental health condition" ("Mental Health by the Numbers"). Thus, the majority of individuals who commit suicide have some kind of mental illness, and it is plausible that these high rates of suicide among those who have a mental illness are caused partly by stigma.

Government agencies, schools, businesses, and nonprofits from across the world have carried out several anti-stigma efforts in response to the mental health stigma crisis. Each effort has certainly been meaningful in reducing mental health stigma. After all, every step, no matter how small or large, is *absolutely vital.* However, one cannot overlook the unfortunate reality that mental health stigma remains a widespread, prevalent concern (Hogan et al. 4). Because mental health stigma remains a pandemic, additional anti-stigma efforts certainly need to be taken. In my view, the solution to reducing stigma ultimately depends on people generating increased empathy toward those with a mental illness. Increased empathy and reduced mental health stigma can come from a powerful source: literature.

As mentioned previously, people who have a mental illness often employ certain strategies to effectively manage their challenges ("Resiliency During COVID-19 and Beyond"). For example, the onset of my social anxiety during my time in middle school caused me to discover a coping mechanism that gifted me with blissful solace: the library. My social anxiety was rooted primarily in the fear of large crowds and loud noises. Thus, the library became a magical haven for me since it was quiet and nearly always vacant. Anytime I could be in the library rather than in my homeroom, study hall, or the cafeteria, I eagerly seized the opportunity. I would locate a quiet corner in the library, pull out a book, and tune out the world around me. Literature provided a great sense of comfort for me since it allowed me to escape temporarily from the world that heavily plagued me with severe anxiety. Each time I read a book, I found myself embarking on incredible adventures to enchanted worlds alongside fictional characters who became my best friends. Rather than feeling like I was trapped inside my school with hundreds of students, I felt as if I was laughing with Elizabeth Bennett at a ball, strolling down the yellow brick road with Dorothy, or falling through a rabbit hole with Alice.

The time I spent in the library taught me a valuable lesson: literature and libraries are both powerful mediums. The literature within libraries, whether a public or a school library, can encourage readers, like me, to better understand humankind's emotional needs. For instance, I learned that humans need forgiveness and compassion when they have misjudged others as I witnessed the changes in Elizabeth Bennett and Mr. Darcy from *Pride and Prejudice.* I learned that humans need friendship to guide them whenever they feel lost as I observed the connection between Dorothy, the Tin man, the Scarecrow,

and the Lion. I learned that humans need imagination and creativity to escape from reality for a short while as I envisioned the world created by Alice in *Alice's Adventures in Wonderland.* In other words, reading novels allowed me to better understand the needs of humans as I read about fictional characters' lives.

Many psychologists and literary scholars have conducted extensive research over many decades on the connection between reading literature and readers' empathy levels. This research has suggested that reading fiction can positively enhance readers' empathy levels toward fictional characters and even toward actual people in real life (Koopman 170). Some individuals may feel skeptical at the idea of readers feeling genuine empathy toward fictional characters; after all, how can one feel empathetic toward someone who is not real? However, readers *can* actually experience empathy toward fictional characters due to a special phenomenon known as "narrative empathy." Narrative empathy is a specific response in which readers feel empathetic toward fictional characters after being exposed to those characters' "tribulations" (Koopman 170). Narrative empathy is possible due to "transportation" or "absorption" (Koopman 170). Transportation is the process in which readers become completely "immersed in . . . [a] narrative world" (Koopman 170). In other words, when an individual experiences transportation, the real world becomes completely lost to them, while the narrative text's world evolves as their main perception. Therefore, one can conclude that the more transported a reader feels inside a narrative world, the more narrative empathy that reader will experience toward characters, especially with characters who endure significant trials.

In 2015, a group of researchers sought to explore this relationship between reading fiction and readers' empathy levels through three studies; they chose to focus on

the *Harry Potter* series, written by J.K. Rowling. In one of their three studies, researchers sought to determine whether readers of the *Harry Potter* series expressed a more empathetic attitude "toward stigmatized groups [particularly] immigrants . . ." (Vezzali et al. 105). At the end of this study, the researchers came to an intriguing conclusion: the participants, who were elementary school students, illustrated a more compassionate attitude toward immigrants, especially the students who identified with Harry Potter (Vezzali et al. 110). Thus, it was argued by the researchers that "reading the [*Harry Potter*] novels . . . [could] potentially tackle actual prejudice-reduction" (Vezzali et al. 117).

The students from the *Harry Potter* study experienced the phenomenon of narrative empathy since they felt empathetic toward the characters who endured trials in the series. This idea of encouraging narrative empathy within readers can possibly be applied to other widespread, prejudicial issues, including the mental health stigma crisis. One way to potentially reduce mental health stigmatization is through the reading of mental health-related literature. As in the study that utilized the *Harry Potter* series, if individuals read literature that features characters who experience mental health disorders, they may be inclined to experience narrative empathy toward those characters and, by extension, toward others who may suffer from mental illness.

Suzanne Keen, a professor of English at Washington and Lee University, is a well-known researcher within the field of narratology. In her article, "A Theory of Narrative Empathy," she argues that one narrative feature typically associated with encouraging empathetic responses from readers is "character identification" ("A Theory of Narrative Empathy" 216). Character identification is the process in which readers take

on the perspective of a character (Koopman 170). Authors cannot utilize character identification as a tool since it ". . . occurs in the reader, not in the text" (Keen, "A Theory of Narrative Empathy" 216). However, there are certain strategies that authors can employ that are believed to increase character identification within readers, which can also potentially increase empathetic reactions from readers (Keen, "A Theory of Narrative Empathy" 216). Two of these techniques are descriptive language and suspense (Keen, "A Theory of Narrative Empathy" 216). I will discuss how these two specific techniques operate in the three young adult novels I selected for my project.

There are numerous young adult novels related to mental health. In fact, beginning in the early 2000s, mental health emerged as a rising topic within literature, especially within young adult novels (Jensen). In the nineteenth and twentieth centuries, those with a mental illness were often depicted in a manner that made them seem unstable and dangerous (Kelley). Thus, many mental health-related novels prior to the twenty-first century have presented those with a mental illness in an unjust manner, which has contributed to the mental health stigma crisis. However, in recent decades, authors who have written mental health literature have generally exhibited characters with a mental illness in a more positive, compassionate, and certainly *empathetic* light (Jensen).

Three twenty-first century young adult novels that tackle mental health include *Challenger Deep* by Neal Shusterman, *The Memory of Light* by Francisco X. Stork and *Under Rose-Tainted Skies* by Louise Gornall. Each of these novels depicts a main character with a mental illness. It is important to note that the protagonists from each novel are obviously fictional; they cannot possess psychological traits and thus cannot be

genuinely diagnosed with a mental disorder. Rather, each protagonist is a *representation* of a person with a mental disorder. The protagonist in *Challenger Deep* has been diagnosed with schizophrenia, while the protagonist in *The Memory of Light* has been diagnosed with clinical depression; finally, the protagonist in *Under Rose-Tainted Skies* has been diagnosed with three mental disorders including agoraphobia, anxiety, and obsessive-compulsive disorder or OCD.

There are a few reasons I selected *Challenger Deep, The Memory of Light,* and *Under-Rose Tainted Skies* for my research. Firstly, the author of each novel has a personal connection to the mental illness they depict within the pages of their respective novels; either one of their relatives or friends struggles with the mental illness portrayed or the authors themselves have the mental illness. Thus, I find each of their portrayals to be accurate and more importantly *empathetic.* None of the authors exploit mental illness since they do not romanticize or downgrade the seriousness of mental disorders. Secondly, I specifically chose *Challenger Deep* since schizophrenia, as mentioned previously, is one of the most highly stigmatized mental illnesses. I feel it is crucial to select a novel that illustrates that most people with schizophrenia are not unstable or violent. Shusterman manages to do just that as he presents the protagonist kindly and respectfully. Thirdly, I selected *The Memory of Light* since it depicts one of the most common mental illnesses within the United States : depression. In fact, in 2017, the National Institute of Mental Health reported that around "11 million U.S. adults aged 18 or older had at least one major depressive episode with severe impairment" ("Major Depression"). Finally, I selected *Under Rose-Tainted Skies* since, like the protagonist, I have suffered from anxiety for many years and have a relative who suffers from

obsessive-compulsive disorder. Therefore, this novel especially touched my heart since I saw myself and my relative in the form of the protagonist multiple times.

Shusterman, Stork, and Gornall apply various strategies of narrative empathy within their respective novels that encourage character identification. However, for the purpose of this thesis, I will only discuss *two* techniques that encourage character identification: descriptive language and suspense. Descriptive language is beneficial in terms of evoking empathetic responses from readers since it allows them to "encounter characters" in a more in-depth manner (Keen, "A Theory of Narrative Empathy" 217). On the other hand, suspense is a technique in which an author creates a dangerous situation for a character, which "provokes physiological responses of arousal" within readers (Keen, "A Theory of Narrative Empathy" 217). Thus, suspense motivates readers to feel aroused with different emotions including fear, anxiety, and shock, which can encourage empathy.

These two techniques may ultimately encourage readers of these three novels to overcome any mental health stigma they harbor, whether intentionally or unintentionally. Thus, when individuals read these novels, they may feel and demonstrate higher levels of empathy, rather than prejudice, toward those within the mental health community, which will help reduce the mental health stigma crisis.

<center>***Challenger Deep* Analysis**</center>

Challenger Deep is a 2015 young adult novel written by Neal Shusterman that centers on a fifteen-year-old high school student named Caden Bosch. Caden desires to be a normal teenager; he wants simply to attend his high school, spend time with his two best friends, and pursue his favorite hobbies: video game design and art. This desire, however, proves to be a challenge for Caden because he dwells between two worlds: his real life and a mysterious pirate ship. Being caught within these two worlds causes Caden's behavior to alter dramatically: he begins to demonstrate anxious, paranoid, and overanalytical characteristics. Caden's "strange" behavior is the result of schizophrenia, which, according to the National Institute of Mental Health, is a "chronic and severe mental disorder that affects how a person thinks, feels, and behaves . . . [and often causes people to lose] touch with reality" ("Schizophrenia").

Caden's battle with schizophrenia is based on the experiences of Shusterman's son. In the Author's Note, Shusterman claims that while writing Caden's story, he enlisted "the help of his son" in order to "capture what the descent [of schizophrenia] was like" (Shusterman 310). Moreover, twenty years ago, prior to *Challenger Deep's* publication, Shusterman's best friend, who had schizophrenia as well, killed himself as a result of his mental illness. Thus, given Shusterman's direct experience to schizophrenia, his representation of Caden's disorder is both authentic and empathetic. In fact, Shusterman's ultimate goal in writing *Challenger Deep* was to "help others to empathize, and to understand what it's like to sail the dark, unpredictable waters of mental illness" (Shusterman 311).

It is crucial to remember Keen's argument that when readers encounter a character in a suspenseful or dangerous situation, they will likely feel psychologically aroused with various emotions, including fear, anxiety, and shock, which can encourage readers to feel empathic. ("A Theory of Narrative Empathy" 217). Shusterman utilizes the suspense technique most notably near the end of the novel during a scene in which Caden embarks on a mission to visit the deepest part of the ocean, known as the Challenger Deep. Caden suffers from hallucinations due to his schizophrenia; his hallucinations are centered, once again, on a pirate ship with an entire crew. These crew members are led by a character simply known as "The Captain." The Captain, who is a rather charismatic, dominating character, requires that Caden make a descent into the Challenger Deep to collect an array of precious gold and jewels lying at the bottom.

Caden's descent unto Challenger Deep cultivates substantial suspense since it is characterized by danger and unpredictability. In order to reach Challenger Deep, Caden must go down a whirlpool. The text reveals the dangerous nature of the whirlpool; Caden states, "The whirlpool deepens at an alarming speed, and the spiraling water pulls away . . . I am looking down a funnel that has no visible bottom" (Shusterman 285). Through Caden's description of the whirlpool, readers are directly exposed to its dangerous features. Firstly, the water within the whirlpool is moving at an incredibly fast speed; Caden specifically calls the whirlpool's speed "alarming" (Shusterman 285). Thus, the fact that Caden must jump down through a pillar of water that is essentially moving at the same rate as a tornado truly contributes to the suspense of the scene. It is possible that the rapidly spinning water will engulf Caden and fill his lungs with water, thus drowning him, which of course is a very painful way to perish.

Moreover, Caden describes the whirlpool as having "no visible bottom" (Shusterman 285). Therefore, Caden is completely oblivious as to what potential dangers lurk at the bottom of this already unstable whirlpool. It is important to remember that Caden's descent is ultimately a figment of his imagination due to his schizophrenia. Thus, one may initially think that Caden's descent is not that scary since it is not real. However, the fact that Caden's descent is a hallucination actually makes it significantly more dangerous for him. The mind is limitless and can create all sorts of vivid images and situations. Since the bottom of Challenger Deep exists within the framework of Caden's mind, he can create *unlimited* elements of danger at its bottom, which he does not realize. Therefore, Challenger Deep's bottom can potentially contain limitless dangers that pose a significant threat to Caden. For instance, the bottom could harbor violent sea creatures, like sharks, stingrays, or barracudas. The plausibility of mythical sea monsters dwelling down there is also a possibility since, once again, the whirlpool and Challenger Deep's bottom both reside within Caden's mind; thus, his mind could conjure up hallucinations of absolutely anything. It is even possible that crewmembers from another ship are seeking out the rumored treasure. Whether it is sea creatures, sea monsters, or violent crewmembers from another ship, each of these potential threats are all dangerous and could bring substantial harm to Caden. For example, the sea creatures could possibly consume Caden, while the crewmembers may view Caden as a threat to their treasure and would therefore injure or kill him. None of these elements is at the bottom of the ocean. However, Caden nor the readers know this until Caden reaches Challenger Deep's bottom. Thus, the anticipation of what is potentially at the bottom of the rushing whirlpool casts a great sense of danger over Caden. The readers may also feel

this sense of suspense and thus be aroused by the scene as they anticipate, alongside Caden, what dangers could possibly be awaiting him at Challenger Deep's bottom.

Additional suspense is created once Caden actually jumps into the whirlpool. As Caden makes his way down it, he notices a colossal sea monster through the treacherous water. This strange, menacing creature, known as an Abyssal Serpent, stalks Caden alongside his descent toward the bottom. Caden observes: "Through the raging walls of the whirlpool, I can see the Abyssal Serpent swirling down with me, matching the pace of my descent, the same way it matched the pace of this ship" (Shusterman 288). In other words, as Caden is spiraling down through the raging waters, the Abyssal Serpent is following Caden's exact moves and pace.

Caden demonstrates that he is persistently made anxious by the serpent's presence as he states, "I wait for it to leap through the water to devour me" (Shusterman 288). The sea monster, as Caden notes, could attack him at any time, especially since the it is maintaining Caden's exact pace. The serpent is not trailing slowly behind Caden; rather, the serpent is going down alongside the whirlpool at the same exact speed as Caden. Moreover, at a previous portion in the novel, Caden and the crewmen observe the serpent stalking the ship in a menacing fashion. Thus, there is an important, common element that exists between the ship and the whirlpool: Caden. In other words, the serpent is purposefully pursuing Caden. This pursuit further fuels the suspense of the scene since readers will hopefully understand that the serpent's presence is anything but random. Instead, the serpent is intentionally swimming alongside the whirlpool since Caden is within it. Thus, the fact that the serpent is mirroring Caden's pace and is deliberately following him adds to the suspense of the scene since it increases the likelihood of the

serpent attacking and possibly consuming Caden. The serpent is clearly capable of inflicting severe harm due to its superior strength and speed as well as its malice toward Caden.

Furthermore, Shusterman uses the technique of descriptive language in his novel, which may also encourage readers to feel empathetic toward Caden. Descriptive language is a powerful and an important technique since it motivates readers to better understand a character, including that character's traits, personality, thoughts, and feelings (Keen, "A Theory of Narrative Empathy" 217). Shusterman uses descriptive language beautifully throughout his entire novel; however, I found this technique to be most notably utilized during a scene in which Caden is dropped off by his parents at a mental institution, known as Seaview Memorial Hospital. During this particular scene, readers witness the essence of Caden's schizophrenic mind through his thoughts and feelings, which show readers the extent of his fear and paranoia. For instance, as Caden's parents sign the paperwork for his admittance, Caden observes a small fish tank in the lobby's corner. Caden observes: "To keep yourself from pacing, you focus on the fish tank. A liquid oasis in a desert of uncomfortable instructional chairs. Lionfish, clownfish, anemone. An ocean, condensed and captured" (Shusterman 131). This descriptive language directly reveals to readers how Caden currently feels in this particular situation. In a sense, Caden sees the mental hospital as a fish tank: a confined space with no exit (even though the hospital does obviously have an exit). Caden also makes the point of specifically identifying the three living creatures in the tank: the lionfish, the clownfish, and the anemone. These three creatures obviously did not *choose* to dwell inside the tank. Instead, they were directly taken from somewhere else, such as from the ocean or from a

pet store. Thus, these three organisms have, in a sense, been taken from a familiar

environment and forced to live in an unknown place. It is interesting that Caden partially

focuses on the organisms because it suggests that he identifies with them. Readers will

likely recognize that, like the three sea creatures, Caden feels captured by the hospital

staff and forced to stay in a place completely against his will, which of course causes him

to experience anxiety, paranoia, and fear.

Once the paperwork is officially signed to place Caden under the hospital's care

for a few weeks, Caden thinks to himself, "The deal with the devil is done. The lady with

the cheeks and small glasses looks at you with a gaze of false but practiced kindness"

(Shusterman 133). This description expresses Caden's genuine fear toward being at the

mental hospital. Caden essentially views his admittance into the hospital as a circle in

hell and thinks that his parents have made a deal with "the devil," who is actually an

administrator at the institution. Caden is clearly fearful and does not feel comforted by

the fact that he is about to receive some much needed help; this is most likely because he

is unable to recognize it as help in the first place since his schizophrenia prevents rational

thinking.

As his parents depart from the hospital, Caden watches them reach the exit and

immediately recognizes that he will be separated from them: "[I'm] here and about to be

stranded terrifyingly alone" (Shusterman 133). Caden knows that for the next few weeks

he will not be surrounded by the people he is familiar with including his parents, his

sister, and his two best friends. Instead, he will be enclosed by complete strangers,

including the hospital staff (one of whom he has already compared one to the devil),

psychiatrists, and fellow mental patients. Thus, this language of "about to be stranded

terrifyingly alone" truly captures the way in which Caden feels at this moment: fearful of isolation and unfamiliarity.

Overall, Shusterman eloquently uses suspense and descriptive language to portray a character who represents a schizophrenic individual in such a way that is both authentic and compassionate, which encourages readers to react empathetically toward Caden and hopefully toward people in real life who have schizophrenia.

***The Memory of Light* Analysis**

     The Memory of Light is a 2016 young adult novel written by Francisco X. Stork. The novel centers on a 16-year-old girl named Vicky Cruz, who suffers from clinical depression, which, according to the National Institute of Mental Health, is a mood disorder that causes individuals to think and behave in a melancholy, indifferent manner ("Depression"). Vicky's depression causes her to attempt suicide by swallowing several sleeping pills; however, she does manage to survive. Her suicide attempt causes her to spend several weeks at Lakeview Hospital. Under the supervision of the compassionate Dr. Desai, Vicky meets several other patients and progressively forms a connection with each of them. Her experience at Lakeview Hospital ultimately allows Vicky to work through her clinical depression and discover the desire to keep moving forward in life, despite her challenges.

     Vicky's struggle with clinical depression and her suicide attempt are based on the author's experience. In the Author's Note, Stork recalls that nearly forty years before 2016, he tried to end his life by consuming "sixty or so assorted pills" (Stork 326). Thankfully, Stork's roommate found him and rushed him to Harvard University's Health Services, where he spent time recovering in the Stillman Infirmary. It was at this point that Stork made an important realization: "I was ill. The illness that sought to diminish (and extinguish) my life is called depression" (326). Stork's representation of Vicky's clinical depression and overall suicidal thoughts are likely realistic and encourage empathy based on his own experience. Stork, like Shusterman, utilizes two specific tools that lead to character identification: suspense and descriptive language.

Stork opens *The Memory of Light* with a suspenseful situation: Vicky's suicide attempt. On the very first page of the novel, readers find Vicky's suicide note written for her beloved grandmother: "Nana I want to tell you this . . . I held off from doing this for a long, long time because I knew how bad you and everyone would feel. But the love I have for all of you doesn't stop the hurt I feel inside . . . I better go. I'm getting real sleepy" (Stork 1). The tone of Vicky's suicide note shrouds the scene with suspense since it reveals she does not wish to survive. Some believe that many individuals who attempt suicide do so in order to gain attention; this, however, is a myth ("Debunking Common Suicide Myths"). However, many individuals who do attempt suicide do wish to die and are not doing it merely for attention. (It is important to note that all suicide attempts and suicidal thoughts should be taken very seriously). Vicky's note proves this reality since her note's tone does not indicate any hope for survival; instead, she seems determined to take her life, especially as she writes, "But the love I have for all of you doesn't stop the hurt I feel inside" (Stork 1). In other words, Vicky is revealing to readers that the emotional pain and turmoil within herself is too heavy of a burden for her to carry any more.

In the final line of her note, Vicky states: "I better go, I'm getting real sleepy" (Stork 1). This particular line adds suspense to the scene since it shows readers that her consumption of multiple pills is starting to take effect. And once it takes effect, it is highly possible that she will overdose and die. The last line also conveys ambiguity since it is unclear as to when she took the pills. In situations with pills and suicide, time is of the essence and the only aspect of time that readers are aware of is that Vicky consumed the pills before she wrote the note; however, she could have taken the pills twenty,

fifteen, ten, or five minutes prior to writing her letter. One thing is for sure: the earlier the time she took the pills before writing the letter, the more dangerous it is for Vicky. Thus, the shroud of mystery surrounding when exactly she took her pills adds to the suspense of the scene since readers are oblivious as to the likelihood of when she will overdose. Finally, the very nature of the suicide note also adds to the suspense of the scene. If Vicky took the pills with the intention of surviving, she likely would not have written a suicide note in the first place. The fact that she took the time to write a suicide note adds a further element of sincerity to her attempt, especially since she wrote the letter to her Nana, with whom Vicky is close with, and explains her reason for suicide. Thus, Vicky's note for her Nana, alongside the pill consumption, *proves* to readers that Vicky wished to deliver a proper goodbye and was intent on dying.

Furthermore, the circumstances surrounding Vicky's aid contributes to the scene's suspense as well. Following her suicide attempt, Vicky wakes up in the hospital and talks with her Nana on the phone. During their phone call, her Nana states: "I in my room asleep and I hear the *gato meow, meow* outside my door . . . I follow him and he run upstairs and on top of the stairs, *meow, meow*. . . I . . . see you in bed with eyes closed . . . the *gato* runs in and jumps on top of you . . . I saw the empty bottle . . . I call 9-11 right away" (Stork 7-8). Thus, Nana discovered Vicky's predicament because of the family cat. In other words, Vicky's life was essentially dependent on her cat getting Nana to come upstairs and visit Vicky. This is a *very* suspenseful situation for readers to encounter since Vicky 's survivability depended on the family cat, which is terrifying given that the cat cannot obviously communicate with Nana in a verbal manner. Instead, all the cat could do was consistently meow and lead her to Vicky's room.

Readers also learn an important element from this scene that further enhances the suspense. Shortly before Vicky's conversation with Nana, Dr. Desai plainly speaks with Vicky and states, "You would surely have died if you hadn't been found. Another fifteen minutes and you'd be gone" (Stork 5). This revelation adds to the suspense of the scene for two reasons. Firstly, it confirms that Vicky would have certainly died if she had not been found due to the amount of sleeping pills she had taken. This truth increases the sense of horror and suspense to the suicide scene since it illustrates that without help, Vicky had absolutely no hope of surviving. Secondly, this revelation also adds a specific time window: according to Dr. Desai, if Vicky had been found fifteen minutes later than the time she was actually found by her Nana, then she would have died. Therefore, Vicky's survivability depended not only on the cat but also on a fifteen-minute time window. If she had been found in sixteen or seventeen minutes, which is just a difference of 1-2 minutes, she would have overdosed and died.

In addition to suspense, Stork also utilizes descriptive language to encourage readers' empathetic responses. Once again, according to Keen, the use of descriptive language can help a reader better identify with a particular character, which can in turn increase the likelihood of an empathetic reaction ("A Theory of Narrative Empathy" 217). Stork uses descriptive language throughout the entire novel; one notable example takes place after Vicky returns home from her treatment at Lakeview Hospital. For instance, Vicky thinks to herself, "but as I sit here . . . I feel as if someone opened a valve in the back of my neck, and a thick gas the color of an egg yolk begins to infiltrate my head"(Stork 229). This particular thought immediately alerts readers that Vicky does not wish to be at home; rather, she desires to be back at Lakeview Hospital, with Dr. Desai

and her friends, Mona, and Gabriel. Moreover, the descriptiveness of this language shows readers that Vicky feels as her head has been infiltrated with dark thoughts centered on loneliness, worry, and of course, sadness. It is also impossible, in a sense, for Vicky to push these difficult thoughts far from her mind since she admits that she feels as if a valve is controlling her thoughts. Thus, readers can conclude that Vicky is essentially a puppet while her depression is the puppeteer forcing Vicky to contemplate melancholy thoughts.

Readers learn that one of the ways in which Vicky copes with her depression is by spending time in her pool. Vicky claims that being in a pool acts as a relaxation technique for her and ultimately "clears . . . [her] head" of negative thoughts and feelings (Stork 76). However, even though being in the pool relaxes Vicky, it is also connected with her desire to die. Throughout the novel, Vicky envisions that she will commit suicide at some point following her first failed attempt. One of the times in which she reflects on suicide is when floating in her pool. Vicky reveals to the audience that when she goes into her pool, she often floats face down in the water "like a dead body" (Stork 76). In other words, Vicky associates floating in the pool with death and her ultimate desire to die. Even though floating in the pool relaxes Vicky, it remains ultimately detrimental since it encourages her to contemplate suicide.

When Vicky officially returns home from Lakeview, her depression exponentially increases because she deeply misses Dr. Desai and her friends. As a result, she makes her way into her pool. It is during this particular scene that readers witness how Vicky's depression impacts her state of mind. To illustrate, Vicky decides to go swimming since her head feels like it has transformed into "a fluffy, sticky material like cotton candy

[with] thoughts slowing down" (Stork 230). Stork's comparison between Vicky's thoughts and "cotton candy" shows readers that Vicky's depression is forcing negative, unwanted thoughts to stubbornly stick in her mind, just like cotton candy. Right here, readers are exposed to Vicky's mindset before she goes swimming; they can clearly see and understand what Vicky's mental state is like and what ultimately propels her to go and spend time in her pool: unwanted, depressing thoughts. When Vicky gets into the water, she decides simply to "float on the surface, facedown, and [with her] arms stretched out for a few minutes" (Stork 230). Through the use of this particular descriptive language, readers can reference back to the part in the text when Vicky recalls that floating in a swimming pool makes her feel as if she is a dead body.

The descriptive language used to describe Vicky's choice of movement in the pool is also significant. If Vicky decided to swim several laps around the pool or perform water aerobics, perhaps her actions would show readers that Vicky was working through her depression and trying to manage her negative thoughts; after all, many psychologists have consistently recommended exercise as one of the ways to improve mental health. The text, however, explicitly informs readers that Vicky does *not* move or exercise. Instead, she just floats face down in the water. This deliberate body language paints readers a clear picture of her depression's impact. Vicky's depression makes her feel as if she is completely paralyzed; it is almost as if she cannot literally move through the pool because as her depression essentially freezes her in a stationary position. If her depression did not make her feel emotionally or physically paralyzed then she would have likely found the energy and the stamina to move though the water. However, the fact that she remains still in the water signifies that she metaphorically feels paralyzed in her life,

especially at this point in the text in which she had to leave Lakeview Hospital. Secondly, as a reminder, floating in the pool is one of the activities that Vicky pursues in order to feel like she is no longer alive. Since Vicky chose to float in the water, rather than actually swim through it, readers can further see that depression truly makes Vicky feel like she would rather be dead than alive.

This scene also describes Vicky's thought processes. After Vicky floats in the water for a few minutes, she manages to find the stamina to swim over toward the steps of the pool. As she is on the steps, Vicky desperately thinks to herself, "[I look for] one word or image from the past weeks that I can grasp, hold on to, a memory that will keep me afloat through the minutes, hours, and days that lie ahead" (Stork 230). In other words, Vicky is trying to locate a positive memory from her time at Lakeview Hospital in order to motivate herself to keep going. The fact that Vicky has to try to find something to motivate her to *simply desire to be alive* is truly a sad realization and further reinforces to readers the extreme mental turmoil that depression imposes upon her.

As Vicky reflects on her time at the hospital, she finally acknowledges that there is "only one" memory she can think of that makes her feel satisfied, which involves her having a meaningful conversation with one of her friends. Even though this one memory is a victory for Vicky since she views it as motivating, it is also rather sad. Vicky received much needed support, compassion, and empathy while she was at Lakeview and was ultimately able to work through her depression with the help of Dr. Desai and some fellow patients. Even though this was a lifechanging experience for Vicky, she was only able to think of *one* memory to encourage her to move forward. Readers might think that since Vicky had such an excellent time at Lakeview and viewed it as such a helpful

experience for her, she would certainly have more than just one memory to motivate her. Yet after several minutes of deep contemplation about her time at Lakeview Hospital, she could manage to locate "only one" memory to motivate her.

The Memory of Light can help readers better understand and *experience* the harsh reality of clinical depression, especially those who subconsciously or consciously associate depression as a disorder simply to "get over." Rather, with the use of both suspense and descriptive language, Stork suggests that depression is a crippling mental disorder that impacts one's body, mind, and soul.

<center>***Under Rose-Tainted Skies* Analysis**</center>

Under Rose-Tainted Skies is a 2017 young adult novel written by Louise Gornall. The novel centers on a seventeen-year-old girl named Norah, who suffers from obsessive-compulsive disorder (OCD), anxiety, and agoraphobia. According to the National Institute of Mental Health, anxiety is characterized by excessive worrying, while agoraphobia is the fear of leaving familiar situations; most people with agoraphobia tend to harbor the fear of leaving their home ("Anxiety;" "Agoraphobia"). Similarly, the National Institute of Mental Health also notes that OCD is a mental illness characterized by destructive thought and behavior patterns ("Obsessive-Compulsive Disorder"). As a result of her various mental health struggles, Norah has confined her entire world within her home; the only time she leaves the house is when she meets with her therapist, Dr. Reeves. This, however, is a rare occurrence, resulting in Norah primarily seeing the outside world in two ways: through her tiny bedroom window and by sitting in the frame of her open front door.

Norah's mental health struggles are similar to Gornall's own mental health experiences. In an interview with Holly Bourne, who works at a publishing company called Chicken House based in the United Kingdom, Gornall exclusively revealed that she wrote *Under-Rose Tainted Skies* since she was "in a fix . . . from mental health conditions, agoraphobia being one of them" and ultimately got inspired to write the novel after experiencing an especially "rough day" with her mental health (Gornall, "Books, Inspiration and Mental Health"). Gornall's representation of OCD, agoraphobia, and anxiety within Norah's character is based on the real-life experiences of Gornall and uses the same techniques as Shusterman and Stork.

In one scene near the end of the story, Gornall cultivates a suspenseful situation by showing how Norah's three mental disorders hinder her safety. During this particular scene, Norah is lying in her bed at night and suddenly notices a stream of moonlight emerging from her mother's open bedroom door. This realization tenses Norah for an important reason: she's supposed to be home alone. At this point in the story, Norah's mother has traveled out of town for work-related matters, leaving Norah at home by herself for a few days.

As Norah mentally processes that her mother's bedroom door is opened, which is always closed unless her mother is home, she nervously thinks to herself, "There's someone in my house" (Gornall 307). This simple, short line is powerful and encourages readers to recognize the suspense in this scene: a seventeen-year-old girl with persistent mental struggles is in her house at night with a complete stranger, who happens to be right across the hall from her bedroom. This realization alone may cause readers to empathize with Norah as they potentially contemplate the danger.

As this scene unfolds, Gornall's language conveys how Norah's anxiety impacts her physically and emotionally during this dangerous situation, which further fuels the scene's intensity. Regarding her physical responses, Norah notes to herself, "My body aches as my muscles go into spasm. I roll my jaw, try my best to shake my shoulders loose. I have to breathe. Get some oxygen in my blood and try my best to stop my heart from tripping over itself . . ." (Gornall 307). Here, the audience is exposed to how the situation is physically impacting Norah. Norah's body has essentially frozen in place; in this moment, she is unable to propel herself forward. Her entire body, muscles, shoulders,

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and even her oxygen have completely frozen. The revelation of her physical conditions adds to the suspense of the scene since it heightens this dire situation.

Norah's body is physically freezing up during a situation in which she should be *on the move.* Whether by hiding in her closet, running downstairs to call the police, or completely removing herself from the house, Norah should be moving in some way rather than just remaining still in her bed. However, in this moment, her anxiety is prohibiting her from proactively removing herself. Staying still in her bed, rather than hiding in the house or leaving the house, adds an additional element of danger to an already dangerous situation since it makes it more likely that the intruder will find her and harm her. Thus, readers will likely realize that Norah's mental struggles are placing her in additional danger, which will encourage readers to empathize with her.

Throughout this scene, Gornall also reveals the way in which the break-in also emotionally impacts Norah. To illustrate, once Norah acknowledges that she must move before her entire body goes into "shut down" mode, she begins to anxiously consider all the horrific outcomes that could possibly occur: "But I have to find a way or risk meeting the intruder face to face. And then what. What if they're armed? What if they kidnap me? What if they kill me?" (Gornall 308). These persistent questions are obviously fiercely racing through Norah's mind. At this moment, it is Norah's anxious thoughts that also inhibit her from moving forward as she anxiously considers the various "what if's" of the situation. Norah's anxiety, however, is not the only illness that grips her with fear during this scene. Her struggle with agoraphobia and OCD plays a substantial role in shrouding the scene with suspense.

Norah's battle with agoraphobia and OCD is most notable near the end of the scene. One of Norah's several obsessions is her desire to perform various actions twice. For instance, anytime she goes down the stairs, her compulsions force her to go down each step twice. Once Norah finally gains some momentum, she begins to painfully crawl slowly down her stairs. Her slow pace is rooted in her desperately fighting the urge to make her way down the stairs by stepping on each stair twice. This battle only adds suspense to the scene since it increases the likelihood of her being caught by the intruder. However, after several minutes of stepping down the stairs, she finally reaches the front door.

Unfortunately, her agoraphobia holds her captive, which further fuels the scene's dreadful suspense. As Norah opens the front door, she thinks to herself: "I have to make it across the driveway. It might as well be an army assault course . . . I can't do it. F*ck. I can't do it. This is my new hell. This is definitely what being damned feels like" (Gornall 312). Thus, Gornall is illustrating to readers that Norah's agoraphobia is in the driver's seat, while Norah is desperately trapped in the passenger's seat. In just one second, Norah could quickly make it to safety by simply stepping outside her front door and getting help from a neighbor. The irony cultivated at this particular moment in the suspenseful situation may cause readers to feel more emotionally aroused within the narrative text. This emotional investment in the text will likely stem from the fact that Norah is on the very brink of safety, stepping out of her house, and also danger, by remaining in her house.

Norah eventually realizes that she must leave. Thus, she manages to step outside into the night. Her agoraphobia, however, painfully causes her to avoid even her

driveway and front yard. Norah observes, "My legs are still as stable as jelly, so I have no choice but to move forward on my hands. Placing my palms one at a time on the ground, I give a brief thought to . . . All that bacteria [from the driveway that] I'm . . . [crawling] in" (Gornall 313). Rather than bolting quickly across her driveway and over her front lawn, Norah is sluggishly crawling her way across her concrete driveway. Even though Norah has managed to get herself out of the house, she remains in imminent danger since, it is at this moment, that the intruder begins to walk down the stairs. Norah knows this because she hears the sound of him going "thump-thump-thump" on the stairs (Gornall 314). Her OCD thoughts about germs are prohibiting Norah from moving forward; she can't help but anxiously contemplate "all the sneakers, boots, and sandals, and shoes that have tread" on the area in which she is crawling (Gornall 313). However, she must battle these thoughts in order to pick up her pace and avoid the intruder. This creates a great sense of suspense since, first, she has to battle through these thoughts, which is very difficult for her, and, second, the intruder is coming after her. In a sense, she must choose between two dangers: germs or the intruder. Eventually, however, she chooses the first and makes her way to a neighbor's house.

Furthermore, Gornall also uses descriptive language throughout the novel to help readers better understand the core of Norah's character and her struggles with mental health. Gornall uses descriptive language to convey each of Norah's mental disorders, and she does it the most effectively in regard to her OCD.

When people have OCD, there are various elements on which they can fixate their thoughts (obsessions) and their actions (compulsions). In Norah's case, she is most notably OCD about bacteria, viruses, and other germ-related factors. One of the most

prominent incidents in the novel that highlights how Norah's OCD impacts her is when she has her first kiss.

Since Norah battles with many mental challenges, her world is incredibly small; any connection to the outside world is through her bedroom window or her open front door. However, Norah's world shifts when a new family moves in. Within this family is a boy her age named Luke. Throughout the novel, Norah and Luke develop a close friendship that eventually transitions to a romantic relationship. Their romance is strong since Luke accepts Norah, including all of her mental struggles. Since Luke accepts Norah's mental struggles, he also accepts the many *rules* that come along with each disorder. Regarding her OCD, Norah finds it challenging to kiss Luke since she contemplates all the germs that could be shared between them if they did kiss.

One night, Luke and Norah are watching some fireworks together when all the sudden, he reaches down and kisses her, temporarily forgetting about her fear of germs. It is at this moment in the narrative that Gornall effectively captures the significance of Norah's OCD. As Luke kisses Norah, she ponders "I think about all the stuff I researched, every alien thing that popped up on my computer screen in a petri dish. I wonder if Luke had a drink at the Fall Ball, shared a cup with someone who had a cold sore. I consider how many cheeks his lips touched when he arrived" (Gornall 284). After Norah processes these excessive thoughts, she removes her lips from his and "spring[s] back like he's spat acid" (Gornall 284).

The descriptive language utilized in the passage allows readers to step inside Norah's mind and reveals to readers the extent of the power her OCD has over her. Rather than enjoying her first kiss with someone she deeply cares about, Norah cannot

help but obsessively contemplate all the potential bacteria she has been possibly exposed to through the kiss. Norah clearly processes events much differently than a "typical" teenager. Instead of thinking and feeling a deep sense of happiness and enjoyment from kissing Luke, she suffers from obsessive thoughts and feelings centered on bacteria, cold sores, mono, etc.

Readers will likely find it sad that Norah has no intermediate period to enjoy the kiss shared between the two of them. Her mind, instead, is forced to consider all the germs and potential sicknesses that could be creeping into her body. Furthermore, the descriptive language illustrates how Norah is deprived of a normal teenage experience. A first kiss is a significant most for most people. When many people reflect on their first kiss, it often fills them with a sense of warmth and excitement. For Norah, however, her first kiss is a horrific experience categorized by fear and panic. Her OCD unfortunately steals any form of pleasure from it and replaces it with shrouds of worry, doubt, and fear. These feelings of worry and doubt are sadly something that she has no control over.

Overall, *Under Rose-Tainted Skies* exposes readers to the harsh reality of anxiety, agoraphobia, and OCD, all of which are highly stigmatized mental disorders. Even though Gornall paints a realistic picture of these three mental disorders, she does so in such a manner that is both authentic and kind, given that she has suffered similarly in terms of her mental health. *Under Rose-Tainted Skies* gives readers an opportunity to step inside the mind of Norah's character and gain a better understanding of the crippling experiences that anxiety, agoraphobia, and OCD can cultivate for a diagnosed individual, which will hopefully evoke empathetic reactions toward Norah and toward those three marginalized groups as a whole and in real-life.

Conclusion

Keen argues that one narrative feature typically associated with encouraging empathetic responses from readers is character identification, which is the process in which readers take on a character's perspective ("A Theory of Narrative Empathy" 216; Koopman 170). Character identification is crucial in the realm of narratology since it is typically associated with empathetic reactions from readers (Keen, "A Theory of Narrative Empathy" 216). As a reminder, two techniques that can encourage character identification, and ultimately empathetic responses include suspense and descriptive language (Keen, "A Theory of Narrative Empathy" 216).

Shusterman, Stork, and Gornall effectively use suspense and descriptive language to cultivate scenes throughout each of their novels that encourage readers to respond empathetically to the characters. It is important to consider how these texts can specifically impact readers' empathy levels. While authors cannot determine whether or not readers will react empathetically to their characters, they can certainly attempt to influence readers' empathetic responses. Given Keen's extensive research and each authors' effective use of empathy-evoking techniques, I find it to be *highly plausible* that readers will react empathetically to the main characters in *Challenger Deep, The Memory of Light,* and *Under Rose-Tainted Skies.*

Empathy is likely cultivated because the techniques give readers an imaginative and embodied experience to share with the characters. In addition to the use of suspense and descriptive language, I find it probable that readers will react empathetically to the characters since each of these stories are written with first-person narration, meaning the protagonists act as the narrator, rather than some third-party omniscient presence. First-

person narration is an effective tool in promoting character identification since readers are encouraged to directly take on the "characters' consciousness and emotional state[s] (Keen, "A Theory of Narrative Empathy 214). In other words, first-person narration allows readers to absorb the perspective of narrators and better empathize with them. Since each of these stories is written through first-person narration, readers are more likely to identify with the characters and thus react empathetically toward the three characters. Once again, readers are able to have empathy toward Caden, Vicky, and Norah since they are able to vicariously live through each character and directly "experience" the mental illnesses. This will allow readers to better understand what having a mental illness is like and encourage them to develop empathy and compassion, rather than judgment, toward the characters.

When readers embark on Caden's tumultuous mental journey in *Challenger Deep,* they will vicariously experience schizophrenia alongside him; thus, I find it highly plausible that the use of suspense and descriptive language will help them potentially empathize with Caden. As a reminder, Shusterman uses the suspense technique when Caden makes his descent into the abyss. As readers encounter Caden being hauled down into the dark depths of the ocean's mysterious abyss, they may vicariously envision the experience of going into the whirlpool alongside the Abyss serpent toward Challenger Deep's unknown bottom. And since readers may experience this *with* Caden, it is highly probable that they will take on his fear and anxiety. Readers may experience empathy toward Caden if they realize two vital elements. Firstly, in a sense, Caden is his own worst enemy since *his* mind is the source of the dangerous whirlpool. Secondly, readers will also likely acknowledge that Caden's various emotions, like fear and anxiety, are

completely real and is therefore enduring those particular emotions with his entire being.

Even though the whirlpool is an illusion, his fear and panic toward it is entirely real,

which means those difficult feelings are actually taking a toll on him, physically and

emotionally.

Similarly, when Shusterman utilizes descriptive language during the scene in

which Caden is dropped off at the mental hospital, readers will also experience, through

the eyes of Caden, the reality of being dropped off by his parents in a strange place with

unfamiliar people. Readers may absorb Caden's feelings of abandonment and loneliness

as his parents depart from the hospital. Furthermore, readers may gain the opportunity to

experience what it is like to have severe paranoia. Like Caden, readers may feel like they

have been taken from a familiar environment and are forced to dwell within an unknown

place with complete strangers who intend to harm them and isolate them from their loved

ones.

When readers join Vicky in *The Memory of Light,* they have the chance to

understand what it is like to have clinical depression and suicidal thoughts. As readers

encounter Vicky's suicide note, they are likely to feel psychologically aroused because of

the scene's rapid time crunch. Once again, Vicky is very close to being on the brink of

death; it is not as if Vicky took only 2 or 3 pills. Rather, it is implied through the letter

(and later confirmed shortly after) that Vicky consumed *multiple* pills. Thus, as readers

consider whether or not Vicky will survive her attempt during this intense scene, it is

highly plausible that they will feel psychologically aroused, which may evoke empathy.

Furthermore, readers learn that Vicky was only found by her Nana as a result of

the family cat leading Nana to Vicky lying unconscious in her bed. As readers go through

this scene, it is possible that they will experience additional psychological arousal as they realize that Vicky's survival depended partially on a cat. Readers, as mentioned before, also learn that Stork created a specific time frame regarding Vicky's overdose; if she had been found fifteen minutes later, she would have certainly died. This may cause the audience to contemplate *what if* type questions. For example, readers may think the following questions: What if the family cat found Vicky lying in her bed at a later time? What if the cat had not successfully caught Nana's attention? What if the Nana had thought that Vicky was merely sleeping? If readers contemplate these kinds of *what if* questions, they will inevitably become more emotionally invested into the scene.

As readers float alongside Vicky in her swimming pool, they may consider how "lifeless" clinical depression can make someone feel. This is because, once again, floating in the pool is one of the rituals that Vicky pursues in order to feel dead. Thus, readers may better understand why Vicky imagines herself as dead, because they may carry the same emotional feelings Vicky does, which includes emotional and physical paralysis. These feelings are expressed in the text when Vicky chooses to stay still rather than swim in the pool. Because readers are likely to experience this event with Vicky, they may also take on the emotional numbness that accompanies clinical depression.

Moreover, when readers join Norah in *Under Rose-Tainted Skies,* they are granted the opportunity to see what it is like to manage agoraphobia, anxiety, and OCD. When readers encounter the scene in which an intruder breaks into Norah's home, they may experience empathy toward Norah for a few reasons. Firstly, readers are encouraged to recognize that Norah's crippling anxiety, OCD, and agoraphobia are the exact reasons why it is truly a battle for her to escape to safety. Most readers may contemplate that they

would be able to easily and quickly run of the house to get help. This, however, is an

impossible task for Norah because of her mental health struggles. Thus, if readers fully

comprehend that Norah's anxiety, agoraphobia, and OCD ultimately increase her chances

of being harmed by the intruder, then they will likely have an empathetic reaction toward

Norah. In other words, Norah's mental illnesses are responsible for temporarily trapping

her from freedom and security.

Furthermore, during the scene in which Gornall describes Luke and Norah's kiss,

it is highly probable that readers react empathetically toward Norah because of the

author's use of descriptive language. Thus, as readers encounter this scene with Norah,

they are able to take on her perspective more easily and understand the fear and panic that

floods her mind as she envisions the bacteria shared between her and Luke. Readers will

be able to have a better understanding of what it is like to have OCD and anxiety control

one's thoughts, feelings, and reactions. They will also likely recognize that the way in

which Norah responds to and views her first kiss is very atypical for a teenager. This

abnormal reaction, however, is something that Norah has absolutely no control over

because of her OCD and anxiety. Thus, during this scene, readers get to directly

encounter what it is like to have what should be a good memory stripped away into a

memory of anguish and worry as they take on Norah's perspective.

Through suspense and descriptive language, readers are highly encouraged by the

authors to identify with Caden in *Challenger Deep,* Vicky in *The Memory of Light,* and

Norah in *Under Rose-Tainted Skies;* this, in turn, makes it highly probable that readers

will react empathetically toward each character, which may carry over toward people

from real-life. In other words, reading novels like *Challenger Deep, The Memory of*

Light, and *Under Rose-Tainted Skies* may ultimately motivate individuals to respond toward real people with a mental illness in a such a manner that is kind, compassionate, and *empathetic,* rather than critical, harsh, or apathetic.

This idea of narrative empathy can certainly be applied to the real world, especially within the school and public library settings. If young adults obtain mental health related literature from their library, they have the chance to improve their empathy toward those in the mental health community. Thus, I believe libraries should try to include novels like *Challenger Deep, The Memory of Light* and *Under Rose-Tainted Skies* in their collections in order for young adults to have direct access to *free* literature about mental health.

Librarians often concentrate their library science studies in specific topics; for example, librarians can specialize in film, law, music, art, etc. ("Library Specialties"). In the future, I plan to concentrate my area of study in YA literature and intend to become a YA Services Librarian. As an aspiring YA school librarian, I will strive to ensure that mental health related literature will line the shelves of whatever libraries I volunteer at and work at in the future. For example, librarians help prepare a new budget each year by determining the library's "major needs in acquisitions, new services, staffing, desirable hours of opening, needed furniture and equipment, etc." ("Library Budget Definition: What is a Library Budget?"). As a librarian, I would encourage my colleagues to designate a certain portion of the acquisitions budget for young adult books that cover heavier topics . . ., including death, suicide, bullying and of course, mental health. It is important for young adults to read novels that cover heavier or more "controversial" topics since those subjects reflect the real world. Young adults are going to encounter

individuals with a mental illness, including friends, coworkers, bosses, and neighbors; therefore, they should have free and direct access to an array of mental health literature to help them learn how to support and love those with a mental disorder in real life.

The inclusion of mental health-related literature, however, is just one of many steps that librarians can pursue to encourage empathy toward the mental health community. For instance, both school and public libraries can launch programs that promote positive images of mental health images as well as mental health stigma awareness. For example, libraries can establish literature circles, which, according to the Victoria State Government, are teacher-led groups that encourage readers to critically dissect and consider a text with other readers ("Literacy Teaching Toolkit: Literature Circles"). Literature circles have proven to be very effective in promoting inclusivity, acceptance, and *empathy* among participants. For instance, Kristine Pytash from Kent State University conducted a study in which 22 undergraduate students read a prominent mental health literature novel known as "13 Reasons Why" *(*Pytash 473). Throughout the study, students were required to participate in online literature circles while reading the novel; during these literature circles, students would directly question, analyze, and discuss the novel as a group (Pytash 473). Ultimately, Pytash found that the participants "develop[ed] a more nuanced understanding of bullying and suicide" (Pytash 475). Pytash concluded that the participants "discussed the need to be empathetic . . . and the importance of recognizing and stopping incidents of bullying" (Pytash 476). This study confirms that when participants read a novel that tackles issues centered on others who are non-normative, readers are then likely to recognize the vitality of empathy. Thus, public and school libraries could institute mental health literature circles that require

participants to read a mental health novel, like *Challenger Deep, The Memory of Light,* or *Under Rose-Tainted Skies.*

Another measure that librarians can pursue, specifically school librarians, are the inclusion of mental-health-related readers rally clubs. As I mentioned before, reading became my crutch in middle school and helped me manage my social anxiety. When I was in sixth grade, I tried out for the readers' rally team, which is essentially a club that requires students to read a certain number of books in a designated period of time. Students then compete against one another in teams at a competition in which students answer a variety of questions related to the read novels. Whichever team answers the most questions correctly wins the competition. I was elated once I made the team and spent several weeks reading different novels. In order to prepare for an upcoming reader's rally competition, my peers and I critically discussed and analyzed the characters from each read novel. My peers and I had to consider the ways in which each character felt, thought, and acted to prepare for the tournament. Looking back, I realize I learned more about the essence of humankind's thoughts and feelings during my time in readers rally than I did in my AP psychology class in high school. In other words, my readers rally club encouraged me to contemplate how the characters in each novel felt, which helped me better understand how many humans often think and feel in real-life.

As mentioned previously, the library was my haven during middle and high school. It was the special place in which I learned to empathize with characters from numerous novels. There was one young adult novel in particular that truly impacted me since it provided me with insight into both empathy and mental health. When I was in high school, I visited my school library and checked out a novel titled *Hold Still* by Nina

LaCour. The novel centers on a high schooler named Caitlin who struggles with depression following the suicide of her best friend Ingrid. The novel taught me to empathize with Caitlin as I envisioned the sorrow and confusion she endured because of her friend's untimely death. Similarly, I also learned how to empathize with Ingrid as I imagined the pain her character must have felt since she was driven to end her life.

I was moved to tears once I finished this heartfelt novel because it helped me realize that Caitlin and Ingrid ultimately represent the real pain and suffering of millions of individuals across the world who grapple with mental health challenges. The novel also instilled within me a passion for mental health awareness as it encouraged me to contemplate about my own mental health struggles as well as the mental health struggles of others.

I owe my increased empathy toward those with a mental illness to libraries as a whole. Each time I perused the shelves at a library, I always found some incredible novels and escaped inside their worlds. Novels allowed me to understand the emotional needs of humankind, especially humankind's need to receive support, comfort, and *empathy* each time it battles a mental health struggle. I truly desire that the enhanced empathy I obtained from reading novels at many of my local libraries be offered to readers. Thus, I believe it is vital that *all* libraries intentionally offer literature about mental health. In doing so, readers will be invited to live through the experiences of characters with a mental illness and thereby empathize with them and, hopefully, extend that empathy to real people with similar struggles. In that way, the library participates in the efforts to reduce mental health stigma. After all, Neil Gaiman, a prominent British writer, once said, "Fiction gives us empathy: it puts us inside the minds of other people,

gives us the gifts of seeing the world through their eyes. Fiction is a lie that tells us true

things over and over" (Introduction to *Fahrenheit 451)*. I am certain that literature can

positively change the world in diverse ways, one of which includes encouraging people to

consider the perspective of those who are perceived as "different" and to demonstrate

more kindness, compassion, and most importantly, empathy, toward them.

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