

## **Troubled Teens and Monstrous Others:**

### **Problematic Depictions of Characters with Mental Illness in Young Adult Literature**

Young adult literature has never shied away from taboo topics, particularly if the topics effect or concern adolescents. Recent studies have indicated that one fifth of the American population, about 50 million people including children and adults, live with some form of mental illness (Horwitz, 2002, 83). Mental illness is clearly an issue that impacts young people, yet there are very few examples of authentic representations of characters with profound mental illness in young adult (YA) literature.

There have been several YA literature texts that feature protagonists with psychological or behavioral conditions that are relatively common in adolescence, including depression and eating disorders. Because these conditions are understood and recognized in popular culture, they are generally portrayed with relative accuracy, awareness of individualized experiences, and sensitivity to potential readers who may have personal experience with them. These books successfully tackle once-taboo topics and allow the readership to connect, relate, sympathize, and gain awareness. The lesson for these readers is: you are not alone and you can get through it.

However, when the mental illness happens to be less understood, particularly in the case of schizophrenia, a troubling trend occurs. Ross (2008) explains that schizophrenia "is a disease that is very much misunderstood and therefore often feared and/or belittled, trivialized, and even demonized" (p. 1022). While his discussion is specifically referring to schizophrenia as perceived by the general population, it also applies to how it is treated in

YA literature. In the majority of YA texts, schizophrenia is over-exaggerated, unrealistic, and likened more to the wildness of animals than to a real human disease.

In discussion of the flaws of the American mental health field Ross argues that there is a perceived distinction between "good patients" and "bad patients" (p. 146). The "good" patients are those whose illnesses allow them to be non-aggressive, cooperative, and compliant, whereas "bad" patients have conditions or circumstances that do not. He points out that the former are rewarded with proper treatment and housing assistance, while the latter "are left to their own devices" (p. 146). This double-standard also reveals itself in literature where people with mental illness are categorized as either being worthy of cultural sympathy or not, and those who deserve their condition and all of the related struggles and those who are presented as innocent victims. The former category consists of characters with profound mental illness whose conditions are often genetic and therefore depicted as deserved. Schizophrenia is the most common and most exaggerated example of this, though the illness is rarely directly labeled in YA texts.

To further complicate these depictions, schizophrenia is often confused with multiple personality disorder, with characters that switch dramatically between their sane selves and a demented alter ego. Characters with schizophrenia are often murderers, violent psychopaths, cruel sociopaths, or frightening villains who hide their psychosis until the narrative's climax. This is evident in novels like Easton Ellis' *Fight Club* (1991), King's *Misery* (1987), Roux's *Asylum* series (2013), and Palahniuk's *Fight Club* (1996), and films such as *Psycho* (1960), *The Shining* (1980), *Shutter Island* (2009), *Hide and Seek* (2005), and *Secret Window* (2004). Schizophrenia has become the "easy out" for writers who need to cover the tracks of a mysterious antagonist or wrap up all of the narrative's loose ends with

a clear-cut villain who exists outside of logical answers or motivations. The characters' actions and behaviors are based in long-standing cultural fears and myths about mental illness rather than scientific fact. Characters with schizophrenia are so far removed from perceptions of "normal" or healthy behaviors and thought processes that they become likened to criminals and wild animals rather than human beings with genuine medical conditions.

If the ultimate goal of YA literature is to socialize readers, as many theorists argue, then a character who is incapable of conforming to "normal" or acceptable behaviors or conventions must be disposed of in order to reinforce fear of nonconformity. Giroux (2012) elaborates: "punishment and fear have replaced compassion and social responsibility as the most important modalities mediating the relationship of youth to the larger social order" (p. xv). As such, because these characters are positioned in direct opposition to normality, resolution in these narratives is only possible in their death or permanent confinement. *Go Ask Alice* (1971/2006) and Justine Larbalestier's *Liar* (2009) not only demonstrate that characters with profound mental illness are criminalized and de-humanized in order to reinforce fears of nonconformity, but also how little has changed in representation in the thirty-eight years between them. Despite advancements in mental health sciences, policy, and care, these characters' illnesses are misrepresented so that several generations of readers can establish a clear distinction between themselves and the "abnormal," between acceptable and unacceptable identities. This is the process that forces young readers to expel any of these unwanted traits and behaviors and thus enable them "to set up clear boundaries and establish a stable identity" (Kidd, 2011, p. 175).

### **Cultural Values, Social Constructions, Deviance, and Disposability**

Before the criminalization and animalization of characters with mental illness in *Go Ask Alice* (1971/ 2006) or *Liar* (2009) can be analyzed and discussed, it is crucial to establish the longstanding cultural precedence for connections between mental illness, adolescence, Otherness, and criminality. To begin, the links between mental illness and adolescence are deeply rooted in Western culture. Mental illness is often defined by its relation to "normality" just as adolescence is defined as a transitional stage between childhood and adulthood. They are presented as binary opposites and a person is expected to outgrow the former to achieve the latter. In these texts, one cannot have a mental illness but also be a functional participant in adult society. This becomes particularly interesting when the person with mental illness is an adolescent.

Adolescence is a phase of Otherness where one doesn't belong to either binary category of childhood or adulthood. Because of this, young people are a stigmatized and marginalized population. Texts such as *Generations of Youth: Youth Cultures and History in Twentieth-Century America*, edited by Austin and Nevin Willard (1998), explore the complexity of youth culture in an effort to demonstrate the unique and formative value of adolescence. Meyer Spack (1981) explains cultural assumptions about adolescence as a time that "almost necessarily includes ideas of exploration, becoming, and pain" (p. 3).

Giroux (2012) argues that adolescents are viewed as liabilities in mainstream culture: "In many respects, youth ...register symbolically the importance of America's claim to progress" and demonstrate the overall culture's ability to educate and socialize young people into becoming ideal, critical citizens (p. xiii). Young people must be frightened out of any behavior that contradicts the notion of adult civility. Giroux elaborates in great detail about the cultural tendency to punish young people for undesirable or disruptive behaviors

because of this tendency to view adolescence as a cultural barometer. His discussion sheds light on the dangerous notion that unwanted people should be discarded, which is often presented as the only option for proper narrative resolution in these YA novels. Giroux (2012) describes how society perceives adolescence as a problem rather than a complex period in personal development: "As a long-term social investment, young people are now viewed as a liability, if not a pathology. No longer a symbol of hope and the future, they are viewed as a drain on the economy, and if they do not assume the role of functioning consumers, they are considered disposable" (p. 45).

Blum (1995) further describes the threat of adolescence to mainstream culture. She says that when a person leaves childhood and "transgresses the nuclear shell" in order to establish independence and an identity outside of the family setting, it calls attention to "the inadequacy of that shell to contain its tortured contents" (p. 36). Interestingly, her only claim regarding mental illness in adolescence is that young people with neuroses "often" end up as adults in prisons or mental institutions (p. 35).

In order to understand such stereotypes, it is crucial to note theories that mental illness is a social construction based on culturally-defined notions of normalcy rather than physiological conditions. Foucault (1988) discusses the social history of the Western fear of mental illness and provides background as to how this fear manifests in contemporary culture and young adult literature. He describes how, with leprosy on the decline in Europe, cultural fears of contamination were shifted to the poor, criminals, and any other "abnormal" people (p. 7). Foucault argues that mental illness is a label placed on anyone who does not adhere to social norms. "Madness" and mental illness exist as theoretical and social constructs without any real medical or psychological basis (Foucault, 1988, p. 7). His

claims are not without merit as there are numerous conditions that are defined by behaviors that are "strange, incomprehensible, and disruptive" that vary depending on cultural contexts (Horwitz, 2002, p. 1). Foucault (1988) does not acknowledge any evidence of the biological or physiological basis for many diagnosed mental illnesses, instead generalizing every diagnosis as an indication of cultural anxieties, bias, and values. He argues that the very act of imposing a diagnosis of mental illness is about exerting power, where the diagnosis and "treatment" are then used to control a person. The goal is often about forcing people to conform under the guide of mental health care. And while Foucault's perspective advocates that people should basically be left alone lest they intentionally seek assistance, it also assumes that mental illness limits itself to behavioral/social functioning and that people who need care will have the clarity or ability to seek help. Such theories contribute to the stigma surrounding mental illness, where it becomes a behavioral problem to solve (most likely through incarceration, institutionalization, or any other attempt to throw the offending person away) instead of a medical illness requiring treatment and compassion.

Bearing in mind that the mentally-ill protagonists in both *Go Ask Alice* and *Liar* are young women, it is crucial to note theories that mental illness is a patriarchy-specific construction. Chesler (1972/ 2005) describes the extent to which oppression of women is connected to pathology. She states that:

During the 1950s and 1960s, clinicians were still being taught that women suffer from penis envy, are morally inferior to men, and are innately masochistic, dependent, passive, heterosexual, and monogamous. We also learned that it was

mother-- not fathers, genetic predispositions, accidents, and/or poverty-- who caused neurosis and psychosis. (p. 1)

Chesler (1972/ 2005), who cofounded the Association for Women in Psychology in 1969 and the National Women's Health Network in 1974, reveals the horrific levels of abuse suffered by women in insane asylums (p. 2, p. 104). She describes society banishing "madness" and shutting it away from sight in order to be "shamed, brutalized, denied, feared, and drugged" (p. 85). Chesler relates this oppression to what women experience in general society. Whether or not they were in an asylum, women have lived in a bell jar:

For them, madness and confinement were both an expression of female powerlessness and an unsuccessful attempt to reject and overcome this state.

Madness and asylums generally function as mirror images of the female experience, and as penalties for being "female," as well as for desiring or daring not to be. If the dare is enacted deeply or dramatically enough, death (through slow or fast suicide) ensues. (Chesler, 1972/2005, p. 76-77)

And while her accounts and claims are historically valid, Chesler goes so far as to argue "there are very few genuinely (or purely) mad women in our culture" (1972/2005, p. 85). She claims that most women who have been psychiatrically hospitalized do not have mental illness, but instead have violated patriarchal standards of acceptable or "normal" femininity (p. 219). Other women who did not challenge these standards or "the psychological vocabulary of the female condition" instead "adopted its tone more surely than ever. They were depressed, suicidal, frigid, anxious, paranoid, phobic, guilty, indecisive, inactive, and without hope" (Chesler, 1972/2005, p. 219). Chesler argues that minority populations are pathologized for their inability to fit the role of ideal patriarchy

(white, male, wealthy). And while this is demonstrated historically in such cultures, she denies the existence of women with mental illness that was not caused by or diagnosed as a result of patriarchal oppression.

Memoirs demonstrate the impact of misinformation that all mental illness is behavioral or social deviance. Saks (2007) provides extensive history on such theories. In early history, people with schizophrenia were viewed as either being blessed or cursed by a religious deity (Saks, 2007, p. 169). In some cultures, they became oracles and were treated with utmost respect, whereas in others they were shunned or treated like lepers. She references a nursing textbook from the 1930s, which listed causes of schizophrenia-like conditions to include: "war, marriage, masturbation, and religious revivals," as well as a lot of blame placed directly on the families, particularly the mother (Saks, 2007, p. 169).

In his memoir about adolescent schizophrenia, Steele (2001) attests to the impact of this sort of belief on his own family. He describes his mother's fear that people would hear about his diagnosis and consider it a reflection of her parenting. He continues: "I knew that the genesis of my illness was a question of concern to my parents-- and not without reason. More than three decades later, people still tend to blame parents for their children's abnormal behavior" (Steele & Berman, 2001, p. 25). Science has, of course, proven this to be incorrect, but the myth that bad parenting leads to mental illness persists (MacKay, 2010, p. 70). Steele points out that if a child had diabetes, cancer, or any other medical condition or illness, no one would blame the parent. Yet there is a deeply-rooted belief that mental illness can be parented or loved away (Steele & Berman, 2001, p. 25).

As another aspect of the belief that mental illness is not legitimate illness, Steele recalls his grandmother explaining to him that his schizophrenia is actually the devil living



inside of him (2001, p. 17). People with mental illness are continually taught to fear or hate something within themselves, and to view their diagnosis as an indication of their moral "goodness" or worth. Steele describes decades of feeling as though he must have done something terrible to merit the evil within him.

Sadly, the association between deviant behavior and psychology is a prominent aspect of American sociology. Healy clarifies: "Crime is conduct... and that conduct is an attribute of the mind... When directly considered, conduct, therefore crime, is a psychological matter" (Getis, 1998, p. 26). This notion originated in the "mental hygiene" movement of the 1930s which "viewed crime [and] delinquency as problems that should be subject to therapy rather than to punishment" (Horwitz, 2002, p. 52). This became the standard when treating juvenile delinquents, criminals, alcoholics, addicts, "and other troublesome persons" who were not punished for their behavior but instead treated with therapy (Horwitz, 2002, p. 52). Because of this, mental hospitals became institutions of confinement for "social deviants" while they received said therapy (Grob, 1980, p. 296).

Some theorists, such as David J. Rothman, have claimed that the development and rise of mental hospitals and prisons in the United States actually had little to do with servicing those in need, resulting instead from "the perceived fears of middle-class Americans" and social disorder (Grob, 1980, p. 296). After Rothman's 1971 assertions, in 1977 Andrew Scull argued that such institutions reflected concerns of the growing upper class "to protect its economic interest" (Dowdall, 1996, p. 13). According to Giroux (2012), the rise of capitalism in the United States gave way to notions of economic Darwinism. Under this system, where financial gain and greed are valued more than compassion and care, "a culture of cruelty and politics of humiliation have gained momentum in American

society" (Giroux, 2012, p. 34). Giroux makes valuable connections between this culture of punishment and cruelty and social anxieties about adolescents. Specifically, he addresses the anxiety and cultural abuse of marginalized young people.

Giroux (2012) claims that laws have been designed "less to protect young people than to treat the most minor behavioral infractions... as criminal acts" which not only results in more young people in the correctional system, but also in assumptions that behaviors of adolescents with mental illness indicate criminality (p. xv). Fear and hostility towards marginalized youth who are viewed as unable to prosper or contribute in our capitalist society are blatant in YA depictions of adolescents with mental illness. In novels like *Go Ask Alice* and *Liar*, mental institutions present ideal opportunities to dispose of unwanted people. Such characters are never considered ideal candidates or representations of American citizenships and thus "are not just excluded from the 'American dream' but are treated as utterly redundant and disposable—waste products of a society that no longer considers them of any value" (Giroux, 2012, p. 5). Giroux describes how this occurs with "deviant" young people who are forced to undergo "a kind of social death as they are pushed out of schools, denied job-training opportunities, subjected to rigorous modes of surveillance and criminal sanctions, and viewed less as disadvantaged than as flawed consumers and civic felons" (2012, p. 5).

Giroux's theories apply to any marginalized or disadvantaged adolescent, yet they are particularly pertinent to those with mental illness. *Go Ask Alice* and *Liar* perpetuate the idea that a person with mental illness is disposable, criminal, and without a future. While one character's story ends in death, the other is institutionalized for, the reader hopes, the remainder of her life. The purpose of this enforced captivity is to protect "normal" people

from the inherent criminality and danger of those with mental illness as well as to protect capitalist America from their perceived inability to contribute adequately. Punishment and permanent confinement should be the last option when confronting YA issues including poverty, disadvantage, or disability, yet they have become the standard response. Referencing Judith Butler, Giroux (2012) explains that "those considered 'other' and disposable are viewed as 'neither alive nor dead, but interminable spectral—human beings no longer regarded as human'" (p. 19).

### **Mental Illness: Criminals and Monsters**

Oftentimes in YA literature, characters with mental illness exist to reinforce cultural stereotypes and, fundamentally, frighten youth into "normal" behavior. The lesson is: conform to acceptable adult culture or face the consequences. Nowhere is this more obvious than in *Go Ask Alice* (1971/ 2006), a faux diary documenting an unbelievable descent into drug-use, prostitution, criminal behaviors, and, most importantly, insanity and death. In this book designed to capitalize on cultural hysteria about marijuana and female sexuality, mental illness is presented as something the character brought upon herself, something she deserved as punishment for her reckless behaviors.

*Liar* (2009), on the other hand, features a character with a genetic condition. She cannot be cured because the illness is in her DNA. In this text, genetic mental illness represents an inherent animalism that, by its very nature, makes civility impossible. Additionally, mental illness represents eternal adolescence. Micah, the protagonist, is caught between the wildness of childhood and the civil word of adult culture. In this context, people with mental illness are simultaneously wild and civil, both child and adult. They are not fully one or the other, which makes them unwelcome in either space. In YA

literature, because they are positioned as the absolute Other, they are often portrayed as monsters. They are treated with suspicion, mockery, and fear, much as people with mental illness have been viewed through Western history. These characters, evident in *Go Ask Alice* and Justine Larbalestier's *Liar*, reinforce cultural fears about mental illness and demonstrate the hopelessness and dangers of being "abnormal."

### ***Go Ask Alice* and Mental Illness as Punishment**

*Go Ask Alice* (1971/2006) is a novel originally presented as an authentic diary, but it has since been revealed to have been penned by psychologist Beatrice Sparks. The title of this anti-drug and sex testimonial comes from a Jefferson Airplane song "White Rabbit," in reference to a scene in *Alice's Adventures in Wonderland* where Alice grows large after eating a cookie (Slick, 1967). The irony of this title inspiration is difficult to ignore. Sparks' faux diary presents a horrifying story of loss, violence, and destruction due to drugs, yet "White Rabbit" celebrates the ability of drugs, specifically LSD, to empower young people by providing an elevated perspective on life. When the song's Alice is high, she is "10 feet tall," an indication of her empowerment and superior understanding of the world that will "feed [her] head" (Slick, 1967). Sparks presents a diary that attempts to challenge the song's message by claiming that if one were to really ask a young person who used drugs about her experience, her story would reveal a very dangerous and terrifying reality. It is also interesting that Sparks is a psychologist as the novel presents mental illness as not only being caused by socially unacceptable or undesirable behaviors but as a direct punishment for those indiscretions. The character causes her demise, including her mental deterioration, because she violates adult societal conventions.

It is crucial to note that *Go Ask Alice* was originally published in 1971, at the height of American society's hysteria regarding illegal drug use, specifically in regards to marijuana. Many texts at this period featured hyperbolic examples of how using drugs could ruin a person's life and this text is no exception. Austin (1998) explains that "...the practices of young people become occasions for moral panic. Often these incidents are created intentionally to manipulate and hysterically reflect on the contemporary status quo, resulting in calls for social renewal and action" (Austin, 1998, p. 1). In fact, numerous memoirs of mental illness from the same period also describe the fears and stigma of drug use. A recurring scare-tactic was to claim that any drug use would cause permanent mental illness. Drug use was something for weak-minded people who could not control their childish, animalistic impulses. The issue is not that adults were using fear mongering to frighten adolescents away from drug use, but that these scare tactics, as demonstrated in memoirs from the time, frightened young people who were ill away from even considering the use of medications. Moreover, these tactics not only linked drug use and mental illness, but also implied that mental illness was a punishment for illicit and illegal behaviors.

In her memoir, Elyn Saks (2007) describes being too ashamed to admit to her parents that she was experiencing symptoms of schizophrenia and, despite this occurring in the late 1960s, she told them that she was on drugs rather than dare confessing the truth (p. 24). For an adolescent and frightened Saks, a weak mind was better than a damaged mind. She explains that there were horror stories in magazines and newspapers about what could happen to people who used drugs, specifically marijuana: "...this was the late sixties; marijuana had an almost mythic power to frighten and confuse parents" (Saks, 2007, p. 25). Because of this experience and the subsequent involuntary drug

rehabilitation, Saks remained terrified and resistant to medication throughout much of her life and refused recommended antipsychotics from her psychiatrists (p. 58).

In *Go Ask Alice*, mental illness exists as a punishment for bad behavior and is so melodramatic and unrealistic that it is meant to terrify young readers away from similar behaviors (1971/2006). While the narrator is never named, it is assumed that she is the title character, Alice, a 15 year-old high school student. The novel, whose authenticity and believability as a diary were questioned as soon as it was published, exists for the sole purpose of scaring adolescents away from socially unacceptable behaviors. Targeting young readers, the novel presents issues of teenage angst as catastrophic, dangerous, and psychotic. From the first page, Alice undergoes a completely unrealistic plunge from being a typical teenager to exaggerated psychotic tendencies and behaviors. The narrative begins: "Yesterday I remember thinking I was the happiest person in the whole earth, in the whole galaxy, in all of God's creation. Could that only have been yesterday or was it endless light-years ago?" (*Go Ask Alice*, 1971/2006, p. 1). From here, Alice suddenly exhibits signs of an addiction to sleeping pills and expresses suicidal ideation: "I don't know how much longer I can last; if something doesn't happen soon I think I'm going to blow my brains out" (p. 48). On October 5th, she mentions that her friend Richie and she have decided to sell marijuana to make some money (p. 59). Three days later, on October 8th, she says, "I convinced Richie that it would be easier to push acid than pot" (p. 60). The rate of this decline into addiction and criminal behavior is unrealistic, to say the least.

The hyperbolic nature of her descent continues as mental illness becomes apparent. She expresses symptoms of depression in late January, and by sometime in March- she has already lost the ability to keep track of the date and describes herself as having symptoms

very reminiscent of schizophrenia. These symptoms include hallucinations and an inability to decipher reality from delusion (*Go Ask Alice*, 1971/2006, p. 97, 119). The narrative reinforces that her behaviors cause a decline in her mental health. She writes: "Has my mind been damaged? Was it really a nightmare and it seems real? I think I've mixed up things which are true and things which are not. All of it couldn't be true. I must be insane" (p. 119). As anti-drug propaganda, it must be clear that Alice is causing irreparable damage and eliminating her chances at a successful return to acceptable society.

Alice rationalizes that her struggles are those of normal adolescence:

Adolescents have a very rocky insecure time. Grown-ups treat them like children and yet expect them to act like adults. They give them orders like little animals, then expect them to react like mature, and always rational, self-assured persons of legal stature. It is a difficult, lost, vacillating time. (*Go Ask Alice*, 1971/2006, p. 87)

Regardless of the notion that adolescence is a period of profound personal struggle, she violates acceptable boundaries by engaging in adult behaviors and topics, but specifically with those that are illegal and taboo. Alice actively chooses to use illegal substances and engage in criminal and sexual activity. In this way, she removes herself from the adolescent world without regard for proper codes of conduct. She trespasses in adult society, violating major taboos in the process. Her disrespect for adult conventions is blatant: "I want to puke all over the shitty world" (*Go Ask Alice*, 1971/2006, p. 109).

Aside from her use of illegal substances, Alice is sexually active in a culture which values female sexual purity. Alice loses her virginity and within a year is trading her body for more drugs with ridiculous flippancy: "Another day, another blowjob" (*Go Ask Alice*, 1971/2006, p. 112). In a culture in the midst of the sexual revolution, literature for young

people attempted to reinforce conservative values of women abstaining from sex until marriage. Because she demonstrates a blatant disregard for those values, Alice must face repercussions for her sexual transgressions.

Interestingly, in *Go Ask Alice*, socially-unacceptable sexual behavior is inherently linked with insanity. This connection between female sexuality and mental illness is discussed at-length in Chesler's work (1972/2005). She explains that for institutionalized women in the late 1800s and early 1900s, adhering to gender standards was perceived as an indication of sanity (p. 96). Female patients had to present themselves as docile, passive, polite, and generally feminine (p. 96). And, of course, this also included standards regarding female sexuality. Chesler states: "Celibacy is the official order of the asylum day. Patients are made to inhabit an eternal American adolescence, where sexuality and aggression are as feared, mocked, and punished as they are within the family" (Chesler, 1972/2005, p. 97). Insane asylums were, particularly for women, institutions of moral policing and forced-socialization. However, the connections between female sexuality extend far beyond asylums. As a mental health clinician, Chesler recalls that her peers in the 1950s and 1960s "were taught to view women as somehow naturally mentally ill. Women were hysterics... driven to excess by their hormones" (p. 1). This is bound to patriarchal definitions and standards of female nature/behavior. Unlike men, women:

...are categorically denied the experience of cultural supremacy and individuality. In different ways, some women are driven mad by this fact. Such madness is, in a sense, an intense experience of female sexual and cultural castration and a doomed search for potency. The search often involves 'delusions' or displays of physical aggression, grandeur, sexuality, and emotionality--all traits that would probably be



more acceptable in pro-woman or female-dominated cultures. Such traits in women are feared and punished in patriarchal mental asylums. (Chesler, 1972/2005, p. 90-91)

Chesler argues that mental illness in women is a construction of patriarchy, where the mental health system reinforces fear and distaste for female sexuality (p. 105). Because of cultural ideas that a woman should be passive and docile, she becomes a figure to be acted upon by men (p. 109). When a woman dared to take an active role over herself and her sexuality, she is in direct violation of patriarchal notions of normality. Mental health systems, including clinicians and researchers "adhere to a masculine standard of mental health" and so by being female, "women...are viewed as psychiatrically impaired-- whether they accept or reject the female role-- simply because they are women" (Chesler, 1972/2005, p. 173). By patriarchal standards, females are naturally "depressed, incompetent, frigid, and anxious," all of which position them outside of masculine mental health (p. 177). Conversely, if females reject these "sick" behaviors and are bold, "hostile, successful, and sexually active," they are still perceived as mentally ill and "abnormal" because they have violated their gender role (p. 177). It would seem that females are doomed to be pathologized by systems and definitions that seek to repress and control them.

Unsurprisingly, the issue of female agency and sexuality becomes further complicated when the female is a teenager. Teenage female sexuality is not only presented as fundamentally "abnormal," but also criminal and deserving of punishment. Roberta Trites (2000) explains that young adult literature is often used to stop teenagers, who are assumed to be naive and in need of adult guidance or correction, from engaging in sexual

activities (p. 85). The tendency is to instruct adolescent readers in how they should behave rather than providing honest or educational discussion about realistic sexuality (p. 85). In these texts, teenage sexuality is defined as a form of deviancy (p. 87-88). Sexual activity then becomes a crime from which they must gain moral insight or face punishment. Alice's first punishment for her deviant sexual behavior is that she is gang-raped and tortured while under the influence (*Go Ask Alice*, 1971/2006, p. 78). Tribunella (2010) explains that in narratives for young readers, "children are deliberately exposed to trauma as a form of discipline" (p. xiv). Teenage female sexuality is not only linked to deviance, but also positioned as being in direct opposition to cultural morality and patriarchal values. As such, it qualifies as "abnormal" or unacceptable behavior and is thus tied to the notion of insanity. Foucault (1988) explains that passion is understood not only as a cause of insanity, but also what makes insanity possible (p. 88). Acceptable sexuality and sanity, from a social perspective, are linked.

In this sense, because she cannot behave properly, she can no longer function mentally. She has a psychotic break and must be admitted to a mental hospital. Her break turns out to be the result of other teens putting acid in a bowl of chocolate-covered peanuts at a party (*Go Ask Alice*, 1971/2006, p. 167). However strange a scenario this might be, it is even more unbelievable that actions of self-harm and paranoia whilst under the influence of a known drug would land a person in a mental hospital for several weeks. It is clear that her breakdown and hospitalization are direct result of and punishment for her behavior. To reinforce that much of her punishment is connected to her sexual activity, she hallucinates that she is being eaten alive by worms which begin by devouring her vagina: "The worms are eating away my female parts first. They have almost entirely eaten away my vagina and

my breasts and now they are working on my mouth and throat" (p. 165). The worms, which seem to represent her past transgressions, destroy her body as an ideal sexual object as well as the potential for her to eventually mature into a "functioning" woman: a mother. The worms then move to her mouth and throat, thus threatening to enter her body and consume her from within, seemingly in the form of mental illness.

Alice works tirelessly to redeem herself and heal her broken mind, which includes putting effort into recommended therapy while in the hospital: "I am so grateful for group therapy. Maybe now I'll get something out of this place instead of being broken by it" (*Go Ask Alice*, 1971/2006, p. 187). She finally is able to control her addictions and feels empowered over her life and her recovery. Toward the very end of the narrative, she reflects on her unacceptable attempts to participate in the adult world by commenting that, as punishment, she forever lost her childhood. She says of her birthday: "I'll be almost an old woman, at least more than halfway through my teens. It seems only yesterday I was a child" (p. 209). She trespassed into the adult world and can never return to the realm of childhood innocence.

This would seem like enough punishment for mistakes a person might make in his or her youth. However, because this narrative aims to frighten young readers, redemption becomes far more complicated than Alice learning her lesson and attempting to heal from her mistakes. If she were able to redeem herself and move on into adulthood, the reader would receive the message that making mistakes, however hyperbolic, is acceptable as long as they learn their lessons, get help, and correct themselves. If Alice were to move on successfully, readers might understand that there is more than one path to adulthood.

Further, if she found redemption, it would suggest that her mental illness was just a part of her journey, something she worked through and managed.

The aim of *Go Ask Alice* (1971/2006) is to frighten young readers away from any undesirable behavior. As such, even the smallest transgression easily turns into drug addiction, rape, prostitution, and insanity. Because of this, despite quitting drugs and sexual promiscuity, feeling confident and empowered, and gaining insight into her mistakes, Alice abruptly dies of a drug overdose in the epilogue (p. 214).

Her death seems like an afterthought thrown in after the author reconsidered the possible impacts of allowing Alice to redeem herself after she so blatantly violated social standards. The entry prior is all about hope and growing up: "I'm much stronger than I used to be. I know I am...Diaries are great when you're young...But I think when a person gets older she should be able to discuss her problems and thoughts with other people..." (*Go Ask Alice*, 1971/2006, p. 213). Alice then says goodbye to her childhood diary and suggests the forbidden: that her mistakes were a necessary part of her journey toward a better future for herself: "...I shall thank you always for sharing my tears and heartaches and my struggles and strifes, and my joys and happinesses. It's all been good in its own special way, -I guess" (p. 213). The epilogue makes no sense in its narrative context and is almost comedic in its overt didacticism: "Was it an accidental overdose? A premeditated overdose? No one knows, and in some ways that question isn't important. What must be of concern is that she died, and that she was only one of thousands of drug deaths that year" (p. 214). Of course it is important whether or not the character committed suicide, though neither option is logical for her character arc. Though, if she had committed suicide as a

result of depression or mental illness, it still would have been a product of her drug use and thus another statistic to add to the list.

Alice dies because she violated conservative values at a time when American culture was particularly paranoid about drug use. She smoked marijuana, it changed everything about who she was, it made her lose her mind, and she died. The lesson is clear for young readers: smoke marijuana and your entire life will crumble, you will lose your mind, and you will die. Violate social conventions and you will suffer.

But lurking behind all of this is a very dangerous and damning subtext. This subtext declares that those who are mentally ill are so because they have done something to deserve it. Their mental illness is punishment for criminal, immoral, or socially unacceptable behavior. Mental illness is an outward indication of moral depravity. People with mental illness do not deserve pity. They do not deserve assistance or help. They stand as warnings of what could happen if anyone else dares to step out of line. They are getting what they deserve.

### ***Liar: Fearsome Beasts and the Threat of Mental Illness***

In Larbalestier's *Liar* (2009), mental illness is not a punishment for bad behavior, but instead portrayed as inherently animalistic and violent. In the novel, Micah Wilkins is a 17 year-old high school student whose friend and secret lover, Zach, is violently murdered under mysterious circumstances. The reader is very quickly made aware of Micah's bizarre behavior. In reaction to the news of Zach's murder, she wears a mask to school and forges a note to explain that a doctor ordered her to wear it because of a terrible rash on her face (p. 5). This is a lie, of course, as is much of what Micah says.

Micah is the absolute Other, the embodiment of strangeness. In addition, the reader cannot possibly form a connection with her because, as the title suggests, she lies constantly. Her lies are random and tangled, and though she continually promises readers that she will not lie to them, the narrative repeatedly trips over past lies while creating new ones. She makes slight admissions as to the true magnitude of her lies: "There's never ever just one lie" (Larbalestier, 2009, p. 216). She lies about her sex, about her relationship with Zach, about whether or not she has a younger brother, about whether or not this brother died, and about so many other things that the reader becomes overwhelmed. Additionally, the reader begins to question the existence of a coherent truth in the narrative. Micah confesses to having lost track of the truth of her own story: "You lose track of what's real and what's not. You start to feel as if you make the world with your words. Your lies get stranger and weirder and denser, get bigger than words, turn into worlds, become real" (p. 217). This is incredibly confusing and successfully creates a confounding mystery, but it also positions her character in direct opposition to logic, coherence, and truth. Additionally, because her lies are so abundant and complicated, the reader is never able to locate any reference point of truth. As such, the reader is never completely sure of Micah's identity, her experiences, and her motivations. In this way, her identity is constantly in flux.

In *Liar*, the outward narrative is not about mental illness, but about a teenage girl who, because of a genetic trait that has impacted generations of her family, is a werewolf. However, before this trope can be analyzed for how it functions in the novel, it is crucial to first understand the social and historical connections between mental illness and lycanthropy myths.

In YA literature, metamorphosis is a relatively common trope. Stories of young people transforming into animals date back to European fairytales and fables. Traditionally, in these narratives when the adolescent turns into an animal, it is a test of character (Waller, 2009, p. 24). Success means learning some sort of personal lesson and eventually returning to human form and "normal" life. The nonhuman form represents the wildness of childhood and immaturity which the character must grow from and abandon.

Of all types of metamorphosis, the werewolf myth has long been directly connected to mental illness. To begin, werewolfism is brought on by the presence of the full moon. An infected person is able to function in society but the presence of moon makes this impossible. It transforms the person, against his or her will, into a blood-thirsty monster. David Campbell, in "Lunacy and the Moon" (1978), explains this connection:

Mental disturbance has long been attributed to the moon. This old belief has become established in language; note the word lunacy...which refer[s] to persons with mental disturbance. The nonempirical literature has related lunar phases to many aspects of mental aberration including pyromania, suicide, alcoholism...Children and persons of poor mental stability have been thought to be particularly susceptible and have not been permitted to sleep where moonbeams might fall on their faces. (p. 1123)

This is the origin of the term "lunacy" which was any sort of "madness" caused by the moon. Though of course numerous studies on this topic have found no evidence has ever been found to support this mythic connection (p. 1125).

While there is no scientific evidence to support any sort of connection between mental illness and the moon or any other planetary body, there is a historical basis for the

relationship between werewolfism and mental illness. According to Caroline Taylor Stewart's 1909 research "The Origin of the Werewolf Superstition," the connection began with "primitive man" (p. 12-13). Early peoples used to wear animal skins, often to disguise themselves as dogs or wolves, in the process of stealing from or spying on neighboring clans. Folklore began to develop which claimed that, in the form of animals, these people could move undetected as though they had taken on the spirit of the predatory animals (p. 12-13). Understandably, these animal-human hybrids were considered incredibly dangerous. Dressing as a dog or wolf was also done for revenge or "for some other personal motive of advantage or gain, to inspire terror in the opposing agent by hideousness" (p. 17). Because of the fear it inspired, this custom became associated with witchcraft, where corrupt people or dark magical beings could take the animal form late at night in order to inflict utter terror or mischief (p. 19, 23-24). These hybrids were thought to be "destroyer[s] of human life" (p. 21). As the perpetrators were in disguise, people with mental illness or who did not fit in for whatever reason were used as scapegoats and were often punished (p. 24-25).

Yet, the connection became even more complicated when there were attempts to hunt and destroy actual wild wolves and dogs. These violent interactions often involved people getting bitten in the process, which eventually led to massive outbreaks of rabies. Those who were bitten by wolves or wild dogs "went mad" (Taylor Stewart, 1909, p. 22). The outbreak was so rampant that "primitive man must have witnessed a frenzy" (p. 21). As is typical for rabies, the person who had been infected with foam at the mouth and jerk wildly. The rest of the clan would tie him to a pole wrapped in a buffalo hide and then burn him: "This was the cure for a mad wolf's bite" (p. 22). This became motivation for



terrorizing anyone who may have already had mental illness or simply did not fit in, as it was assumed that he or she became that way through the wolf's infection (p. 22). Thus, folklore bound mental illness with the late-night terrorism of evil wolves who spread their "madness" through violence. By the time people understood rabies and the difference between the infection and mental illness, the myth was too deeply rooted and has continued into contemporary literature (p. 22). Of course, Taylor Stewart's research only accounts for European origins of werewolf myths, but countless examples of this literary trope (in novels, YA literature, and film) echo aspects of her theory.

In *Liar*, the werewolf plot device wavers between presenting itself literally and being a cover for some other unspoken truth. At the end of the novel, Micah finally alludes to this subtext: "You're insulted I think you're so gullible that you'll believe such outrageous lies. You were never fooled. You can read between the lines, pull away the werewolf bullshit, and see what's left" (Larbalestier, 2009, p. 370). Throughout the text, Micah's symptoms and behaviors are nearly identical to those experienced by people with schizophrenia. She describes being unable to decipher fantasy and reality, explaining that the difference has become blurred and she has lost track "of what's real and what's not" (p. 217). Describing the experience of having schizophrenia, Snyder (2007) sheds light on the connection between personal experience and the perception of others:

Schizophrenia can be a deeply disturbing experience, not only for the individual who has it, but also for others who are touched by the illness. When you have schizophrenia, it's as if your perceptions and thoughts have come loose from their moorings, leaving you adrift in a sea of disorienting and sometimes disturbing

stimuli. As a result, you may act in ways that are confusing and even distressing to other people. (Snyder, Gur, & Wasmer, p. 67)

Children's and adolescent literature are grounded in the quest to assist young readers to find a stable, acceptable, adult identity, as this is often considered the main challenge of adolescence (Waller, 2009, p. 57). Micah is openly incapable of determining such an identity for herself. This is established at the very beginning of the novel when she says, "I am not an animal. I am..." and then wrestles with this confusion throughout the narrative: "I'm not sure where I start and where I end. Is this the human me? Or the wolf?" ... "How many Micahs have there been?" ... "If they're gone, then every time I change I lose more./I become less me./ I'm afraid of changing./I'm afraid of changing back" (Larbalestier, 2009, p. 2, 340). She wavers violently between her child wildness and her "normal" human self. Yet, even in her human form, she is clearly not a model of mental or emotional stability. "Identity achievement...is all about an individual quest to discover a stable sense of self in the face of unsettling or decentered fantasy" and Micah fails to establish this in either form, thus giving in to the unsettling or decentered stage of adolescence (Waller, 2009, p. 55).

Micah alludes to having been institutionalized at various points in her life, which is not uncommon for adolescents with profound schizophrenia. She maintains that she has been locked away in animal enclosure-like cages rather than openly stating that she was confined in a psychiatric institution. She describes her institutionalization (which we assume to be in mental hospitals) as being confined in cages and prisons with guards, rather than staff, who force her to take medicine and demand that she stop lying. As a testament to the intensity of her condition, she is unable to do this: "I am. Every single

word. Truth. They don't believe in my wolves" (Larbalestier, 2009, p. 232). Had she actually been a wolf, it would seem plausible that at some point in her confinement, the staff would have witnessed the transformation and been forced to believe her claims. Because it is just an unfounded story and clearly representative of mental illness, it cannot be believed. Later, when she supposedly transforms in front of her teacher, Ms. Shoji grabs her by the neck and shouts "Micah" repeatedly until Micah calms down and becomes human again (p. 364). Had Micah actually been a wolf, Ms. Shoji's actions would have been far too dangerous to attempt and it would be expected that she be more shocked and frightened by such a monstrous transformation. Micah retreats into another consciousness and hearing her name somehow pulls her out of her psychosis and back into reality.

The outward werewolf plotline allows for the narrative to not only perpetuate cultural fears of mental illness, but also to reinforce the need for permanent expulsion of such characters. Her monstrousness is not a phase or something that she can cure or grow out of. It is in her blood. She was born with this violent predisposition and will die with it, preferably before she has spread it to other people or caused too much harm. To reinforce this, Micah repeatedly stresses that her condition is genetic and tied to a long family history of werewolves. Though, it is crucial to note that no one in the family, aside from Micah, refer to this condition as being werewolfism. Even Micah commonly refers to it as a "family sickness" or simply an "illness" that was prevalent in her grandparents' generation but skipped her father (Larbalestier, 2009, p. 53, 54). In fact, the family does not discuss the condition at all, so the reader's only information and descriptions come from a narrator who is an admitted liar.

Not only does this indicate genetic predisposition to mental illness, but also the "family sickness" establishes a biological distance between her and the reader. The reader obviously cannot share the gene. This notion seems directly tied to scientific knowledge of schizophrenia as a disease. There have been many advancements in identifying the genes associated with schizophrenia, but genetics seem to have a minimal impact as the disease is much more complicated (Snyder et al, 2007, p. 12). Scientists are not able to accurately predict who will get schizophrenia based on genetics. In fact, even in cases where a person with schizophrenia has an identical twin, 35-60% of the twins remain completely free of the disease (p. 12). Schizophrenia thus has the potential to be anywhere and in anyone, regardless of genetic predisposition. However, repeated emphasis that Micah's family has a curse directly limits and indicates who is at risk and who is safe. The reader can remain safe from somehow becoming like Micah. Her illness becomes foreign and distant. She remains a spectacle rather than a sympathetic or relatable character.

Micah's insistence that she has a genetic werewolf trait also implies that her condition is permanent and beyond the help of medical science or psychology. She makes several references to the inability of logical, professional approaches to cure her of her condition: "I've seen *lots* of counselors. Psychologists, shrinks, therapists. They're all the same. They're supposed to stop me lying, yet they believe everything I tell them" (Larbalestier, 2009, p. 11, 32). Micah cannot save herself and overtly declares that no one can help her, nor does she want help to begin with. She enjoys the attention given to her because of her animalism, of her "abnormality," and has no desire or motivation to adjust to societal conventions. Readers understand that she is beyond any sort of intervention and is, in this sense, terminal.

In his discussion of the mental illness as a social construct, Foucault (1988) elaborates that mental illness seems to exist outside the realm of medicine and also outside of incarceration, as neither have the ability to completely cure or contain "madness." As a result, "unchained animality could be mastered only by discipline and brutalizing" (p. 75). Larbalestier's likening of severe mental illness and dissociative identity with being a werewolf is bound to historical representations. Foucault describes the cultural tendency to consider people with mental illness as monsters for people to publicly gawk at and fear (p. 70). He further describes the connection: "Madness borrowed its face from the mask of the beast. Those chained to the cell walls were no longer men whose minds had wandered, but beasts preyed upon by a natural frenzy" (Foucault, 1988, p. 72). In such cultural mindsets, once a person has demonstrated his or her innate "madness," one is thought to have lost his or her humanity to such an extent that such people were then treated like wild, dangerous animals. Mental illness is wrongly considered a "visible and solid presence of [a person's] disease," and there is nothing more visible or obvious than the transformation from a young female to a monstrous wolf (p. 159). Her bodily transformation and disconnection is a reflection of her "broken" mind.

Perhaps the most relevant use of the werewolf plot is what this implies about the innate and unstoppable threat that werewolves embody, particularly the threat of violence. As the narrative centers on a murder she most likely committed while in her "wolf" state, the insinuation that people with mental illness are dangerous is rather overt. Throughout the narrative, she is violent without intention, as though physical aggression is as natural to her genetics as her condition. These things happen without her control or consent: "I don't remember moving. My hands are around Brandon's neck" (Larbalestier, 2009, p. 238).

Despite the fact that most people with schizophrenia have some control over their behavior, even in the midst of psychosis, the reader is to understand that no matter what state she may be in- controlled or animal, medicated or psychotic- she is a serious threat and cannot be trusted (Snyder et al, 2007, p. 67).

Further, a major component of the werewolf trope is the fear of contamination. Micah repeatedly describes her blood and genes as "tainted" and casually remarks that if she or her brother were to reproduce, the tainted blood and genes would pass to the next generation (Larbalestier, 2009, p. 75). While she only describes her tainted genetics in terms of werewolfism, there are obvious connections to traditional arguments about racial mixing. Micah presents herself as being half-human and half-animal, but she is also established as not fully belonging to any identity. Additionally, she is biracial and repeatedly describes herself as being biologically female but male in gender performance and appearance. And, at a primarily white high school where most of those students come from affluent backgrounds and most of the non-white students attend on scholarship, Micah's socioeconomic status falls in the middle. She says of her middle-ground identity: "I'm undecided, stuck somewhere in between, same way I am with everything: half black, half white, half girl, half boy; coasting on half a scholarship. I'm half of everything" (p. 10). Discussion of her hybrid identity earned the novel the 2009 Carl Brandon Kindred Award, which is awarded to literature that addresses issues of race and ethnicity. What occurs with her identity is a complete Othering: she is neither fully black nor white, neither rich nor poor, neither male or female, and neither human nor animal. Micah exists as the dangerous mixing of various worlds and identities, and these combinations ensure that she not fully fit in (or find acceptance) anywhere.

That Micah's condition is genetic hints to a need to eliminate such lineages altogether in order to prevent future infection. When listing infected family members, she mentions that more people would have had the illness had her great-uncle not died prematurely. His death prevented more infection and is presented as beneficial (p. 53). Death thereby becomes established as a viable solution to the problem of future infection or contamination. Much like other classic horror monsters, werewolves contaminate others through violent acts, such as biting or clawing. Once infected in this way, the innocent victim becomes the monster and must be ritually executed. Contamination is often a death sentence. As such, the fear of contamination makes sense. What occurs in *Liar* is a fear of association, a fear of sharing the same outrageous behaviors and a fear of being cast out. Micah expresses that many of her peers are frightened of her: "It's like they think my lies are contagious. Or that looking at me will turn them into as big a weirdo as I am" (p. 119). Her peers are not concerned with violence but instead are afraid of people who are different or mentally ill: "The thought that many of us could develop a mental illness may be scary in itself, causing us to subconsciously separate ourselves from 'them'" (Kambam, 2013, para. 1).

While a reader might struggle to understand the experience of wavering between mental clarity and psychosis, the werewolf metaphor allows a much more obvious and literal shift between human and animal. As such, the lines are continually blurred so that even the reader is uncertain of the difference between Micah and the beast she transforms into. Even at the end of the novel, nothing is clarified. She claims that she killed Zach and had to go to trial, though she refuses or is incapable of expressing this issue candidly: "And the trial./The trial was worst of all./You're wondering why I didn't tell you about that?/It

was a distraction. Doesn't add to the real story. Which is me and Zach and my wolfishness" (Larbalestier, 2009, p. 367). The important aspect and all that the reader needs to understand is Micah's "wolfishness": not the *fact* of whether or not she is a werewolf, but the wildness of her being.

Unlike Alice, Micah did not directly cause her condition. It was passed on to her by no fault of her own. This should, theoretically, position her as a victim of circumstance rather than as a deserving villain. However, she is never presented as sympathetic or worthy of forgiveness. Further, she repeatedly urges the reader to fear her rather than feel for her. Micah explains that when one has trouble accepting reality, "the brain cracks" and creates its own reality that justifies and explains in a way that makes living possible (p. 217). Without this alternate reality, "you can wind up doing things—*terrible* things" (p. 218). These cracks are what separate Micah from society and from the reader, who cannot relate to her and who comes to understand that she is inherently dangerous. Additionally, the "crack" indicates that she is irreparably broken and cannot ever be fixed.

Micah cannot be redeemed because the threat of her instability is inherent to her identity. The danger comes from her blood, from a long line of "tainted" genetics, much like a curse in her lineage. By the end of the narrative, she seems to have been permanently institutionalized, hinting that she has told her story from a padded cell, though the reader can never be certain. The narrative closure comes from knowing that, wherever she is, she is far away from "normal" people whom she no longer has the potential to hurt, kill, or infect.

### **The Reality of Schizophrenia**



Characters with schizophrenia are often conveyed in this manner: as monsters waiting to reveal their true faces and attack innocent, "normal" people. But the truth is that people with schizophrenia note that while they are portrayed as terrifying and dangerous to others, they are more likely to be terrified and dangerous only to themselves (Snyder et al, 2007; Steele, 2001).

Explaining common aspects of the disease, Ken Steele clarifies that there are numerous types of hallucinations, but those that provide any sort of instruction are referred to as command hallucinations (2001). The auditory hallucinations "can range from the trivial--wear a red shirt--to demands to commit a harmful act" (p. 156). And while on few occasions a person may be instructed to harm other people, as commonly portrayed in popular culture, "over half of command hallucinations are to commit suicide" (p. 156). Steele elaborates that his voices constantly pressured him to kill himself and describes the terror inflicted on him every day that he disobeyed these commands (p. 156). In her memoir, Schiller (1994) shared this same experience and explains how her voices seemed to never cease in ordering her to end her life (p. 75). In fact, studies have shown that 10% of people with schizophrenia commit suicide (Ross, 2008, p. 199).

But those who either do not attempt suicide or whose attempts fail are often consumed by terror and paranoia. Steele describes hearing his voices speaking about him as though he could not hear them. They would actively plot his demise in such hushed voices that he would have to strain to hear them (2001, p. 9). Then his voices began speaking about him in languages he could not understand just to keep him terrified of what they might be planning. He describes promising his hallucinations that he would kill himself in order to gain a little peace until they inevitably figured out that he had lied to

them, thus prompting their plotting to continue (p. 9). The voices also made him afraid of the outside world and he became increasingly fearful of what might be lurking around every corner (p. 8). Sandra Yuen MacKay had a similar experience in her adolescent schizophrenia. As a result of her voices' constant prodding, she developed countless phobias and found herself afraid of everyone and everything (2010, p. 132).

While *Liar* presents people with mental illness as being inherently dangerous, a recent study by the American Psychological Association found that only 7.5% of crimes committed by people with profound mental illness were directly related to their symptoms (American Psychological Association, 2014). Of 143 offenders with mental illness, only 4% of their crimes were attributed to symptoms of schizophrenia (American Psychological Association, 2014). On the contrary, people with mental illness are often targeted for violent crime. A recent study compared 936 people with severe mental illness, such as schizophrenia, to 32,000 people from the general population and found that over 25% of the people with mental illness had been victims of violent crimes or had experienced attempts (Snyder et al, 2007, p. 129). The rate for people with mental illness being victimized is 11 times higher than for the general population (p. 129). Yet, representations such as *Liar* would have readers believing that they should fear people with mental illness rather than recognizing the injustice committed against those very people.

*Liar's* treatment of mental illness, particularly of schizophrenia, is completely unrealistic, hyperbolic, and based on cultural myths rather than authentic experience and symptomology. There is obvious confusion between schizophrenia and multiple personality disorder, a confusion that popular culture ignorantly perpetuates in film, television, and literature. At one point, Micah tells her readers that it “Doesn’t matter that

none of this stuff is true. The less we know, the more ferocious the talk gets" (Larbalestier, 2009, p. 90). While she is discussing gossip at school surrounding her strange behavior, this is also a poignant statement about the popular treatment of mental illness, perpetuated in texts such as this.

Snyder states that "schizophrenia drives a wedge between the person who has the illness and the rest of society" (Snyder et al, 2007, p. 68). This is true not only because of the psychological perception and experience of reality, but also because of the social stigma and fear. Representations of mental illness that provide false or unrealistic information not only play on cultural stereotypes, but also perpetuate and exacerbate them.

### **The Human Impact**

The core of the issue is the common use of mental illness as a metaphor for larger social and personal issues. Characters like Alice and Micah are nothing more than tools to model acceptable behavior. Their inability to function "normally" becomes symbolic of resistance, lawlessness, wildness, and childishness. These characters struggle, suffer, and die for the benefit of the YA reader, who is meant to learn lessons, grow, and mature out of adolescence. In this way, characters with mental illness are completely dehumanized, valued only for what they can teach "normal" adolescent readers. The fact that these specific characters were written nearly forty years apart highlights the pervasiveness of this issue and how little has changed in terms of representation of mental illness in YA literature.

While much literature for children and young readers is meant to educate or socialize in one way or another, the issue is what these narratives inform young readers about mental illnesses and those who have them. They declare that mental illness is a sign

of immorality and refusal to adhere to social standards. They tell readers highly stigmatized diseases are indicators of indiscretions and behavior that deserves punishment, and also that those with those illnesses should be feared and avoided. They dangerously suggest that people with mental illness are less than human and have no place in acceptable adult society.

These texts spread dangerous misinformation about mental illness, causes, and symptoms. This misinformation has the potential to not only perpetuate myths and popular untruths, but also to directly impact young people with mental illness. For one thing, these depictions may influence how others view them because of a mental health diagnosis, with general encouragement to fear and condemn rather than seek understanding and empathy. Secondly, these texts may shape how young people with mental illness view themselves, their recovery, their illness, and their possible futures.

Texts that use mental illness as educational, social, and moral tools completely disregard human experience and compassion for others. There is no concern for the possible damaging effects of such depictions. The aim is socialization and characters with mental illness have been targeted as the ideal models for educating and frightening young readers into acceptable behavior, adulthood, and citizenship. What must be called to attention: mental illness impacts real human beings, as do the lessons instilled in YA literature.

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