

Narrative of Deficit and Authentic Portrayals of Mental Illness and Cultural Sensitivities in Young Adult Literature

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This article sheds light on the narrative of deficit that often surrounds characters who have mental illness in young adult literary novels (YAL) and critiques the manner in which that narrative perpetuates the stigma of mental illnesses such as depression, anxiety, post-traumatic stress disorder, and/or obsessive-compulsive disorder. We focus on two 21st century young adult novels whose characters are accurately depicted as having mental illness and whose authors authentically share the characters' successes and struggles as well as the impact of their mental illness symptoms on family, friends, and neighbors. Our aim is to analyze and critique these novels to inform researchers and authors of YAL about the danger of romanticizing stigma surrounding mental illness, which, through the descriptions of characters' behaviors and language used by the authors (whether intentional or not), can perpetuate the narrative of deficit that is associated with characters with mental illness.

This article sheds light on the narrative of deficit that often surrounds characters who have mental illness in young adult literary novels (YAL) and critiques the manner in which that narrative perpetuates the stigma of mental illnesses such as depression, anxiety, post-traumatic stress disorder, and/or obsessive-compulsive disorder. We focus on two young adult novels (*I am Not Your Perfect Mexican Daughter* and *The Impossible Knife of Memory*) whose characters are accurately depicted as having mental illness and whose authors authentically share the characters' successes and struggles and the impact of their mental illness symptoms on family, friends, and neighbors. We analyze and critique these novels to inform researchers and authors of YAL about the danger of romanticizing stigma surrounding mental illness, which, through the descriptions of characters' behaviors and

language used by the authors (whether intentional or not), can perpetuate the narrative of deficit associated with characters with mental illness.

Deficit thinking, Davis and Museus (2019) argue, is “rooted in a blame-the-victim orientation that suggests that people are responsible for their predicament and fails to acknowledge that they live within coercive systems that cause harm with no accountability” (para. 3). They further state that “deficit thinking is not only a symptom of larger systemic oppression, but also reinforces these oppressive systems” and is “pervasive and implicit, often emerging in language that treats people as problems” (David & Museus, 2019, para. 3). Many texts featuring characters with mental illness include authors’ language and descriptions which perpetuate stigma via the readers’ positioning of the characters through a deficit narrative model. Stigma is related to negative beliefs surrounding mental illness (Taylor and Dear, 1981). In YAL, for example, this could mean characters with mental illness are written as not having effective relationships, not fitting in, experiencing violence/harassment, being positioned as victims, experiencing social isolation, or having negative futures.

The American Psychiatric Association (APA) (2022) states that more than 50% of people with mental illness do not receive treatment or assistance, often because they are afraid of “being treated differently” or “losing their jobs and livelihood” (para. 1). This fear—due to stigma, prejudice, or even discrimination against those with mental illness—continues to be a problem, whether subtle, intentional, or obvious in nature. Regardless of the scope of such stigma, this fear can be harmful to individuals and communities. Characters in YAL, then, take on deficits as part of their identities; they subsequently see themselves as less-than, exhibit lower self-esteem, or are attributed lower expectations. Thus, YAL can perpetuate stigma through readers’ positioning of the characters through a deficit narrative model. One major concern: assumptions internalized by readers may translate into potentially negative beliefs, attitudes, and behaviors toward those with mental illness. Conversely, YAL authors can depict authentic behaviors, language choices, and actions associated with having a mental illness with respect to different cultural backgrounds.

According to research from Mental Health America (2021), “It is important to assess the way we use language and how the use of language reinforces negative biases or promotes empowerment and strengths” (para. 4). Moreover, we should view individuals as people first and not *as* their mental illness: “People are not cases or illnesses to be managed” (an example of an “illness-centered approach”) (Mental Health America, 2021, para. 3). Instead of focusing on only symptoms in YAL,

we should seek balance and representation of characters not located within a narrow, stereotypical space. Therefore, researchers and authors should examine how characters with mental illness are depicted and whether the duality of their identities accurately portrays living with mental illness, calling into question preconceived, socially-fortified notions about individuals with mental illness.

BRIEF BACKGROUND ON MENTAL ILLNESS REPRESENTED IN YAL

Mental illness is defined by the APA (2022) as “health conditions involving changes in emotion, thinking, or behavior (or a combination of these)” which are often connected to “distress and/or problems functioning in social, work or family activities” (para. 1). Many mental illnesses have been identified as occurring in teenagers and adults, including schizophrenia, bipolar disorder, depression, anxiety, substance use disorder, obsessive-compulsive disorder, eating disorders, attention-deficit and hyperactivity disorder, etc. Since the latter part of the 20th century, numerous YAL authors have included characters who have such disorders in their novels, stories, and poems. These include YAL classics such as *Go Ask Alice* (Anonymous, 1971) and *Lisa, Bright and Dark* (Neufeld, 1970) and contemporary books such as *Wintergirls* (Anderson, 2009), *Dope Sick* (Myers, 2009), and *Turtles All the Way Down* (Green, 2017). Research on mental illness in YAL has gone through a renaissance in the 21st century, with many publications categorizing and explaining how mental disorders (and the characters who have them) are portrayed in books for adolescents. See, for example, Olan and Richmond (2020), Richmond (2019), Scrofano (2019), and Boyd, Rose, and Darragh (2021).

Our analysis is grounded in a medical approach (based on definitions of mental illness from the *DSM-5*, including depression, anxiety, bipolar disorder, etc.), yet we make space for alternative approaches to brain-based differences such as those ascribed to by experts in neurodiversity research. Smagorinsky (2020), for example, defines neurodiversity as being related to “autism, Attention Deficit Hyperactivity Disorder, dyscalculia, dyslexia, dyspraxia, and Tourette’s Syndrome” (p. 10-11). For those interested in exploring related research, we recommend work by Des Harnais and Barker (2020).

Research on YAL in the 20th century tended to lump YAL characters with mental illness in with other “problem novels” (Nelms, Nelms, and Horton, 1985; Reid and Stringer, 1997) or offer advice or response strategies for educators using realistic fiction texts in their classrooms (Hancock 1993). Other research in the late 1900s centered on using YAL novels about characters with

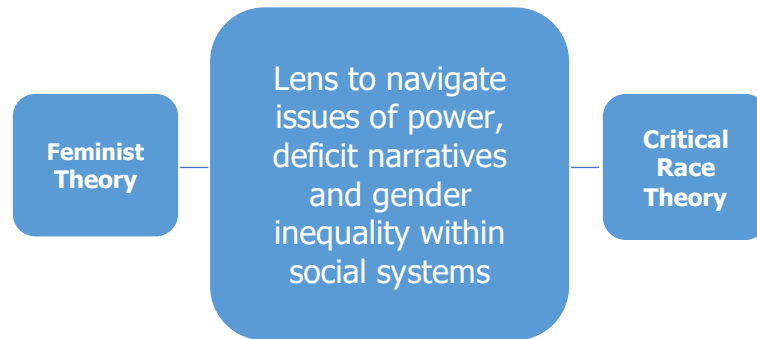
psychological disorders as bibliotherapy, the use of literature to help individuals as part of a therapeutic process geared toward mental health (Apseloff, 1991; Myracle, 1995).

Research on YAL with characters with mental illness in the 2000s has expanded to address specific disorders as well as mental illness in adolescent literature as a whole. For example, several scholars focus on self-harm and/or eating disorders (e.g., Miskec and McGee, 2007; Parsons, 2016; Rumohr-Voskuil, 2017; Boyd and Darragh, 2020). Other researchers concentrate on characters with depression and/or anxiety disorders (e.g., Deakin and Eastman, 2019), obsessive-compulsive disorder (e.g., Chrisman, 2018; Olan and Richmond, 2020), or suicide (e.g., Pytash, 2013). There seem to be more publications focused on mental illnesses as a whole or on multiple disorders portrayed in young adult novels. Examples of studies with a broader scope include, among others, Richmond (2019) and Scrofano (2019). In the former, which is intended as more of a reference text, Richmond explores ten categories of mental illness and analyzes contemporary young adult novels featuring characters with those specific mental illnesses (e.g., bipolar disorder, schizophrenia, depression, etc.). In the latter, Scrofano explains Arthur Frank's categories of "restitution," "chaos," or "quest" narratives and analyzes many different mental illnesses portrayed in young adult novels, arguing for a "shift" in authors' emphasis in new novels to "the third type of story, the quest narrative, in which characters live in recovery, managing their mental illnesses and leading a fulfilling life" (p. 1).

THEORETICAL LENSES AND METHODOLOGICAL APPROACH

Our theoretical framework is grounded in critical race theory and feminist theory. Critical race theory (CRT), developed by Bell (1995) and Crenshaw and Delgado (1995), is an analytical perspective used to examine the ways that racism constructs social practices and policies embedded within social systems such as education (Ladson-Billings, 1998). The approaches of Ladson-Billings (1998) and others invested in CRT inform our research as we examine the systems associated with, and which help construct, narratives of deficit that pervade representations of mental illness in fiction and in the lives of readers themselves (Figure 1).

FIGURE 1



We also draw from feminist scholars such as Miller (1976/1986) and Butler (1999) in our analysis of YAL written by women and featuring female protagonists. Miller argues that women are “quite validly seeking something more complete than autonomy as it is defined for men” and “a fuller not lesser ability to encompass relationships to others, simultaneously with the fullest development of oneself” (p. 95). Butler notes that feminists should focus on ways that power shapes our understandings of womanhood not only in society but also within the feminist movement. Thus, we acknowledge the intentional language use and positioning of the YAL characters within social systems that situate women as having specific social roles tied to traditional mores such as needing to be in a relationship to be whole, being submissive and cooperative, or being passionate and emotional while conforming to traditional gender stereotypes.

Our method of analyzing the YAL is grounded in discourse analysis, a research method which “considers how language, both spoken and written, enacts social and cultural perspectives and identities” (Gee, 2004, p. 3). One adaptation of discourse analysis is critical discourse analysis (CDA), which reveals how ideological assumptions are concealed beneath language (Sriwimon and Zilli, 2017). By using CDA, researchers can uncover the role of discursive practice in the name of emancipation (Jørgensen and Phillips, 2002, p. 64). In addition, Fairclough (2013) notes that CDA focuses mainly on how “power relations and inequalities” produce “social wrongs” (p. 8). Our analysis is grounded in countering messages of narrative deficit – seeing those with mental illness as having deficits. Language used to depict characters with mental illness can perpetuate narratives of deficit by positioning the person as “less than” or “other” - exposing differences or judgment. When terms such as *freak* or *psycho* become ubiquitous in society, or when expectations of those with mental illness are lowered – a dangerous practice, the focus is on what one lacks, not what one has. Thus, we use CDA with the intention of disrupting and challenging how language used to portray

characters with mental illness in YAL may perpetuate a narrative of deficit that sustains the stigma of mental illness.

During our analysis of two YAL novels, we first developed general understanding of the context and explored language for key themes related to portrayals of mental illness (Glenn, 2008; Parsons, 2016). We read the two novels three times for this study. First, we focused on language used by the authors, immersing ourselves in the narratives, then looked closely at words used to describe characters' behaviors, emotions, and actions, developing categories while considering denotations and connotations associated with the language surrounding characters' mental illness(es). We employed *in vivo codes*, as Strauss (1987) recommends, whenever possible. Last, we read the texts again and considered relevant research related to narratives of deficit, stigma, and mental illness - taking the coded items and classifying terms according to themes such as identity and romanticization.

Two novels, *I am Not Your Perfect Mexican Daughter* and *The Impossible Knife of Memory*, were selected for this analysis because they are exemplars of YAL that depict characters with mental illness in authentic ways and include instances of stereotypical behaviors, language of deficit, and stigmatization of individuals who live with mental illnesses such as depression, anxiety, substance use disorder, and post-traumatic stress disorder.

ANALYSIS OF NOVELS

We have identified two overarching categories, identity and romanticization of mental illness, in the novels. Identity, as noted by Gee (2000), is a complex concept, one that invites interrogation because of the multiplicity of identities each individual may exhibit within different social contexts and relationships. Identities of individuals are socially constructed and often draw upon contextually-specific social roles (Bandura, 1986), gender dynamics (Butler, 2004; Miller 1976/1986), and various cultural norms (Gay, 2018). Similarly, romanticization of mental illness, as defined by Shrestha (2018), is "depiction of mental illness as more glamorous, attractive, or alluring than it truly is" (p. 69). The term is also explained as occurring "when one portrays a mental disorder as 'glamorous' or 'beautifully painful'" (Marquardt, 2020, para. 2). Moreover, as Metwalli (2020) states, "This approach of romanticizing mental illness may have started as an approach to eliminate and decrease the stigma surrounding the topic. However, romanticizing mental illness caused more harm to people struggling with some sort of mental illness than it did in removing the stigma" (para. 3).

In the sections below, we discuss how characters in the two selected novels display behaviors and emotions classified as identity (e.g., shame, duality, fragmentation) or romanticization of mental illness (e.g., expectations, normalcy). Identity is an intricately multilayered concept (Gee, 2000), and the ways in which the young adults being analyzed display a multiplicity of identities; social roles are multifaceted as well. Here, we examine the traditional and cultural traits of the characters as well as the relationships in which they are engaged and their social roles. We also study how mental illness is depicted through the authors' characterization and evaluate whether those portrayals perpetuate the stigma of mental illness within the narrative of deficit or demonstrate cultural sensitivities.

I AM NOT YOUR PERFECT MEXICAN DAUGHTER

Identity

In *I am Not Your Perfect Mexican Daughter* (2019), Erika Sánchez positions sisters Olga and Julia Reyes as opposite ends of a spectrum of young Latina women. Olga, as the oldest daughter, carries her family's expectations for her to follow the path of her grandmother and her mother, to become a wife and mother who is dedicated to *the Virgen de Guadalupe* (p. 22). The traditional/cultural role for Mexican women in the U.S. and in Mexico is one of selfless dedication to the happiness of others and responsibility for running the home (Knapp, Quiros, and Muller, 2009). In the Reyes family, Amá, as the matriarch, has shaped the identities of both her daughters as Mexican-American women. Sánchez develops Olga's character as multidimensional through the stories that Amá tells and through Julia's discoveries in Olga's room after her sister has died. Olga, high school graduate and part-time college student who works outside the home, is in charge of cleaning the Reyes home, something the family realizes when the house is in disarray after Olga's death and the responsibility falls to Julia, who is not motivated to clean as thoroughly as her sister. For example, later in the novel, Julia explains that her mother "forces" her to clean houses with her when Amá's work partner is unavailable. Amá explains that, as Julia is "almost a woman, it is time" she learns "to be responsible" (p. 98). Julia can't tell her mother she does not want to help her because that would "not be acceptable, especially since Olga, [her] angelic sister, was [their] mother's reliable helper" (p. 98).

Amá often compares and contrasts her daughters when she is talking to Julia. For example, when making tortillas early in the story, Amá says, "That one looks like a chancla [a slipper]" to which Julia says, "We're just going to eat them. Why does it matter they're not in the perfect shape?"

(p. 32). Amá says, “If you’re going to do something, you have to do it right [...] Olga’s were always so nice and round” (p. 33). When Julia storms off, Amá yells at her, “What kind of woman are you going to be if you can’t even make a tortilla?” (p. 33). This interaction is typical of the relationship between Julia and her mother, who is more concerned with training her daughters for marriage and motherhood than with their future careers, personal goals, or mental health. It also contributes to the deficit narrative by perpetuating the dominant narrative about a woman’s place in the family and role in society in general: caretaker, manager of the home, and dependent on a man for fulfillment. Moreover, the story limits what a girl like Julia can say about her position within the family or society because her voice is silenced; she is expected to just do what she is told by her parents. And, as we will discuss later, Julia’s depression also contributes to her lack of voice.

Olga seems like the “perfect” Mexican daughter. She is, like her mother, “pale and thin, with stick-straight black hair” while Julia is “chubby, short, and dark, like Apa” and is the only one in the family who wears glasses (p. 22). However, Olga has secrets as Julia discovers when she is sleeping in her dead sister’s room. Olga leaves a sticky note with “I love you” on it hidden inside her pillowcase; however, Julia describes for readers that Olga only had one boyfriend that she knew of, “Pedro, a skinny little guy who looked like an aardvark, but that was years ago” (p. 23). Additionally, Julia finds, in her sister’s bedroom closet, a box of old high school science fair photos and memorabilia which also contains “five pairs of silk-and-lace thongs. Sexy lady underwear” (p. 24). These concealed items shock Julia and, along with a hotel key to *The Continental*, make Julia curious about her sister’s true level of perfection. Sánchez discloses Olga’s items only to Julia, which propels the plot forward while also taking readers on a journey of Julia’s consideration of the multiplicity in her sister’s identity – and her own. Sánchez’s presentation of Olga’s secret life fits with the biases that are perpetuated by sayings such as *good girls are just bad girls who don’t get caught*. Often within the covert narratives such as the one Julia tells herself about her sister, readers can find evidence of stereotypes about women.

Throughout Sánchez’s novel, Julia’s mind is plagued with questions about her sister’s identity, which sets her on a path to discover why Olga had a hotel key and lingerie hidden in her room. At the same time, Julia is a high school student living with depression. For instance, she describes the fall as a time when she starts “feeling more depressed than usual,” and the “long, dark days” that “feel like endless black ribbon” make it hard for her to function (p. 48). She notes, “This year will be even worse now that Olga is gone” (p. 48). Sánchez’s language to describe Julia’s

depression is authentic based on symptoms listed by the National Institutes of Health (2018), which include decreased energy, a persistent sad mood, and feelings of “hopelessness,” “guilt,” “worthlessness,” or “helplessness” (para. 9). This authenticity in the portrayal of Julia’s depression undergirds her identity as a less-than-perfect daughter, which perpetuates stigma associated with mental illness related to authoritarianism; that is, that those who have mental illnesses “need the same kind of control and discipline as an untrained child” (Taylor & Dear, 1981, p. 228). Amá’s vigilance and consistent reprimanding of Julia are founded in her allegiance to traditional gender roles and cultural expectations and her beliefs about Julia’s identity as a younger daughter within the family unit.

In Sánchez’s novel, Olga and Julia Reyes inhabit roles that depict the duality of their identities. Olga, as the oldest daughter, ascribes to the cultural identity of the perfect Mexican daughter in hopes of achieving harmony in her family and the respect of her parents. She identifies with traits of a perfect Mexican daughter, which are described as being prim and proper, following the rules, and being a dutiful daughter. As Julia describes “Saint Olga” (p. 3), she says her sister was “the perfect daughter – cooked, cleaned, and never stayed out late” (p. 20). Olga “loved babies, the color pink, and peanut butter cups” but is also described as “a good listener” and her mother’s favorite daughter (p. 21), one who is a role model for her younger sister.

Julia is expected to follow in the steps of her older sister. She needs to learn to cook, clean, and be a good girl, one who is not “malcriada,” which is a spoiled, naughty child (p. 157). Julia’s position in the family is even more scrutinized and stereotyped after her sister’s death because she is the only daughter left, the one to whom all the family’s hopes are pinned. Her mother holds Julia to a rigidly high standard, which is apparent when Amá asks Julia after school one day whether she’s been eating junk food because Amá thinks she looks yellow. Amá says, “Well, you don’t look right. I might have to take you to the doctor. You can’t have a quinceañera looking like that, you know? You have to be pretty for your family. What will your sister think when she looks down on you from heaven?” (p. 123). In this interaction, the unrealistic expectations for Julia are clear, and, perhaps more importantly, these generalized descriptions of the perfect Mexican girl fit the stereotype in the Reyes family culture. There is no room for Julia to be herself; she must be what the family needs her to be, expects her to be, for the good of the family and its reputation within the Mexican American community.

Olga, too, had these expectations for her public behavior; however, Sánchez shows readers a side of Olga that was private and intentionally hidden from her family and the public. We learn through Julia's investigation of her sister that Olga was not just going to college and work as she told her family. Rather, she developed a secret relationship with an older, married man with whom she spent many afternoons in the Continental Hotel. Dr. Castillo, in whose office Olga worked, was her lover. He knew that their affair resulted in Olga's pregnancy. He tells Julia, when she tracks him down, that he wanted to leave his wife and marry Olga when he discovered she was pregnant, stating, "I loved your sister. You have to believe that. Her death ruined me. It destroyed me like you can't imagine [...] I'm divorced now. I couldn't do it anymore" (Sánchez, 2019, p. 313). Despite living a secret life, Olga felt driven to fulfill the expectations of her family and her culture, a battle between the private and the public that influenced her choices, her values, and her behaviors.

Julia struggles with the expectations put upon her by her parents and by her sister's (public) behavior as a perfect Mexican daughter. Her mother, after Julia's quiceañera, says to her, "You know, Julia, maybe if you knew how to behave yourself, your sister would still be alive. Have you ever thought about that?" (Sánchez, 2019, p. 162). Not only is Julia held to an impossibly high standard and blamed for her sister's death, her depressive symptoms are exacerbated by her mother's actions.

Because mental illness is stigmatized in general (and in Latinx communities in particular), Julia feels that she must hide her symptoms of depression and her thoughts of suicide from her family. Sánchez uses Julia's voice to help readers understand her need to hide her emotions:

Sometimes I feel so lonely and hopeless that I don't know what to do. Usually, I just bottle up all of my feelings and wait until my parents go to sleep so I can cry, which I know is totally pathetic. If I can't wait, I do it in the shower. It builds and builds all day, tightening my throat and chest, and sometimes I feel it in my face. When I finally let it out, it cascades out of me. (p. 117)

Sánchez's words paint a picture for readers of Julia's bottled-up emotions and her distrust in her family. Simultaneously, readers are exposed to her difficulty navigating feelings of depression within the expectations of being a perfect Mexican daughter. The tenuous tightrope that Julia walks between her hopelessness and feelings of inadequacy, as well as her isolation as a result of her mother's stringent keeping guard over her, contribute to Julia's decision to want to end her life.

When Julia calls Connor (her boyfriend) from a payphone because her parents have taken away her phone, he expresses his concern about her crying constantly because he doesn't know what to do to help her. She explains that she feels like she is "suffocating" and states, "I can't stand living

like this anymore” (Sánchez, 2019, p. 205). Julia doesn’t feel that anyone understands her. She says, “All I do is fuck up. No one cares about who I really am,” a statement repeated over and over as she hangs up on her boyfriend (Sánchez, 2019, p. 206). In the next chapter, Julia spends the holiday break stuck at home, isolated from her friends. Even when she returns to school, she does not find any joy. One afternoon, Julia goes to a nearby ice rink to watch people skating in the park, which is “slushy and gray”; she ruminates on the negatives in her life: “I’m tired of feeling broke. I’m tired of like the rest of the world gets to decide what I can do. [...] This doesn’t feel like a life; it feels like never-ending punishment” (Sánchez, 2019, p. 210). The next day, Julia awakes in a hospital bed after attempting to end her life by cutting her wrists. She tells her therapist later that she did not want to die; rather, she was tired and hungry. Angry and crying, she says that “I just couldn’t take it anymore” (p. 214).

In depicting Julia’s suicidality, Sánchez shows readers that Julia’s emotional and physical state are not unusual; she is tired and hungry, like many young adults. Her frustration is understandable. Her suicidal ideation does not come from a place of not having things or not having the support of her family or friends. Her suicide attempt is a split-second decision Julia makes when overwhelmed and feeling hopeless. Her depression makes her more susceptible to the feelings of despair, and her isolation from her boyfriend gives her time to reflect on her thoughts about her life. At the same time, the narrative of deficit is present. Julia sees what she doesn’t have and does not see the possibilities available to her. Sánchez portrays this effectively in Julia’s character, validating Julia’s feelings and voice, even though they are plagued by isolation, feelings of oppression, and inadequacy. These same concerns, however, are those that prevail in a narrative of deficit pervasive in a society that restricts access to mental health care for those who are not members of the dominant culture.

Julia’s experiences in the hospital bring her to the realization that she has a mental illness called “severe depression and anxiety” (Sánchez, 2019, p. 219). In her explanation of what her therapist wants for her after her release from the hospital, readers learn that Julia’s mental illnesses “have to be treated right away” or she could “end up” in the hospital again. She says, “Something in my head isn’t wired right,” a fact which does not surprise her: “I always knew something was wrong; I just didn’t know what it was, that it had an official name” (p. 219). This understanding of herself is key to Sánchez’s exploration and depiction of mental illness. Julia has had the symptoms of depression and anxiety all her life, and after Olga’s death, those symptoms intensify; however, because of the complexity of her identity (Latinix, a woman, a youngest daughter, and an individual

with depression), she cannot see that her symptoms of mental illness are due to a chemical imbalance in her brain and not something that she is destined to have or deserves to have based on her positionality within her family or her culture. Sánchez's accurate portrayal of Julia as a young woman who lives with mental illness offers readers a way to empathize with her character.

Romanticization

In *Mexican Daughter*, the parents romanticize mental illness after Julia's suicide attempt. During one conversation, Julia's mother (Amá) tells her daughter, after she finishes therapy, "Mija, we think you should go to Mexico and spend some time with Mama Jacinta" (Sánchez, 2019, p. 227). Julia realizes, "Some people think that shipping their children back to the motherland when they get out of control will solve everything" and wonders if going to Mexico will "teach me not to kill myself" (p. 228). Her mother notes that the trip to visit her grandmother "won't be for that long." Julia replies, "I'm not going [...] I need more time at home to recover," and thinks to herself, "I bet they have no idea what to do with me. They look desperate" (p. 228). Amá insists that the trip will do Julia good and says things like "You'll feel better," "You used to love going to Mexico when you were little. You always seemed so happy," and "You'll get some fresh air and ride horses. Mama and you loved that. Doesn't that sound nice?" (p. 228-229).

In this exchange, Amá believes that her daughter's recovery will be enhanced by returning to a place where she was happy as a child, in the company of family members who love her. Amá also references the benefits of fresh air and exercise, which downplays the seriousness of Julia's depression and feeds into a stereotype of quick fixes for mental illness. This example shows readers how characters such as Amá romanticize the past and, in some cases, infantilize those with mental illness. Sánchez uses Julia's reflective stance to demonstrate that individuals with depression can be cognizant of their own positioning, which challenges the narrative that those with mental illness are child-like and need to be cared for because they are incapable of doing so themselves (Corrigan and Watson, 2001, p. 17).

Simultaneously, Julia acknowledges that her family does not know what she's feeling or what to do about her mental illness; she realizes that they do not understand the process of recovery and the value for her of staying in a familiar setting after being released from in-patient therapy. Sánchez seems intentional in portraying Julia as self-aware and capable of continuing recovery outside the confines of a psychiatric facility. Moreover, Julia's statement that going to Mexico to visit her

grandmother and ride horses in the fresh air will not help her to cope with her symptoms of depression contributes to the dismantling of the narrative of deficit in the novel.

What Sánchez accomplishes through her careful crafting of the characters in *I am Not Your Perfect Mexican Daughter* is two-fold. First, she accurately depicts Julia's symptoms of depression and anxiety throughout the novel. Julia discloses that she does not have a name for her mental illness, but she knew something was different about her experiences (e.g., feeling overwhelmed, crying, feeling disconnected, angry, and worthless). Through the interactions with Connor and her therapist, Julia discovers that she is not "crazy" but has a real psychological, biological illness that has a name and can be treated with medication and therapy. Second, Sánchez portrays the narrative of deficit surrounding Julia's mental illness through her dialogue with friends and family as well as through her interactions with relatives, strangers, and medical personnel in various communities. Sánchez' choice to portray Julia as someone who is thrust into a new social role within the family after her sister's death sheds light on the family dynamics within the Latinx communities and also helps readers understand Julia's shifting identities.

THE IMPOSSIBLE KNIFE OF MEMORY

Identity

The Impossible Knife of Memory focuses on Hayley Kincaid's daily life with her father and on her relationship with a new boyfriend, Finnegan Ramos. Hayley is a high school senior whose father moves her to his hometown to find a sense of normalcy after being on the road for many years. As a military brat, defined as "children of current and former military personnel" (which military brats identify with even in adulthood), Hayley shares many identity traits with those whose parents served in the U.S. Armed Forces (Railsback, 2019, p. 12). Common experiences (themes) identified by Shealy (2003) include, among others, "rootlessness and a sense of not belonging," "aloneness, loneliness, and a sense of detachment and difference from the civilian collective," and "depression, anger, and rage" (p. iv). Hayley shares many of these experiences/emotions: she has little sense of community due to her having been on the road with her father for more than five years; she is alone and does not trust new people easily; and she often experiences floods of anger at her father and at her stepmother, Trish, who was her legal guardian when her father was deployed overseas.

While she attends classes at Belmont High School full-time, Hayley also takes on the huge responsibility of caretaking for her father, Andy, who is living with symptoms of PTSD and substance

use disorder. For example, after her father entertains some of his military buddies for a night at their home, Hayley realizes that her father is drinking beer for breakfast. They get into a spat, during which Andy asks his daughter, “Why are you in such a crappy mood?” Her response illustrates the fact that she views herself as the adult in the relationship:

There was no way to answer that without getting into trouble. He was the one with the mood, with the crazy demands, chasing his friends out before they could eat the breakfast he’d cooked. He was the one acting like a kid, making me figure everything out on my own. Roy handed him the perfect opportunity to get his head straight and Dad basically spat on it. (Anderson, 2014, p. 111).

Hayley is a young adult in front of her father, watching his erratic behaviors; simultaneously, she is the one who cleans up after him and is even called to pick him up after he gets drunk at a bar. In one chapter, Hayley waits for her father to come home after he goes “for milk and bread” after she returns home from school; Andy comes in after midnight, smiling a “lopsided” grin, “eyes not quite focused. Drunk” (p. 73). After he passes out next to her on the couch, Hayley “checked his face and hands; there were no scrapes or cuts to show he’d been in a fight” (p. 73). His odometer, when she checks the truck, has an extra 115 miles on it, and the truck is filled with empty beer cans. Hayley, in this scene, undertakes the role of parent. This positioning, a phenomenon called “reversal of dependence needs” is one in which “the child actually begins to parent the parent,” and can lead to “a potential lifetime inability to set healthy boundaries in relationships” (Lander, Howsare, and Byrne, 2013, p. 199), Hayley also finds herself in the role of caretaker because of her gender. As a female in a military household within a traditional family unit, her identity relies heavily on her father’s inability to function. In terms of the narrative of deficit, Andy is constructed as a veteran father who cannot take care of his own, much less his daughter’s, daily needs. Without a partner such as a girlfriend (e.g., Trish) in the home, the duties for caring for both of them fall to Hayley.

Hayley inhabits multiple roles in her life, including that of student, military brat, daughter, caretaker, and teenager. The difficulty for Hayley in navigating these roles lies in sometimes having to quickly switch between them, often as the result of her father’s behaviors in and out of the home. Like many children who live with parents with mental illness (especially PTSD and/or substance use disorder), Hayley walks on eggshells, never knowing when or if her father will be in a good mood, in a rage, drunk, sober, or even if he will be alive. According to Lander, Howsare, and Byrne (2013), “A parent’s moodiness, forgetfulness, and preoccupation can create a chaotic and unstructured, unpredictable environment that leaves the child guessing and asking the questions, ‘What is going to happen next?’ and ‘What is normal?’” (p. 200). This pattern is consistent with many children of

parents who live with substance disorders because the erratic and sometimes explosive or violent behavior or language used by parents can cause children to be triggered into anxiety. If one is always waiting for the other shoe to drop, one walks on tiptoe, hypervigilant and ready to react (or hide) at a moment's notice. Because of her father's inconsistent patterns of behavior, Hayley also experiences anxiety, which she tends to hide from other people. Her guarded stance and hesitancy to let people into her life perpetuates a narrative of deficit, one in which those who have mental illness fear being judged by others who learn of their symptoms.

Her father, Andy Kincaid, is a military veteran whose experiences with war have left a scar on his psyche. He has post-traumatic stress disorder (PTSD), and in the liminal space between the past and the present, he often experiences flashbacks such as this one:

The crippled camel-girl limps [...] The village disappears. The wind is a lion, jaws open wide. He swallows [her] and scours the color from her eyes. Sand fills my mouth, stuffs my head with the stench of the lion. Pours into my ears the screams of every corpse. The winds of the desert have names. They feed on the bodies of broken children and rip out the beating hearts of men. (Anderson, 2014, p. 182)

Andy's symptoms of PTSD are so present in his life that he chooses to numb out through drinking and smoking pot. According to the National Center for PTSD (2018), "PTSD and substance use problems are strongly related in military and civilian groups. Some people try to cope with PTSD symptoms by drinking heavily, using drugs, or smoking too much." Like many veterans and others with PTSD and comorbid substance disorders, Andy avoids getting help with his symptoms and uses substances to cope with the trauma. On one hand, this behavior fits with a narrative of deficit in that the character is unable to process his traumatic experiences soberly; instead, he relies on alcohol or marijuana to function (although not completely successfully) in his life as a father. On the other hand, Anderson's depiction of Andy Kincaid is authentic, especially given the statistics for comorbidity in veterans who experience PTSD and alcohol use. Norman and Hien (2020) note that "individuals who have both disorders have more additional psychiatric and functional problems across multiple domains, including medical, legal, financial, and social" and also have higher rates of suicide attempts (p. 1).

Talking with veterans about seeking psychological help is often a difficult process. As an example, Andy's friend Roy, in a conversation with Hayley, asks if Andy is seeing anyone like a "counselor or a shrink" (p. 105). Hayley shares that her father refuses to go, noting, "If I bring it up, he yells at me. And he drinks a lot. Too much" (p. 105). Roy reminds Hayley that her father needs to take responsibility for himself and seek assistance for his mental illness (p. 108). He offers to

speak to someone from the VA to be sure they check in on Andy, but Roy notes Andy must ask for help from mental health professionals. Anderson's choice to have Roy elaborate about Andy's need to participate in his own mental health care challenges a narrative of deficit. Someone with mental illness does not need to be positioned based on a fear of their inability to care for themselves, which Taylor and Dear (1981) describe as an authoritarian attitude.

Sometimes, individuals believe they don't need professional help because they can manage their symptoms on occasion. For instance, at one point, a group of younger active duty infantry guys visit Andy. Hayley notices a difference in her father's typical behavior of getting drunk and *not* talking about the war. With his comrades in arms, he is the captain, and he is comfortable in his own skin. He stays sober, drinking soda and lemonade, and "being a soldier was all he could talk about. And he was *laughing*" (p. 87). In this scene, Anderson presents readers with an alternative narrative, one in which a person with PTSD and a tendency to rely on alcohol/drugs can sometimes choose not to do so. However, the symptoms of mental illness do not go away; they are merely put on hold while the individual experiences things in the present rather than trying to push down or avoid unwanted disruptions of the past. Even though Andy is not able to sustain his sobriety at this point, the fact that he can experience it gives Hayley hope that he can make a change. Her father's mental health status contributes to her own identity because of the roles she takes on as his only daughter.

Romanticization

In *Impossible Knife*, Hayley's father Andy romanticizes Belmont, the place where he grew up (but doesn't talk about) and where he and Hayley lived before her mother died. Hayley goes along with his "ridiculous plan to quit trucking and settle down into a so-called 'normal life'"—a "practical and exciting idea" to him (and one that "terrified" her) - because her father had been having worsening symptoms of PTSD again for months: "The past took over. All he heard were exploding IEDs and incoming mortar rounds; all he saw were body fragments, like an unattached leg still wearing its boot, and shards of shiny bones, sharp as spears. All he tasted was blood" (p. 9).

Through this description, author Anderson achieves several effects. First, readers understand that Andy sees Belmont in an idealistic haze, associating his daughter's future successes with his rose-colored past before he was a military veteran with PTSD. Second, Anderson seems to purposely position Hayley as a character with a reflective stance: Hayley considers how returning to a familiar place might help her father to heal and recover from having so many flashbacks and nightmares associated with the trauma of war—a kind of romanticization of place that we see in *Mexican*

Daughter. However, the author also portrays Hayley as realistic and self-aware, cognizant of how her father's choices and symptoms of PTSD affect her regardless of her own agency as a teenager. Third, in describing Andy's flashbacks and nightmares, Anderson chooses to portray PTSD authentically, including symptoms identified by the American Psychiatric Association (2013) such as re-experiencing the traumatic event(s); avoiding trauma-related stimuli; negative thoughts or feelings that worsen after the event; hypervigilance or arousal worsening after the event. Prolonged symptoms that create impairment in daily living are key to PTSD. The detached body parts, blood, and pieces of human beings that are so vividly included by Anderson are also visceral and raw, which helps readers move away from often-romanticized depictions of veterans' experiences with war.

Furthermore, Hayley romanticizes the social aspects of place and her father's illness as well. She notes that moving back to his hometown might help him to recover from the "attacks" that had been getting worse for months (p. 9). She also claims that her father is "sick" on several occasions: once to Finn while convincing him to give her a ride home, and once to her friend Grace who wanted to spend the night at Hayley's house. When Hayley refers to her father as "sick" later in the novel, she is speaking to a 911 operator after her father's weed dealer and his friend refused to leave their home. When they do leave, Hayley tells the operator that police are not needed anymore. She is asked if her father needs an ambulance, and responds, "What? No. It's ... the flu. He needs chicken soup, not cops" (p. 340). The operator mentions that several cops have the flu as well, and they are a "little shorthanded," but Hayley hangs up in a panic, thinking that the police would find her dad's weed or that her father would go "ape shit" and would be taken away (p. 340).

In these scenes, Hayley's choice to call her father's symptoms of PTSD and alcohol and marijuana use "sickness" are evidence of her romanticization of mental illness. She does not talk about her father's mental illness as a mental illness, nor about his coping strategies of substance use—which are common among veterans with PTSD, anxiety, and depression—because of the stigma associated with having a parent who is mentally ill. Despite having been home-schooled for much of her life, Hayley was not isolated from the pervasive narrative that states that people with mental illness (PTSD, anxiety or substance use disorder) are automatically considered violent. In stating that her father is "sick," Hayley constructs a socially acceptable narrative, one that protects her father (and herself) from scrutiny.

Hayley states in the same chapter that she worries about her father being taken away from her because he might be argumentative with police or get into a scuffle with officers. These fears are

grounded in the narrative of deficit described in research by Taylor and Dear (1981): those who have mental illness are viewed as a potential threat to society (social restrictiveness) and need forced care (authoritarianism). By positioning Hayley as aware of her father's symptoms and illness(es) but still influenced by social stigmas associated with mental illness, Anderson invites readers to reflect on an authentic depiction of a teenager living with a family member who has PTSD and a substance use disorder.

CONCLUSION

Both teenage characters analyzed here live within a specific social context and cultural reality – Julia as the youngest daughter in a Mexican American family in an urban setting and Hayley as the only daughter of a military veteran who has returned to New England. Sánchez and Anderson's compassion for and connections with their well-developed characters facilitate readers' joining Julia and Hayley on a journey of growth. The authors have deftly shaped the characters' self-awareness while also depicting them as having flaws and being susceptible to romanticizing aspects of mental illness and behaviors associated with such diagnoses as depression, anxiety, PTSD, and substance use disorders.

Through analyzing the characters and their interactions with other teens and adults in their fictional lives, we have unveiled two common threads that run through *Mexican Daughter* and *Impossible Knife*. Each protagonist evolves in spite of being in situations where contexts may change but reality of stigmatization of mental illness does not. And, as realistic and daunting as their journeys may be, Julia and Hayley develop self-awareness and new insights into mental illness and how it affects individual and those with whom they have close relationships while simultaneously being inculcated within a system that continues to stereotype those who have symptoms of mental illness.

Through a close analysis of the language used by Sánchez and Anderson, we show the complexity of mental illness in part because of the language used and behaviors adopted by individuals and social institutions that consistently situate mental illness within narrow and confining (socially constructed) lines. Jackie Reyes (2020) states, "In the effort to destigmatize mental illness, we have created a society where it's romanticized." She continues,

[C]reating a new normal is a common goal. In the past, people were scared to admit they had depression or anxiety. But recently, the shame associated with mental illness has dissipated, but that's exactly the issue. Having anxiety attacks is deemed as a quirky character trait and suffering from depression adds some spice to life. However, mental illness can have

a serious impact on someone's life and can be hard to speak about. And to make matters worse, it can now be harder to admit when there is so much stigmatized glamour around it. (para. 2)

The stigma associated with mental illness – such as social restrictiveness and authoritarianism—is beginning to subside to some extent. More individuals with mental illness who have social prestige—such as entertainers, politicians, sports figures, and even teen idols - are being forthcoming about their symptoms and going public about their diagnoses of mental illness. However, language and negativity about mental illness continues to be used along preconstructed lines that are rarely challenged. Terms such as crazy, nuts, psycho, and bipolar are still bandied about as adjectives or qualifiers used to isolate, alienate, or control individuals or to glamorize or romanticize mental illness (Richmond, 2014). Yet through the careful creation of characters such as Julia, Hayley, and Laurel, authors such as Sánchez and Anderson offer up an alternative. Language used about, and by, their characters can motivate and even inspire readers to look under, behind, and beyond the narrative of deficit that is so widespread.

The power of young adult literature is its ability to help readers empathize with characters who are like and not like themselves (Alsup, 2015). Through the novels we have analyzed here, we hope to have shown that in addition to building empathy, we need to change the narrative, and to do that, we need authentic representations of characters whose lives are realistic and whose language invites readers to reflect on the complexities of mental illness, not as a romanticized condition but as a set of psychological factors that are woven through characters' identities, positionalities within communities, and relationships with family, friends, and others in their social settings.

Novels by Sánchez (2019) and Anderson (2014) help illustrate that mental illness is not a construct permanently affixed to a 20th century (or before) definition, stigma, or institutional setting. Their work demonstrates that it takes more than giving a speech at Hayley's school on Veterans Day for Andy to choose to get help for his PTSD and his substance use. It takes more than sending Julia to Mexico for her to accept the pain associated with her sister's death and her own symptoms of depression and suicidality. These characters live rich, complex lives, and the stigma associated with mental illness should not determine their ability to evolve into self-aware, emotionally-fulfilled individuals with successful (and not-so-successful) relationships just like every other teenager in a young adult novel (or in real life).

Without these changes to the portrayal of characters with mental illness, the narrative of deficit will remain rooted in negative, socially-accepted tropes and stereotypes of those with

psychological disorders. If characters are constructed in culturally sensitive and responsive spaces or created in ways that allow readers to perceive characters as more than their illnesses, readers can avoid developing beliefs based on misinformation, misunderstanding, as well as adopting biased attitudes and behaviors as described by the Anti-Defamation League (2018): bullying, ridicule, social avoidance, discrimination, or violence. With novels like Sánchez's (2019) and Anderson's (2014), readers are less likely to display negative biases toward those with mental illnesses reducing the perpetuation of stigmas, stereotypes and polarizing notions of mental illness.

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