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Costeira**

**Ficção Juvenil: Desconstrução de Estigmas e  
Estereótipos de Saúde Mental e Género**

**YA Fiction: Destigmatising Mental Health and  
Gender**



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Dissertação apresentada à Universidade de Aveiro para cumprimento dos requisitos necessários à obtenção do grau de Mestre em Estudos Editoriais, realizada sob a orientação científica do Doutor Kenneth David Callahan, Professor Associado do Departamento de Línguas e Culturas da Universidade de Aveiro

Dedico este trabalho à minha mãe, por ser tudo. Sempre.

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**palavras-chave**

Literatura Juvenil, Saúde Mental, Depressão, Género.

**resumo**

O presente trabalho propõe-se a investigar como a ficção juvenil pode ajudar a desconstruir estereótipos associados à saúde mental, em especial, à depressão, e ao género. Através de livros nos quais as personagens sofrem com depressão, este género da literatura consciencializa os seus leitores sobre um tema importante na sociedade atual.

**keywords**

Literature, Young Adult, Mental Health, Depression, Gender.

**abstract**

This thesis searches to exemplify how contemporary Young Adult fiction is deconstructing stereotypes regarding mental health, specifically those connected with depression and gender. Through books in which the protagonists struggle with depression, this genre of literature raises awareness towards an important topic in currently society.





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# 1. Introduction

## 1.1. Children's literature and brief history of Young Adult Literature

Children's literature is a complex category to define. It is often separated from general literature and deemed as inferior to the latter due to its younger readership and apparent lack of textual complexity. Perry Nodelman states in *The Hidden Adult: Defining Children's Literature* (2008) that "[t]he most widespread way in contemporary culture of enunciating what distinguishes children's literature from other texts is to say, simply, that children's literature is simple literature" (198). It is fair to argue that these assumptions are wrong since children's literature can be as serious and weighty as general literature, even if it is not generally as linguistically complex. Contemporary children's literature includes the discussion of a range of socio-political topics just as wide as literature for adults, topics such as immigration, racism, feminism, mental health, family diversity, environmental issues or the impact of scientific and technological developments, only to mention a few. Nodelman also claims that "texts of children's literature can be and often are as complex as texts for adults – but the complexity is of a very specific and quite different sort" (341).

The separation between children's literature and adult literature has been extensively researched by academics in order to better specify what might be considered to characterise each one. According to Nodelman,

as the question and as discourse about children's literature generally imply, children's literature differs from literature for adults simply in being different from literature for adults – in existing exactly because it is unlike literature for adults. It exists as half of a binary it always implies. Its very existence and character depends on the other that insists it is not. Texts for adults contain binaries, but they rarely imply their own existence as a half of a larger binary, a different kind of text they succeed in not being (340).

Both are part of one larger category – literature – and do not have to be considered separated but rather together as part of a greater literary system. To speak of one without including the other is to limit the conceptual sophistication of literature, as both can be deemed literature in the broader sense of the category. Peter Hunt clarifies that "children's

books are a matter of private delight, which means, perhaps, that they are *real literature* – if ‘literature’ consists of texts which engage, change, and provoke intense responses in readers” (1). Accordingly, the age of the reader is insignificant when stories create a literary space for the reader to exist in. If we have avoided arguments over classifying literature as an object, however, we have introduced another one: what is a literary space? This relates to the power of the wider social dynamics between child and adult which is typically marked by the submissiveness of the former to the latter’s opinions and ideologies as, consciously or not, adults imprint them through writing, publishing, personal and library purchases and decisions about educational curricula. Karin Lesnik-Oberstein states that,

When critics state in some way or another that this is a book they judge to be good book for children this actually involves saying that the book is good because of what they think a book does for children, and this in turn cannot avoid revealing what they think children are and do (especially when they read) (18).

This construction of the child influences what adults think they should read according to adults’ values. Perry Nodelman makes the point:

I am convinced it is only because the adults have imposed their own theoretical assumptions about children *on* children – constructed them as the limited creatures the adults have imagined them to be simply by interacting with them as if the imaginings were true (85).

This perspective always assumes the child as so innocent that they must be protected from topics adults deem as inappropriate. This assumption of what children should be exposed to often creates limits and obstacles to progress. Historically, when young adults protest the status quo and social injustice they are viewed as naïve, and their ideas considered utopian. Unsurprisingly, then, adults’ ideas and moral values influence the type of books which they might buy or filter for children. Topics adults feel are inadequate for younger readers are automatically excluded in the belief that adults are protecting children who do not have the cognitive and emotional intelligence to deal with and understand certain situations. Furthermore, what those subjects are and the image of the “child” can differ culturally, as “[i]t is predominantly *adult* depictions that we have of what children require

and, not surprisingly, these have changed over time” (Rudd, 3). Whatever the case, the book must always appeal to adults first even if, as Kimberley Reynolds explains, “What adults deem ‘suitable’ does not always correspond to what children enjoy or are curious to read, however” (Reynolds, 14). Considering this dynamic, children’s literature becomes a unique category. No other presents this dynamic of partial submission to someone else’s ideas. Young readers may be induced into believing that what they are presented with constitutes the only point of view and this heavily impacts their own socio-political perspective on the world, even if later they are able to emancipate themselves from the points of view imposed on them by family members and the education system.

## 1.2. Young Adult

Children’s literature encapsulates quite a substantial age-gap: from babies to late teens. Such an inclusive category is understandably complex. The term Young Adult is usually the preferred name for the reader group with ages between twelve and eighteen, or thirteen and nineteen. Nonetheless, Young Adult is a difficult term to interpret, as Melanie Ramdarshan Bold establishes: “[it] is a nebulous term, and scholars are still in the process of defining what it is and who is it for” (22). Considering the large age-gap of young adult readers and consequent complexity associated with the type of books which are appropriate for this category, Michael Cart suggests the following separation within YA (these groups include those who are already adults but are currently part of this demographic mainly due to socio-economic factors which will be explored later on): middle school (ten to fourteen), teen (from twelve to eighteen), and young adult or new adult (eighteen to twenty-five) (Cart, 140). Although there is a separation, Cart adds “[t]hey should be encouraged to range freely among these three divisions, reading up or down as their needs and interests dictates” (Cart, 140). In order to simplify these terms, in this thesis, I will retain the use of Young Adult for the category it is usually referring to – twelve- to eighteen-year-olds.

Compared with Children’s Literature, the category for Young Adult Literature is recent, as it was only in the twentieth century that it became separate from the general category of Children’s Literature. Although books for children existed before the 1900s most were for parents and educators, not entirely dedicated to and targeted at younger readers. Furthermore, adolescence was not, at that time, a concept or even a period of transition, as Michael Cart explains: “Because adolescents, teenagers, or young adults were

– at least until the late 1930s – still widely regarded as children (...) there was no separate category of literature specifically targeted at them” (Cart, 8). This specific category would only be acknowledged after World War II when teenagers would start to have pocket money: “That market wouldn’t fully ripen until post-World War II prosperity put money into the kid’s own pockets, money that had previously gone to support the entire family” (Cart, 12). This new-found prosperity gave teenagers the liberty to buy what they wanted to read and develop their own youth culture. Adults were not as involved or as influential in these choices, which is one of the explanations for books in the late 1960s and 1970s becoming edgier. In Michael Cart’s view, “In retrospect, the period from 1967 to 1975 is remarkable for the boldness with which writers began to break new ground, both in terms of subject and style” (Cart, 33). It was only in the 1970s that Young Adult literature started to publish and “write about realistic, and previously taboo, topics such as drugs, sex, and sexuality, and racism” (Ramdarshan Bold, 25). Thus, what we might call problem novels became increasingly popular throughout that decade but were quickly replaced by the trend of lighter reading material from the previous decades and “although these novels drew criticism for perpetuating heteronormative and stereotypical gender roles, they were staggeringly popular with teenagers” (Ramdarshan Bold, 26). The new millennium introduced “the trend for genre fiction – sci-fi, horror, and fantasy in particular – [which] grew with blockbuster authors and series, such as J.K. Rowling/*Harry Potter*, Stephanie Meyer/*Twilight*, and Suzanne Collins/*The Hunger Games*” (Ramdarshan Bold, 27). Although fantasy novels are still popular, recently realistic novels have become more diverse and complex, as well as more popular, with more socio-political matters playing an important part within the story as the characters develop. The current social awareness of young adults helps shape their tastes and demands regarding the stories they read. Shaina Olmanson, executive director for YA nonfiction at the Lerner Publishing Group, admits to *Publishers Weekly*: “I see that young adults are very involved and are interacting with what is going on. They’re engaging in ways that feel more present and immediate” (Green). Evidence of this statement is the growing involvement of young people in protest movements and strikes in some countries, regarding important topics such as climate change and gender equality, and the engagement in social causes and discussions through social media.

The popularity of Young Adult novels is largely translated by the growing number of titles appearing in the literary market and winning awards. In 2020, according to a Publisher's Weekly article, BookScan in the United States print sales went up 8.2% (Milliot) and United Kingdom sales also rose 5.2% over 2019 (Nawitka). YA Fiction sales, however, rose 21.4% which is significantly higher than the 6% rise in Adult Fiction.

### 1.3. Young Adult Crossover Fiction

Nevertheless, Young Adult Literature continues to be, usually, disregarded and depicted as badly written fiction without any valuable content, evidencing soft and predictable plots with might be for that specific age bracket in mind. However, it should also be mentioned that a high percentage of YA readers are, in fact, adults. A 2012 study by the Bowker Market Research company, as reported in Publisher's Weekly, concluded that 55% of YA sales were to adults:

with the largest segment aged 30 to 44, a group that alone accounted for 28% of YA sales. And adults aren't just purchasing for others (...) they report that 78% of the time they are purchasing books for their own reading. (Publishers Weekly, 2012)

These statistics suggest important questions about the YA phenomenon and its readers. Although this genre is aimed at younger readers who mostly “[b]uild relationships through the demands from Young Adult literature that readers foresee scenarios from given circumstances, understand character development, and invent and co-create narrative worlds that replicate the actual physical world of teenage readers” (Heath & Wolf, 143) connecting to characters due to their age and experience proximity. Although, there is a large number of readers who are not part of the targeted demographic as “The kind of issues addressed in contemporary children’s literature might suggest that little now separates writing for adults and that for children; the difference lies less in *what* is written than in *how* stories are told” (Reynolds, 126)

But why do adults read young adult fiction? There are several analyses which attempt to answer this, although, it is important to mention that not everyone approves of this trend and that adults are usually criticized when reading novels which are not targeted at their demographic. In 2014, Ruth Graham, writing for the magazine *Slate*, argued that

adults should feel embarrassed to be reading YA novels “[n]ot because it is bad – it isn’t – but because it was written for teenagers.” This statement alone shows the disregard adults (at least those who do not read YA) have for YA fiction. According to Graham,

It’s not simply that YA readers are asked to immerse themselves in a character’s emotional life – that’s the trick of so much great fiction – but that they are asked to abandon the mature insights into that perspective that they (supposedly) have acquired as adults.

The abandonment Graham mentions is perhaps mistaken. The “mature insights” adults have acquired through experience might be an ally for their new perspective into adolescence, the plot, and the themes the story is exploring. Although adulthood and maturity are gained through life circumstances it is important to also acknowledge that these are not synonyms for infinite wisdom, Katherine Rundell explains “[b]ecause at so many times in life, despite what we tell ourselves, adults are powerless too, we as adults must hasten to children’s books to be reminded of what we have left to us, whenever we need to start out all over again” (Rundell, 42) Furthermore, Graham also contests that “[t]hese books consistently indulge in the kind of endings that teenagers want to see, but which adult readers ought to reject as far too simple.” From the writer’s point of view adults should want open and ambiguous endings to reflect life’s lack of perfection and everything else is less dignified for their adult brains, despite the fact that the works of the most canonical writer in the English language, William Shakespeare, are full of tidy endings, as indeed are the works of most of the most canonical novelists in English, from Henry Fielding through Charles Dickens and Jane Austen.

Graham is not the only critic who believes adults should not read books which are not targeted to their demographic and apparently do not teach them anything they might not know yet. The popularity of Young Adult titles and consequently, their adult readership “emerged into the public arena amid a cacophonous mixture of outrage, disgust, defensiveness, and conspirational solidarity” (Falconer, 2). While in the United States and UK this phenomenon was received with suspicion and anger, “It is important to point out that in some countries the borders between children’s and adult fiction (...) are much less defined than in others” (Beckett, 10). Usually, these limits are a response to cultural factors



of the country. The increase in numbers of adults who read Young Adult books is heavily influenced by socio-economic factors. Falconer explains,

Reasons for the rise in youth culture, and with it the expansion of children's fiction into mainstream, adult markets, must be understood in the light of developments in science, technology, and economics, both globally and in Atlantic societies in particular (35).

These factors allow young people to stay younger, as it were, during a longer amount of time. Although the previously mentioned developments, such as the rapidly evolution of technology and Internet, and the evolution of medications that has allowed to decrease the number of infections and deaths and, consequently, longer life expectancies offered many positive aspects to the world, it is worth mentioning that people constantly face new challenges. Compared to previous generations, Millennials and Gen Z are starting their independent, adult lives older. Secure jobs and housing, as foundations to an independent life are more difficult to find. The belief that such stability is a staple mark of adulthood has deepened the insecurity not only of young people but of many adults whose sense of the shape and security of their lives has been denied by the depredations of increasingly uncaring neo-liberal capitalism and the institution of ever greater social inequality as a seemingly permanent condition of contemporary societies. The hopelessness of these generations is greater than that of previous ones as they attempt to resolve issues from environmental irresponsibility to the attack on the welfare state as an organizational model.

Rachel Falconer adds that “The answer lies partly in the texts themselves and partly in the changing tastes and habits of contemporary readers” (7). The current trend of writing about complex socio-political matters encourages young adult readers to have a new-found awareness of the world. Fiction has become a source for this awareness due to its increasingly diverse universe of characters and themes. Therefore, as teenagers engage with and question social injustices, to the adults who read YA is given the opportunity to also inquire into what they have unknowingly normalized. Reimer and Snell contend:

In the globalizing world in which questions of belonging and meaning are no more settled for most adults than they are for most young people, it might be significant to begin from the acknowledgement that adults not

only share a world with the young but also share the experience of unknowingness with them (16).

Therefore, reading YA can be beneficial to adults who can initiate necessary conversations with young people while deconstructing unconscious ideas and biases. Reimer and Snell argue that “Perhaps writers and readers of YA texts have abandoned the long-standing premise that adulthood is or ought to be stable” (8). Thus, reading YA may be a route to nostalgia but it also acknowledges the unpredictability and complexity of life, as does reading much fiction for adults, while maintaining the youthful hope which tends to be articulated in the type of narrative and moral closure enacted by much writing for Young Adult and children.

Young Adult Crossover is in the end a category quite difficult – if not impossible – to define. The word “crossover” implies that a line or limit has been crossed. Consequently, as Rachel Falconer reasons, trying to define its limits goes against its character as a challenger of borders (9). When defining children’s literature in general, Peter Hunt says that “Its nature, both as a group of texts and a subject for study, has been to break down barriers between disciplines, and between types of readers” (1). Considering this unique characteristic, it is prudent to argue that the crossover phenomenon is imprinted in children’s literature’s genetics and to be reminded that limits such as age and subject are socially constructed.

Moreover, the crossover phenomenon is not as recent as one might believe. For generations children and adults have been cross-reading. Books such as Louisa May Alcott’s *Little Women*, Lewis Carroll’s *Alice in Wonderland*, J. R. R. Tolkien’s *The Lord of the Rings*, and many more, have appealed to other demographics allowing them to continuously blur the line between children’s and adult literature. A misconception about crossover is that it only happens child or young adult-to-adult, not the other way around. “Thus, even when the ‘crossover’ tag is applied only to one-way traffic, it is not necessarily used to refer to all the traffic in that direction” (Beckett, 5). Some books are published for adults and through time transit to the young adult world where they become popular and staples to that demographic. “A number of them became almost the sole property of children, a prime example being Daniel Defoe’s *Robinson Crusoe*, which is read by children around the world, but very rarely by adults in any country” (Beckett, 17).

The popularity of crossover, especially after the success of Harry Potter, has increased attention to the promotion and marketing strategies. Books with crossover appeal began to have dual editions, Rachel Falconer explains,

The ‘dual edition’, that is, a single text published separately for adults and children, and generally distinguishable from each other only by their differing dust jackets, remains to this day the most visible sign of the historical oddity that is crossover fiction (25).

Two covers allowed publishers to market the same story to different market segments without compromising either one. Both markets can buy an “age appropriate” cover, which in the case of adult readers is a positive as some might be embarrassed to read it in public if it has a slightly childish cover. As previously explained, adults have been heavily shamed by reading books that were not, initially, targeted at their demographic. Increasingly, publishers have become more aware of how promotion and merchandise have the power to turn a book into a profitable franchise: “The range of products inspired by bestselling books is quite remarkable: dolls, action figures, CD cases, key chains, clothing, mugs, school suppliers, backpacks, lunch boxes, candies, and a multitude of other items” (Beckett, 203).

This merchandise has also been promoted by film and series adaptations which have also increased the popularity of the books they are adapted from. The success of series like Harry Potter and His Dark Materials “[s]parked a realization across film and literature that stories written for children and teenagers had a much greater reach than anticipated, causing a boom in ‘crossover’ YA fantasy” as The Guardian’s Anna Leszkiewicz explains. But, recently, streaming services like Netflix, HBO and Hulu have also adapted books with big followings into their catalogues. Although it started with fantasy and dystopian novels for young people, realistic fiction has also started to recapture the attention of younger audiences and studios, Leszkiewicz continues “In the last five years, audiences have turned away from blockbuster fantasy franchises to YA films set in our own reality, finding drama in obstacles real teenagers face”. Crossover novels make profitable adaptations because ensures a larger reach to broader audiences, from adults to young adults.

While crossover novels can arouse contestation, nowadays they are more accepted and even celebrated. Crossover novels have started to appear in shortlists and win important literary prizes like the Man Booker Prize, such as David Mitchell's *number9dream* (2001), Indra Sinha's *Animal's People* (2007) and Ruth Ozeki's *A Tale for the Time Being* (2013), and the Costa Award,<sup>1</sup> such as Frances Hardinge's *The Lie Tree* (2005) and Phillip Pullman's *The Amber Spyglass*, the last book of *His Dark Materials* series, which was the first children's book to win the Costa Award in 2001 in the general category of Book of the Year (Fiachra). This win granted a new recognition to children's and crossover literature. Children's literature prizes have also celebrated crossover novels: "Meanwhile, two of the most prestigious national [United Kingdom] awards specifically for children's literature, the CLIP Carnegie Medal and the Guardian Children's Fiction Prize, also strongly favoured children's literature with adult appeal in the years spanning the new millennium" (Falconer, 20).

Additionally, the contemporary crossover phenomenon has thrived due to the way stories in general have evolved. Story-wise, young adult fiction has become more open, edgier, and honest:

Sex, drug abuse, torture, depression, mental illness, death, the Holocaust and genocide are all subjects treated in contemporary children's literature, so whether or not they are consciously reading a novel 'for adults', today's children are arguably cross-reading more than they have in previous generations (Falconer, 7).

Subjects that were deemed as 'adult content' are now spoken about earlier and teenagers are more conscious about the world they live in. Not only teenagers, but adults who read YA crossover novels are also exposed to these new discussions of several socio-political issues, as pointed out by Sandra Beckett, "Children, teenagers, and adults read crossover texts from their different perspectives and they may get very different things from them, but they all take equal pleasure from the reading experience" (Beckett, 260). The different takeaways from each reader Beckett mentions are what encourage discussions and understanding between generations. Although adulthood was formerly seen as encapsulating knowledge of the world that younger people did not possess, nowadays,

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<sup>1</sup> Former Whitbread Award.

adults are more conscious about their own shortcomings and how much they are capable of learning and evolving. Beckett also adds that “More so than in previous decades, perhaps, today’s society acknowledges and accepts that metamorphosis and maturation are not exclusively limited to adolescents” (Beckett, 258)

## 2. Mental Health, Depression and Stereotypes

Although it is usually associated with illnesses, mental health is a continuum of care for one's mind and mental wellbeing. It is important to note that everyone has mental health although not everyone suffers from mental illness. However, these are not new and modern struggles. Mental health and illnesses have always existed, as "Melancholy, hypochondria, spleen, and vapours were all terms for what we now call depression, and all could be as vague (or as specific) as our present variety of definitions and explanations" (Lawler, 5). The ancient Greeks theorised how

[t]he term 'melancholia' commonly indicated a long-running mental illness with cores symptoms of causeless sadness and fear that derived from an excess of black bile (*melaina cole*), the melancholy humour (one of the four humours supposed to constitute the body) (Lawler, 25).

The theory in which depression, or melancholia, was caused by an imbalance of humours remained the main belief about melancholia throughout the following centuries.

Furthermore, the centuries in which the humoral theory prevailed above others were times when ideas, thoughts, and feelings changed significantly. As ideas became more scientific so did the theories directly related with this topic:

The balancing act of the humours to keep the body healthy was replaced, gradually and unevenly, even into the nineteenth century, by different conceptions of a balance bodily economy based on more mechanist and chemical ideas of flows that might be blocked, or chemical imbalances that should be corrected (Lawler, 43).

Nonetheless, throughout these centuries other theories tried to explain how and why mental illnesses happened, but the lack of full understanding and diagnosis have made them difficult to identify and address, as these diseases, particularly depression, are "Familiar in that men and women of all classes displayed symptoms of depression, sadness, and anxiety, and yet unfamiliar in the way they interpreted those symptoms, and the way in which other symptoms were wrapped in with them" (Lawler, 72).

Additionally, cultural trends have also influenced theories and beliefs, as “[t]he story of depression is one in which we seem to witness a comparatively consistent disease phenomenon that is nevertheless endlessly reconceptualized and lived according to the experience of the particular culture and individual concerned” (Lawler, 2). Throughout the Renaissance one “[s]aw the rise of the first form of melancholy in a flourishing of the myth of melancholic genius that has persisted up to the present day” (Lawler, 42). This idea of depression being directly correlated with artistic genius set back its understanding further.

No doubt all disease is in some way socially constructed, but the fashionability of melancholy in this (and other) periods is particularly illustrative of the way in which narratives of disease are built partly upon cultural representations in literature and the visual arts (Lawler, 64).

Although Lawler is referring to the Renaissance period, this argument is currently valid as well. The truthful representations of mental illnesses published particularly in the last decade address the lack of understanding and stigma around diseases which affect people worldwide. Their representation helps sufferers to feel less stigmatised and alienated and be understood better from those who surround them.

This does not mean that all questions have been answered, and that research into mental illness is complete. There are still many details with respect to the brain’s workings which are unknown. The current understanding of mental illnesses and health arises from the efforts of psychologists, psychiatrists, and neurologists to research and acknowledge the impact they have had in society and help those who suffer to deal with mental illnesses. Nonetheless, there is not a consensus about the causes of depression and, consequently, its treatment.

The causes of depression, then, are still a topic of discussion among researchers and doctors as has always been the case. From biochemistry to brain malfunctions, to genetics, to an apparent lack of explanation, depression is still a mystery specialists cannot explain with certainty and undeniable proof. The uncertainty of the causes of this disease, and mental illnesses in general, affects the prescribed treatment. As there are no answers regarding what exactly causes depression, it is thus complicated to predict what solution might be best in each case. Consequently, treatment is also still under investigation as many do not agree with the exclusive use of antidepressants without a talking therapy

being associated with it. Even if antidepressants are not proven to be effective solutions for everyone's depression, given that "The great difference in individual responses to psychiatric medications has meant that a certain amount of experimentation to find the best, or least worst, forms of drug is common" (Lawler, 182), they are still the cheapest and easiest way to get the help one might need. Furthermore, pharmaceutical companies insist on pursuing this path in order to reach their financial goals and promote the idea of depression as an easily curable disease as it has been advertised for the past few decades.

It should be noted that these approaches to mental illnesses are not available to everyone equally, as "Barriers to effective care include a lack of resources, lack of trained health-care providers and social stigma associated with mental disorders" (World Health Organization, 2021). Unfortunately, many people do not have the financial ability to deal with their illnesses, "[a]lthough the rise of Cognitive Behavioural Therapy has made inroads into medical practice and public consciousness, access to such 'talking' therapies remains erratic and is perceived to be expensive" (Lawler, 179). Thus, antidepressants are often the quickest and cheapest solution, especially for groups which are more likely to struggle financially, like women, or racial and sexual minorities.

According to the World Health Organization (WHO), "Depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease" and affects around 280 million people worldwide (World Health Organization, 2021). Furthermore, the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) specifies how there are many depressive disorders, including "[d]isruptive [sic] mood and dysregulation [sic] disorder, major depressive disorder (including major depressive episodes), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, and unspecified depressive disorder" (American Psychiatric Association, 155). Depression is accordingly not simple and not interchangeable for every patient. Nonetheless,

The common feature of all these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. What differs among them are issues of duration, timing, or presumed etiology (American Psychiatric Association, 155).



Depressive symptoms may vary according to each patient, but the World Health Organization lists the most common symptoms as

[d]epressed mood (feeling sad, irritable, empty) or loss of pleasure or interest in activities, for most of the day, nearly every day, for at least two weeks (...) poor concentration, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts about dying or suicide, disrupted sleep, changes in appetite or weight, and feeling especially tired or low in energy (World Health Organization, 2021).

Although depression can be a depressive disorder, this illness can also be a consequence for other medical conditions, either physical or mental, and traumatic experiences as the WHO points out that “People who have gone through adverse life events (unemployment, bereavement, traumatic events) are more likely to develop depression” (World Health Organization, 2021).

According to the World Health Organization, “Mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years” (World Health Organization, 2020). Although mental health does not map consistently onto age, younger demographics are increasingly affected by mental disorders, such as depression and anxiety, as the former is the “fourth leading cause of illness and disability among 15-19 years”(World Health Organization, 2020) while the latter appears in the 9<sup>th</sup> position (World Health Organization, 2020).

### 2.1. Stereotypes: Gender and Depression

Gender norms and stereotypes severely harm those who feel they might not belong in their simplistic binary norms which might also affect the assumptions and beliefs society has of a certain group, or gender. According to Susan A. Basow, “Stereotypes are strongly held overgeneralizations about people in some designed social category” (3). Although stereotypes can serve gender norms and patriarchal expectations, they are not exclusive to gender but to as many stratifications as society has since “Each one of us is situated in sociological space at the intersection of numerous categories – for example, gender, race or ethnicity, class, sexual orientation, and ablebodiness” (Basow, 4).

From a very early age children are instructed to act according to their supposed gender. Usually, “For most people, masculinity is associated with competency, instrumentality, and activity; femininity is associated with warmth, expressiveness, and nurturance” (Basow, 4). These descriptions further several stereotypes about levels of strength and weakness since “In patriarchal cultures, vulnerability is associated with low status and being treated with contempt” (Sarkar, 208). Considering such ideals in terms of their worth, adjectives like “competency, instrumentality, and activity”, as previously mentioned, will have more social acceptance than “warmth, expressiveness, and nurturance”.

Although men are seen as competent, as found above, their ability to search for help, therefore being vulnerable, is slightly impaired as “Proactive help-seeking behavior (...) is socially costly to individuals, particularly men, because it can make the person appear incompetent, inferior, and dependent on others” (Juvrud & Rennels, 28). Additional to this fear of failure and dependency, another study found that “Although few of the men used the word shame, fear of disgrace pervaded many of the narratives. Men said that they were taught to hold back feelings” (Ferlatte et al., 175). It is no surprise then, when researching how depression affects both genders differently, one study concluded that “Men, on the whole, called attention to their physical symptoms more intensely than women did. (...) [While] Women had a greater variety of words and metaphors to describe their mood than men had” (Danielsson & Johansson, 174). As depression is an invisible illness, usually recognized by negative feelings, for people who are not encouraged to speak about emotions it is only when symptoms evolve and worsen to physical ill-being that it might be recognized as a real problem. Danielsson and Johansson also concluded “Women in our study talked openly about both physical symptoms and emotional distress, while men’s narratives revolved more one-sidedly around the physical” (175). The lack of encouragement to discuss feelings can be an explanation as to why men have difficulty in being emotionally vulnerable and in searching for help, attributing more importance to their physical symptoms, which are direct consequences of patriarchal values.

Women’s mental health stereotypes arrive in a different form. The patriarchal society which currently exists and thrives has shaped the way women and their feelings are seen. Although women are more likely to search for help as a study found through puzzle

tasks “Despite finding no gender differences in in women’s and men’s ability to solve the puzzle tasks and their ratings of the tasks, men were significantly less likely than were women to display instances of help-seeking behavior” (Juvrud & Rennels, 36) which can be explained by societal expectations of men’s competence, as mentioned previously. As women seem to value their emotional symptoms comparatively to men, and are deemed as more emotional in general, their symptoms might be disregarded in account of being seen as a product of gender. Or, on the contrary, negative emotions, can be seen as symptoms, even if they are a natural response.

Contemporary campaigns aimed at educate men to understand when they may be depressed have tended to stress depression as a problem of biochemistry, ‘a disease not a feeling’, whereas those targeting women have encouraged women to regard their feelings of low mood as a disease (Lawler, 183).

Although gender is not binary, it should be noted that mental health and its stereotypes, are not inclusive either since they are associated directly with binary views of gender. In a study on how depression affects sexual and gender minorities, “Depression scores were associated with each demographic variable investigated; however, substantial differences were identified between gender identities, with transgender and non-binary individuals reporting higher scores of depression” (Ferlatte et al, 577). Continuing with this premise, the study suggests “[t]hat for transgender and non-binary individuals their gender identity was potentially more salient than their sexual identity in shaping their experiences with depression” (Ferlatte et al, 577), which might imply that stepping out of the binary gender model has a bigger impact on one’s mental health. As depression is also shaped by the patient’s environment, this might imply that not meeting societies’ binary gender expectations has a negative impact, adding, as well, more complex layers into these people’s struggles and self-discovery.

When discussing gender, it is important to understand the difference between gender and sex. According to Victoria Flanagan, “Gender, as distinct from the biological category of sex, is the social production and reproduction of male and female identities and behaviours” (26), thus regulated by socially constructed norms and stereotypes associated with idealised versions of feminine and masculine appearance and behaviours. Biological

sex does not operate within these constructions, but rather in terms of bodily systems and DNA composition, since “Usually, two X chromosomes produce a female, and an X and Y chromosome produce a male” (Basow, 24).

The socially constructed norms tend to offer a binary point of view to a non-binary topic. Usually, according to Judith Butler’s *Critically Queer*, “Gender norms operate by requiring the embodiment of certain ideals of femininity and masculinity, ones which are almost always related to the idealization of the heterosexual bond” (23). Therefore, these norms do not include everyone in their small spectrum of what is socially acceptable. Many experiences are erased, making it difficult to fit in subjective concepts of what it means to be a person, whether feminine or masculine or anywhere in between because

To assume that gender always and exclusively means the matrix of the ‘masculine’ and ‘feminine’ is precisely to miss the critical point that the production of that coherent binary is contingent, that it comes at a cost, and that those permutations of gender do not fit the binary are as much a part of gender as its most normative instance (Butler, 42).

Thus, to speak of gender binarily is to eradicate experiences from those who might not identify themselves within the binary proposed by social and gender norms. Additionally, “Norms may or may not be explicit, and when they operate as the normalizing principle in social practice, they usually remain implicit, difficult to read, discernible most clearly and dramatically in the effects that they produce” (Butler, 41). What is acceptable for each gender is implied within society, from a binary perspective, how to present oneself, how to behave, and how one is seen as well. This might affect how one is comfortable enough with what one considers to be oneself, without conforming and limiting oneself to imposed norms.

The division of people into categories which supposedly defines what they are might remove a more nuanced sense of self and individuality and promotes homogeneity. Obviously, everyone is different as “[w]e still cannot predict an individual’s behavior or characteristics” (Basow, 3) even if they are inserted in the same category. Stereotypes can feel unfair and untrue even when we broadly identify with a particular group or label, as they do not apply to every person within a certain group due to other factors such as individuality, personality, and environmental factors.

Due to the content of this thesis, I will only mention and research gender stereotypes when pertinent. Furthermore, when referring to gender stereotypes it is important to mention that as gender norms are seen and applied from a binary point of view, so are, consequently, stereotypes which are based on male/female exclusiveness. Thus, although there is a non-binary character – Ben - in *I Wish You All the Best* (2019) by Mason Deaver, the stereotypes associated with the character are related with the view and assumption of binary standards of gender due to the widespread lack of inclusiveness on this subject, which leads Ben to feel they often cannot talk about themselves even with those people who care about them, let alone others in general.

### 3. YA Fiction Exemplified

YA literature, particularly during the last decade, has seen the publication and success of several books in which mental health is represented such as John Green's *Turtles All the Way Down*, Jennifer Niven's  *Holding Up the Universe* and *All the Bright Places*, Gayle Forman's *I Have Lost My Way*, Adam Silvera's *History Is All You Left Me*, Rainbow Rowell's *Fangirl*, and many others who have succeeded in approaching a difficult topic. Clark Lawler explains how this representation might matter,

It is one the arguments of this book that melancholy and depression are shaped by their cultural contexts to a greater or lesser extent, and that those cultural contexts include works of creative literature and art, as well as broad discourses of religion, class, and gender, all of which are prominent factors in the making of melancholy in the early modern period (44).

Thus, the idea one individual might have about depression and its characteristics is directly linked with its depiction and representation in cultural settings. Therefore, a less judgmental representation of mental illness might help deconstruct stereotypes associated with mental health and diseases in a more open, faithful way, and increase understanding approaches from those who surround patients. Additionally, "Adolescents with mental health conditions are in turn particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk taking behaviours, physical ill-health and human rights violations" (World Health Organization, 2020). Thus, addressing mental health in literature for adolescents and young adults might be beneficial in identifying and acknowledging symptoms and seeking treatment. Furthermore, the reading experience is enriched by the relatable content as adolescents and young adults feel understood and supported by not struggling alone or alienated.

The books analysed in this thesis constitute examples of Young Adult Literature addressed to readers of different ages. *Just Breathe* (2020) by Cammie McGovern would be indicated for younger teens, *Darius the Great is Not Okay* (2019) by Adib Khorram, would be next. Following would be *I Wish You All the Best* (2019), and in the final book, *Yolk* (2021) by Mary H.K. Choi, Jayne, the main character, is already at university and her struggles are those of an older young adult.

These books tell stories in which the characters struggle with mental health and illnesses in truthful ways. Although they all end in a hopeful tone, and because mental health can be full of stigma and concerns, these hopeful endings aim to have a positive impact on readers' perception of their future. For readers who might also be having mental health issues it might be beneficial to be reassured that their life will be, eventually, better. What follows are brief summaries of the texts selected, the principal issues of what will be explored in more detail in the next chapter.

### 3.1. *Just Breathe* (2020), Cammie McGovern

Jamie and David meet in the hospital where she volunteers, and David is admitted due to a flare up of his cystic fibrosis. Jamie, who is recovering from a particularly bad episode of depression when she tried to take her life, finds in David a friendship and understanding she longed for, and vice-versa.

Their illnesses allow the teenagers to form a bond based on their different life experiences and struggles, which are not common to their previous friends with whom David, for example, does not talk about his illness or anything non related with school: "I'm writing her [Jamie] because it's easier than writing my real friends, who I've been lying to for months, pretending I'm busy when really, I've been too sick to do anything or go anywhere" (McGovern, 14). This might also explain why David feels comfortable quickly with Jamie, who as a volunteer in the hospital has interacted with several patients and "[b]ecause it's nice to talk to someone who isn't horrified by the shape I'm in" as David admits (McGovern, 16). Because he always tries to make everyone around him comfortable, such as his parents, and his girlfriend who has difficulty in looking at tubes attached to him (McGovern, 15), his need to express his frustration and, seemingly, negative feelings about the future might go unnoticed and overlooked.

Furthermore, when he does express his worries, he is met with avoidance

In my family, we're good at not talking about our problems. We soldier on and work hard and think about other things. We rise above like a phoenix, never once mentioning the pile of ashes we live in. We talk about talking, but we never actually do (McGovern, 27).

Jamie's experience with her mother is different as they have become closer through Jamie's experiences with depression, supporting her, "We were shy and careful and we squeezed each other's hands. We whispered 'I'm sorry,' and 'I'm sorry, too' " (McGovern, 228). Jamie was homeschooled by her father until two years prior to the novel and from then on her father's mental health declined until the ultimate symptom of depression – suicide. Although this relationship was mostly positive due to their love for art – her father was an artist - after Jamie joined school and her father's illness started to affect him more, it turned slightly negative as

We took none of our old field trips to museums and art shows. Instead, we both went quiet. Some mornings, my mother left for work and we retreated to separate corners of the house, not saying a word until she came home (McGovern, 128).

This relationship and its causes and effects will be analysed later in order to understand Jamie more thoroughly.

Although David's illness is physical and Jamie's mental, there are a few parallels between the two, as explored later, as the novel is written in a way that destigmatises mental illness as different to physical and as Jamie says in the beginning "No one should be embarrassed to be sick" (McGovern, 3). In the *Publisher's Weekly's* review: "Sobering in its exploration of mental and physical illness, McGovern's sensitive, well-crafted novel leads to an optimistic outcome".

### 3.2. *Darius The Great is Not Okay*, Adib Khorram

Darius is a Persian – American high school student who goes to Iran for the first time to meet his grandparents. This novel deals with issues related to mental health and depression. It also offers an insight into a multicultural home and life where, at first, Darius has difficulty fitting in as he does not feel confident in either culture: his physical appearance is not close to that of his father – Stephen: "Well, people said I had his 'strong jawline,' whatever that meant. But really, I mostly looked like Mom, with black, loosely curled hair and brown eyes. Standard Persian" (Khorram, 13). This is something that makes Darius feel slightly distant from his father, but closer to his mother; he also does not



speak Farsi, which his mother and sister do: “It always seemed like Farsi was this special thing between Mom and Laleh, like *Star Trek* was between Dad and me” (Khorram, 21).

The father/son relationship is one of the main focuses of the book because both characters have depression and the father is a little demanding with Darius regarding his appearance and actions, as will be analysed below.

Throughout the novel it is possible to see the growth and acceptance Darius finds in having different cultures as a part of his life and himself. His friendship with Sohrab – his first ever friend – allowed him to be more confident and belong to both of his cultures, as also discussed below. When Darius leaves Iran and goes home it is noticeable how much he has accepted himself although he does not see it: “I thought I would feel different – transformed – by my trip to Iran. But when we got back home, I felt the same as always” (Khorram, 302). This geographical idealization is common to Jayne in *Yolk* (2021) as both characters fantasied about their life in a different country, or city (in Jayne’s case), as the solution to the problems in their life. It was not geography that ultimately changed Darius, but his improved confidence and support from his father. Evidence for this is that when Darius went back to school and played soccer in Physical Education, having spent his time in Iran playing with Sohrab, “It was nice to discover I was actually one of the better players in our class. Better than Trent Bolger [a boy who bullied him], at any rate, who was on the opposing team” (Khorram, 304), so much so that Coach Fortes asked him

‘Well, you’ve got some skill. Why don’t you try out in the fall?’

My years burned. I almost told Coach no.

Almost.

But that’s what Darius would have done.

Dariouh would have tried out. (...)

‘Maybe I will,’ I said. ‘Maybe I will’ (Khorram, 306).

The mental illness subject is treated carefully and allows a view into a life marked by moments of struggle but also a lot of love and support. In *The New York Times* Taylor Trudon wrote

[i]t's layered with complexities of identity, body image and mental illness that are so rarely articulated in the voice of a teenage boy of color. Khorram writes tenderly and humorously about his protagonist's journey of self-acceptance, making it hard not to want to reach through the pages, squeeze his hand and reassure Darius that he is, in fact, going to be O.K (Tudron, 2018)

Additionally, the beautiful descriptions of Iran's landscape and food deserve a mention, as *Publisher's Weekly* has remarked in their review "While the book doesn't sugarcoat problems in the country (unjust imprisonment and an outdated view of mental illness are mentioned), it mainly stays focused on the positive – Iran's impressive landscape and mouthwatering food, the warmth of its people".

It is also worth mentioning that, although it is not explored in the novel, only in the sequel, it is hinted that Darius might be homosexual. As Victoria Flanagan explains, usually "YA fictions about gay or lesbian characters have tended to take the form of 'problem' novels, where homosexuality is always represented as the most important aspect of an individual's personality" (Flanagan, 32). Whether we are discussing sexuality, gender, or illness, these aspects are usually the most defining characteristic to serve the story rather than other personality aspects. Furthermore, Darius's sexuality is not discussed in length, although, it is hinted that he is homosexual,

'You really love Sohrab. Huh?'

'He's the best friend I ever had.'

Dad looked at me for a long moment. Like he knew there was more.

But he didn't ask.

(...)

Maybe he knew, without me saying it out loud, that I wasn't ready to talk about more (Khorram, 287).

Nevertheless, his sexuality is not exploited to serve the plot or as a forced representation as it is not discussed further in the current novel. The sequel, however, does offer an additional exploration of that topic and Darius's sexuality.

### 3.3. *I Wish You All the Best* (2019), Mason Deaver

The novel focuses on the story of Ben De Backer, a nonbinary teen, while they are struggling with coming out, family, friends and an adjustment to a new life they did not expect.

The story begins on the night Ben comes out to their parents as nonbinary. They are nervous but unable to keep hiding their identity, as they hoped “Everything was going to be fine and I was finally going to get this huge thing off my chest and it was going to be great and they’d respect what I was telling them” (Deaver, 5). Except their expectations were shattered by their parents’ reaction. Ben is kicked out of their home and forced to reconnect with their sister – Hannah: “Just an hour, that’s all it’d taken for my life to crumble around me. And now I’m here, walking around downtown without any shoes, calling collect to a sister I haven’t seen, let alone spoken to, in a decade” (Deaver, 8).

Hannah and Ben have not seen each other in a decade, as she had left their parents’ house because of her relationship with them: “ ‘I’m... I’m really sorry...’ Hannah stares down at the wheel. ‘For leaving you like that. I just couldn’t stand it anymore, and when I found my chance, I took it’ ” (Deaver, 47). Her guilt and Ben’s resentment are issues explored below. Nonetheless, she readily supports Ben, as after they tell them what happened she reassures Ben that they have a home: “We’ll need to talk about some things, okay? Like school, new clothes, everything else you’ll need. I’ve already talked to Thomas [her husband], and we don’t mind you living here” (Deaver, 20). She is also the first person to ask Ben what their pronouns are (Deaver, 20).

Ben’s life from then on is completely new. And although they do not come out, except to Hannah and Thomas, they meet Nathan, initially instructed to show Ben the school (Deaver, 38), and who they soon befriend. Besides Nathan, and later Nathan’s friends Meleika and Sophie, Mariam is Ben’s only friend, also nonbinary and a youtuber, “I found Mariam’s channel on a message board for trans and nonbinary teens after I’d started questioning my own identity and spent a whole night binging their videos and vlogs” (Deaver, 34). These friendships and the impact of Mariam and their representation will also be discussed below.

The importance of representation, not only of mental health but also of all genders and sexualities, is an integral part of contemporary publishing. Ben's life has not been easy since they came out as nonbinary but having examples like Mariam and a judgement-free support system has improved their life. NPR's Alethea Kontis reviews how "Ben's story is compelling; it flies by, but it's not the easiest read. There is a persistent underlying sense that nothing is safe, either inside Ben's head or out" (Kontis). Kontis continues by admitting:

*I Wish All the Best* not only educated me further on the nonbinary landscape, it inspired within me even more compassion for my friends who have been – and are still – going through similarly difficult transitions. There is a tragedy at the heart of this story, but there is also tenderness. Deaver shows us that love, like gender, is fluid and nonbinary.

#### 3.4. *Yolk* (2021), Mary H. K. Choi

*Yolk* is the story of Jayne when faced with her older sister's cancer and her own mental illness. When her sister appears suddenly and requires Jayne's assistance because she has cancer and does not want to tell their parents, Jayne must confront herself with both her strained relationships with her family but also herself and her eating disorder which, although she is not officially diagnosed with it, is likely to be *bulimia nervosa*, as Jayne's behaviours match the symptoms listed by the DSM-III (American Psychiatric Association, 345).

The character's experience with depression is a consequence of her eating disorder as "There is an increased frequency of depressive symptoms (e.g., low self-esteem) and bipolar and depressive disorders (particularly depressive disorders) in individuals with *bulimia nervosa*" (American Psychiatric Association, 349). Thus, as her eating disorder worsens throughout the novel, so does her mental health. Jayne admits

I collect bathrooms in the city. I like knowing where they are. (...) The real winners are in hotels and certain clubs. The ones that feature stall doors that go from the floor all the way up to the ceilings, those are best for secrets (Choi, 10).

She searches constantly for people who will validate her behaviour, like “Cruella”, a girl she sees regularly in the same street and who also seems to have an issue with eating behaviours because

Just as I pass, she chews off the tip of her pizza and works her jaw in a rhythmic rabbit fashion. I lock eyes with her for a second as we pass, and it feels exquisite. I turn around as if to check the street sign. She pulls out a napkin. I know she’s spitting into it (Choi, 56).

“Cruella”, as Jayne calls her, will play an important role in Jayne’s recovery towards the end of the novel, which will be explored later. Ivy, Jayne’s friend, also has an eating disorder and validates her habits, although Jayne’s recognizes that “Seeing Ivy after therapy is like slamming mezcal after a juice fast” (Choi, 48). She admits that it is not beneficial for her to keep seeing her, but she continues to do so which explains a lot of her relationships with people like Jeremy with whom she shares her house, even though he does not pay rent. Jayne seems to surround herself with people who do not care for her, which might be another sign of low self-esteem. June – her sister – says “ ‘Every time someone hurts you, you find a way to hurt yourself ten times more’ It doesn’t sound untrue even if it feels wounding coming from my sister” (Choi, 270). The sisterly and family relationships are not perfect either as Jayne feels like both her mother and her sister, especially, do not like her.

*Publisher’s Weekly* reviews the novel as

Insightful and intricately constructed, Choi’s novel provides a tender look at the sisters’ layered bond while addressing aspects of Jayne’s experience, including sibling resentment, anxious efforts to navigate relationships, and a long-term eating disorder. If the story takes its time unfolding amid running social commentary, the result is an appreciably personal-feeling narrative about cultural identity, mental and physical health, and siblinghood’s complications.

Jayne’s story offers a perspective on depression layered with another mental illness – an eating disorder – which both profoundly affect her daily life and her self-esteem and self-love. Although her relationship with June starts strained by the end of the novel, they

have a new and better appreciation for each other, as does Jayne for her family, especially, her mother.

## 4. Deconstruction of Stereotypes in YA Fiction

### 4.1. Depression and its communication

The main characters of the four books previously mentioned struggle with depression and mental health. Each has a different background and experience which is representative of how this illness manifests itself differently according to each person's specific difficulties. Furthermore, the discussion and communication about this illness differs according to each book.

Jaimie's experience is similar to that of Darius, as it appears it is hereditary, but also triggered by her father's death. This event provoked guilt, which can be a symptom of depression, as she believed it was her fault for going to regular school, instead of continuing homeschooling with him, "I wanted to say that I was partly doing this for him [her father]. That maybe focusing on my potential had taken him away from realizing his own. Whatever my intentions were, they didn't work" (McGovern, 213). After her father died, Jamie later admits "I didn't fall apart right after my father died; I fell apart seven months later. Seven months after I first told my best friends that he'd died of a heart attack" (McGovern, 267). Suicide is often deemed as selfish, but it is a consequence of depression and should be seen as a death by an invisible illness which affects not only the person who commits suicide, but their loved ones Not only Jamie, but her mother also felt guilty for not having seen the father's struggle,

In the car, my mother got so angry she pulled over to the side of the road. 'Your father didn't kill himself because of you. He allowed grudges and anger to get in the way of doing his work. He built them up in his mind, and they became so destructive he couldn't make art any longer. He was depressed! You were too young to see any of that. I did. It was *not you*, okay?' (McGovern, 228).

Both characters suffer from guilt towards an action they could not have predicted, or even prevent. Jamie's father, who had been a painter, became severely depressed and barely worked on his art, Jamie sees his last year as empty and admits "Now I understand: This is what depression looks and feels like. Silence. Stillness. Torpor" (McGovern, 128), and although she believes it would have benefited him to work, Jamie has also not done art

since he passed away: “In the past year, I’ve done no art at all, and instead I’ve embraced my mother’s philosophy: work hard, do your job, think about other people” (McGovern, 128). Jamie’s guilt and fear of judgement allowed her silence about this impactful death leads to her own depression. When she wants to explain David what had happened the previous year, she rehearses,

The words float up, right there, on the tip of my tongue: Something happened last spring after my dad died. At first it was like I was numb and sleepwalking. I couldn’t taste food or understand what anyone was saying around me. I couldn’t read more than a sentence at a sitting. I couldn’t do homework or anything else except compile examples in my mind of how phony my supposed friends were. Finally, during a sleepover, I told them they were shallow and manipulative and I hated them all. I left in the middle of the night, and when I got home, I realized the person I hated the most of all was me (McGovern, 85).

Consequently, Jamie tried to commit suicide and spends three weeks in a hospital, as mentioned previously. During her time there, both Jamie and her mother,

[w]ere shy and careful and squeezed each other’s hands. We whispered, ‘I’m sorry,’ and ‘I’m sorry, too’ We cried and then apologized for crying (...) Whatever had happened when I took the pills from my dad’s stash was a one-time event, not a permanent condition. Not a life sentence (McGovern, 228).

They have a closer relationship through their struggle to survive such a tragic loss and its consequences. Her understanding of depression gets deeper after meeting David and trying to explain to him how this illness manifests,

I didn’t understand the way depression worked – that it feels physical for a long time, like something else is wrong. Your bones ache. Food tastes different. You’re always tired because you never sleep. You can’t think clearly, and you’re too exhausted to do anything (McGovern, 114).

Rita, her psychiatrist is an important piece in her recovery, Jamie also does a lot of work to find things that bring her happiness. And, David is an important part as their friendship,



although confined to the limits of the hospital, allows her life to be more fulfilled “ I want to tell him the truth – that if I didn’t have these visits to look forward to, I don’t know how I’d make it through the loneliness of school right now” (McGovern, 131). Contrary to some YA books that might rely on romantic interests for the survival and recovery of the characters who struggle, McGovern does not use David as the main reason for Jamie’s happiness. When David’s condition worsens due to their outing, and Jamie falls into depression again, she finds herself recovering once more but through new and old friends and, more importantly, art, “I’ve learned that I can’t bear not creating. It soothes me to look at colors and study the way they change in different lights” (McGovern, 312). This realization has made her look at origami, something she learned in the hospital and then shared with David, and “It made me think about origami and see it for what it really had been all this time: a replacement for doing art, which scared me too much” (McGovern, 312). Art has been a constant in her life, through happiness and struggle, like Ben from *I Wish You All the Best* (2019) as will be shown below.

Compared to the other books, *Just Breathe* (2020) is aimed at the youngest readership. Evidence of this is the dynamic among the characters, and Parts II and III of the novel, when David is in a coma, and like other YA successes, such as Gayle Forman’s *If I Stay*, he wanders the hospital as what could be described as a soul or spirit, overseeing his family and friends. Furthermore, when he wakes up, he does not remember the week previous to the coma. A week when he had realised he liked Jamie as more than a friend and kissed her at the Starlight Dance. This short amnesia justifies why David does not reach out to Jamie after waking up and going home.

Additionally, the communication about depression is simpler and direct. While in the other books, characters discuss it less explicitly, Jamie offers straightforward reflections about her illness and how it affects her,

Depression is a sickness, and the worst part is that your mind can’t remember what better feels like. You get well by doing a whole bunch of things that sound like they won’t help but eventually they do. You have to eat right and get exercise and take your medication, but mostly you have to be patient (...) (McGovern, 114).

This honest depiction of depression and its characteristics allows McGovern's thinking about depression and mental illnesses to emerge clearly, in the attempt to lessening the misunderstandings and stigma associated with them.

Darius, like his dad, has clinical depression. He explains to Sohrab, a friend he meets in Iran, "I'm just messed up. My brain makes the wrong chemicals. (...) Nothing bad has ever happened to me" (Khorram, 192). This explanation of depression, however debatable as previously discussed and will be again, is also one of guilt and embarrassment. As he continues "I felt terrible saying it out loud. Dr. Howell – and Dad too – always told me not to be ashamed. But it was hard not to be" (Khorram, 192). The idea that something terrible needs to happen in order to have a depression is also a fallacy about the disease. Granted that a traumatic event and hardships may contribute to having depression, many patients do not fit into those categories, as Darius does not. Even when their illness is justified by biochemistry is still stigmatised by not having a concrete event which provoked it. While he has a plausible causation for his illness, hereditary factors, it might be more complicated: although it is a condition that has evolved throughout hundreds of years, and there are several theories to what causes it as previously explored, the idea of brain biochemistry and imbalance is still lacking proof as "[i]t is not clear whether the alleged deficiencies in brain chemicals are a result of depression, rather than a (preceding) cause" (Lawler, 172). Furthermore, the hereditary theory, which is also an apparent cause for Darius' depression, is lacking some firm proof as well as, "It appears that the heritability of depression can be around thirty to forty per cent, but it is not clear from such studied whether the transmitted element is normal sadness or depressive disorder" (Lawler, 170).

Nonetheless, whether either theory is correct or not, it does not invalidate Darius and Stephen's pain and suffering. Both must deal with a disease which affects their minds and daily life and have taken steps to improve their mental health and wellbeing.

Although both Darius and his dad suffer from depression, the two characters do not talk about one of the only things they have in common:

Dad never really talked about his own diagnosis for depression. It was lost to the histories of a prior age of this world. All he ever said was that it happened when he was in college, and that his medication had kept him

healthy for years, and that I shouldn't worry about it. It wasn't a big deal (Khorram, 33).

The silence about depression is a way for Stephen – the dad – to not worry Darius, for he can live with it without it affecting his life dramatically, as he is treated. Stephen's inability to talk is also nourished by guilt for having passed on to his son a disease he could not protect Darius from, as he apologises "And it kills me that I gave it to you, Darius. It kills me" (Khorram, 286).

This tendency to not discuss depression although it protected the younger Darius from learning how much his father struggled for years, also left him feeling less than enough and a failure for not having the ability to deal easily with his illness. His father's worries are projected through a passive-aggressive lens, where he constantly tries to change Darius in such things as his weight to his haircut,

'You could at least get it trimmed.'

'It's my hair, Dad,' I said. 'Why is it such a big deal to you, anyway?'

'Because it's ridiculous. Did you ever think that you wouldn't get picked on so much if you weren't so...'

Dad worked his jaw back and forth.

'So what, Dad?'

But he didn't answer. (Khorram, 42),

Darius' weight is a side effect of his medication for depression: "It wasn't like I ate sweets all the time or anything. I couldn't, not with Stephen Kellner constantly monitoring me for dietary indiscretions. But even if I only ate dessert once a month, I never lost any weight" (Khorram 127). While his father also takes medication for his depression, he acts like he does not know the side effects medication can have on patients. Although well-intentioned, these passive-aggressive actions, which are manifestations of Stephen's worries, leave Darius feeling like a letdown: " 'He's always disappointed in me. He's always trying to change me. To make me do things the way he would do them. To make me act like he would act' " (Khorram, 191). One of the few things they have in common and which leads them to spend time together is with *Star Trek*: "It felt good to have a thing with Dad, when

I could have him to myself for forty-seven minutes, and he could act like he enjoyed my company for the span of one episode” (Khorram, 18). Later, when Laleh – Darius’ younger sister – watches an episode with them, Darius gets slightly jealous as he feels like “It was the only time I ever got to be his son” (Khorram, 144). Although Darius is hurt by his father watching *Star Trek* with Laleh and feeling replaced, this might also be a chance for his father to create a bond with his daughter as he did with Darius. As explained at the beginning of the novel, Darius and Stephen cannot speak Farsi: “It always seemed like Farsi was this special thing between Mom and Laleh, like *Star Trek* was between Dad and me” (Khorram, 21). Thus, watching *Star Trek* with Laleh might be Stephen’s attempt to recreate a similar connection, like the one he has with Darius, with her.

Darius has lived with depression for years and when the family goes to Iran, his mother warns him: “ ‘Sorry. I don’t really know how to explain it. It’s... I just want you to be prepared. People in Iran don’t think about mental health the way we do back home’ ”(Khorram, 56). While in Darius’ household depression is common, although not very discussed, in Iran he is judged based on simplistic approaches and understandings of depression. Upon their arrival, in the airport Darius is interrogated by an officer,

‘What is this for?’

‘Depression.’

‘That’s all it’s for? What are you depressed about?’ (...)

‘Nothing,’ I said. ‘My brain just makes the wrong chemicals is all.’

‘Probably your diet,’ Customs Officer II said. He looked me up and down. ‘Too many sweets’ (Khorram, 68).

Furthermore, as seen later, his grandfather also has similar views as he tells Darius how positivity and effort are what will improve his mental health (Khorram, 102). In contrast, although specific conversations about depression happen between Darius and his father, there is a positive environment regarding mental health where his father tries to pass on to Darius a message of acceptance and not feeling ashamed: “Dad told me I couldn’t help my brain chemistry anymore than I could help having brown eyes” (Khorram, 69). Despite this attitude, Darius is still ashamed to have depression when nothing tragic has ever happened

to him, as it appears that it would be the most acceptable justification for having depression.

After having a fight with his father in which Darius explodes about feeling such a disappointment: “ ‘I’ll never be good enough for you’ ” (Khorram, 283) and his father explains how much he struggled when Darius was younger, their relationship improved

Dad had never hidden his depression from me. Not really. But I never knew how close I had come to losing him. How hard he fought to stay with us, even if it made him into a Borg drone. I didn’t want to lose him. And he didn’t want to lose me. He just didn’t know how to say it out loud. I think I understood my father better than I ever had before (Khorram, 290).

This insight into his father’s struggles acknowledged Darius’ struggle and made them closer in their similarities, instead of distant like previously. After that *Star Trek* was no longer the only time they spent together: “I didn’t know how to handle all this attention from my father. It seemed we had increased our intermix ratio by a substantial factor. But it was nice” (Khorram, 289). Thus, the mutual appreciation of and admiration for the strength each one of them needed to have some days and on some occasions allowed them to become closer.

Ben’s depression, on the other hand, derives from a traumatic event caused by their coming out and their parents’ rejection, which has changed their life dramatically. Their parents rejected Ben’s identity and kicked them out of their home

Yesterday *actually* happened. It takes me more than a few minutes to realize it wasn’t some super vivid nightmare, or a fever dream or something. It really was real. I came out to my parents, and they kicked me out of the house (Deaver, 16).

Hannah, their sister whom they have not seen in ten years, is the one who takes them in to her house and is their support system in their new life, “We’ll need to talk about some things, okay? Like school, new clothes, everything else you’ll need. I’ve already talked to Thomas [her husband], and we don’t mind you living here” (Deaver, 20). Aside from taking care of Ben’s basic needs, she also suggests they see a therapist – Dr. Taylor, who

specifies to Ben “[I] work with a lot of LGBTQIAP+ youth” (Deaver, 57). The consequences of their parents’ rejection are visible as not only does Ben not come out to anyone, except for Hannah and Thomas, but every time they feel like doing so, they are terrified. At school, they are not out, as they admit, “I don’t think I can handle actually being out right now. Not unless I absolutely have to be” (Deaver, 25). The first time they have an appointment with Dr. Taylor the thought that they would have to come out again makes them have an anxiety attack:

I try not to breathe too deep. I feel like I should be crying, but there are no tears, just this pocket of air in my lungs that I can’t get out. (...) I can’t do this again, can I? I can’t come out all over again, not here, not right now (Deaver, 54).

Thus, Ben’s depression is also associated with anxiety. One night when Ben is home alone, they see a car in the driveway that resembles their father’s and they instantly panic,

‘I think my parents are here,’ I choke out. I can hear the crack in my voice. I don’t wait for their [Mariam’s] response, I just close the laptop and grab everything. I run back to the guest room, taking the steps so quickly that I almost fall at the top. I make sure to lock the door behind me (Deaver, 70).

Even when Hannah gets home and tries to help, they still can’t move, “Because what if that’s Mom and Dad on the other side of that door? Nearly every part of my brain is screaming that it can’t be, but there is still a chance, no matter how slim it is” (Deaver, 72).

Dr. Taylor later explains how:

‘Sometimes it’s too much to handle. You’re still growing up, still figuring things out, and this is an extra layer of issues. It’s common someone your age to be dealing with this sort of thing. And your situation certainly hasn’t helped that’ (Deaver, 130).

Furthermore, Ben seems to also be uncomfortable with touch, which might be related with the discomfort they feel in their body and Dr. Taylor also explains to them how “Touch aversion can be common in people who deal with panic attacks, or people dealing with anxiety” (Deaver, 183). During Ben’s panic attacks, they do not want anybody touching

them, both Hannah and Nathan have tried in a reassuring manner, but Ben feels physically sick.

After the confrontation with their parents and Hannah at Ben's art show, Ben finds himself struggling with depression, as they have similar symptoms to Jamie, and spend "Days of lying in bed, not showering or eating or bothering to talk to anyone" (Deaver, 264) even losing track of time. It is only when Hannah points out to Dr. Taylor that they have been like that for a week, do they realise how long it has been. Even simple actions like responding to text messages are difficult: "I want to reply, to let him [Nathan] know that I'm at least safe. But something in me is just keeping me from typing the simplest of messages" (Deaver, 258).

Ben's gender identity and coming out is an important part of their depression as it adds a level of suffering and fear compared to other teenagers. Thus, Dr. Taylor also suggests a support group which Ben is not excited about and which will be explored later.

Similar to Jamie (*Just Breathe*) who remembers

[h]ow it felt to work so intensely for a short period of time. How it took me out of myself, almost out of my body, and made me feel older, like I was floating above middle school and all its disappointments" (McGovern, 248),

Ben also relies on art as an escape and therapy form,

[I] get so lost in it, each stroke of my brushes. I have to make sure the yellows won't blend together in some mess of color, so I move from one end of the canvas to the other letting things dry a bit before I get to work on the smaller details. (...) I glance at my phone. Holy shit. It's past five (Deaver, 134).

For both characters, art represents positivity and is a place where they can express their creativity and step outside of themselves.

Jayne's depression, unlike the other characters', is a consequence of her eating disorder. Eating disorders "[a]re characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and

that significantly impairs physical or psychosocial functioning” (American Psychiatric Association, 329). Similarly to depression, eating disorders also have several possible diagnosis, and although Jayne is never officially diagnosed, according to the DMS-5’s list of symptoms she might have bulimia nervosa which not only affects her eating behaviors and her physical health but “There is an increased frequency of depressed symptoms (e.g., low self-esteem) and bipolar and depressive disorders (particularly depressive disorders) in individual’s with bulimia nervosa” (American Psychiatric Association, 349). After a particularly bad depressive episode the previous year, where she admits,

If I stopped partying even for a moment, I couldn’t get out of bed. It was fascinating that if the feeling of impending doom and dread made my limbs leaden and my head cottony, no one ever cared enough to check (Choi, 39).

In this confession it is clear how Jayne was ill which prompted her search for help through her university. Although they live in the same city, June – her sister, is not present to be Jayne’s support system as her relationship with her family is complex. She is deemed as weak and, negatively, emotional. Her mother and sister view mental health as something they can control with force of mind and positivity, not unlike David’s mother,

[June] She’s like Mom when it comes to mental health stuff. June thinks anxiety is for pussies. That you can banish it with intestinal fortitude. According to her, depression is laziness that can be fixed with high-intensity interval training and caffeine (Choi, 17).

Although both June and their mother have deemed mental illnesses as something one can control easily, the mother has also struggled with depression before, as when Jayne was in high school her mother left home and came back three months later without an explanation. This prompted Jayne to be more rebellious, as she admits “I’d smoked pot for the first time. I’d stayed out on a school night, drank gin, and puked so hard I’d thought I’d lost my hearing” (Choi, 264), attenuating her anger through actions and decisions which have left her scared of not being enough to anyone, as she thinks that both June and her mother do not like her (Choi, 46, 278). At the time Jayne already displayed unhealthy behaviours towards food which no one seemed to notice, in the hope that she would be loved enough if she were thin enough. Only at the end of the novel does Jayne question her



mother about those three months, for which the explanation is how she felt tired and needed to go home, to Korea,

She shakes her head. ‘That wasn’t your home. I can’t explain it. I needed to be in Korea. Your grandmother was furious, crying, hitting me every day, telling me I was a disgrace, but I just stayed at my childhood home and cried. And slept. I went to Ji-soo’s grave every day. That’s the only thing I did.’

I picture a small grave. A child’s grave (Choi, 383).

Her mother, who had had another child who had died, suffered so much, she had to leave for a while so she could get better.

‘I missed you girls every day. I hope you believe me. I was haunted by thoughts of you. But Ji-soo needed me too. My body didn’t want to be in America. This life we chose, it was so hard. Your father and I had worked sixteen-hour days for over ten years. I thought I’d made a mistake. That I’d made a mistake to choose this life and that I’d brought you girls into it, which was unforgivable. (...)’ (Choi, 383).

The lack of communication twisted Jayne’s perception of the entire time her mother was gone. The problem was not the value her and the rest of her family lacked, but how her mother felt about herself and the choices she had made. The honesty of this conversation ends the novel in a hopeful tone as Jayne has a new understanding for her mother and her pain, “I know what it’s like to want to leave. How it feels when the home you have is a mirage, an illusion” (Choi, 384). These mutual feelings allow her to understand her mother slightly better and start to forget her own grief in their relationship.

Her eating disorder is fueled by these negative thoughts of self-esteem as she admits “I thought a polished appearance and stellar behavior would be the passport to belonging. And when I inevitably failed at perfection, I could at least willfully do everything in my power to be kicked out before anyone left me” (Choi, 366). This heavily impacted her relationships and friendships which end up being an extension of her self-deprecation, as for example, Jeremy:

For the record: I know that Jeremy has never been my real boyfriend. We were hooking up and then we weren't. But he still lives here. If you ask him, he'd tell you that we found each other on Craigslist. That he'd answered my ad for a roommate. That's not exactly true (Choi, 28).

This relationship reflects what Jayne thinks she deserves: someone who does not care enough for her. Even when she reconnects with Patrick, someone from her hometown and her teenage crush, she desperately tries to conceal herself and tries to transfer the image of the 'perfect girl' who Patrick will like, "That I don't take up too much space. That I'm agreeable, low-maintenance, chill" (Choi, 186).

Because the "Conversations about mental health that occur between parents and children, specifically, teach younger members with or without mental illnesses important lessons" (Flood-Grady et al., 2), these honest discussions about depression have heavily impacted the characters, positively and negatively. The support received by parents, in the cases of Jaimie and Darius, have not only improved their relationship with their parents but with their illness. Both characters end the novels with more self-acceptance and awareness than in the beginning. Whilst parents who are not supportive and are more judgmental, as in the case of Ben and Jayne, their understanding of themselves and their self-acceptance is difficult to achieve. Both put pressure into characteristics they believe would make them accepted and loved: in the case of Ben because their identity is the reason their parents reject them, they wonder if they should have come out "Actually, it definitely would've been smarter to wait" (Deaver, 96); Jayne's belief that if she were thinner, she would be treated better as she realises "I don't know how it came to be that I believed if I changed everything about me would change the way people treated me" (Choi, 366).

A study about depression narratives by young people found

[t]hat when telling the story of their depression, the participants told about the twists and turns of their life. This seemed to mean that they narratively explained their depression as stemming predominantly from the problems in their life, not, for example, from biochemistry of their brain (Issakainen, Hänninen, 241).

This conclusion applies to most characters, all of whom have experienced tragic events which justify or trigger their depressions. Except Darius, for whom biochemistry is the explanation to his illness which, makes him feel guilty and inadequate because his life seems to lack a traumatic situation to excuse his illness: “I hated that question: *What are you depressed about?* Because the answer was *nothing*. I had nothing to be depressed about. Nothing really bad had ever happened to me” (Khorram, 68).

Furthermore, all the characters have a wish to appear or behave “normal” and “perfect”:

Young people appear to have internalized irrational social ideals of the perceptible self that, while unrealistic, are to them eminently desirable and obtainable. The need to be perfect, or appear perfect, is a strategy that is adopted to compensate for, repair and protect a sense of self-worth through obtaining approval of others. This is to ward off the notion of flawed and disordered self, one which is overwhelmed by pathological worry and a fear of negative social evaluation, characterized by a focus on deficiencies and sensitivity to criticism and failures (Kurz, 92).

These fears are clearly visible in most characters as they feel unable to fit in with friends and school classmates, while trying to hide their illnesses, or identity, in Ben’s case. Often questioning whether their feelings are valid, like Darius and Ben, or in extreme cases, such as Jayne’s where, she “I find that the more I hide, the more presentable I am to the world” (Choi, 39).

#### 4.2. Medication

Interestingly, although three of these books talk about taking and being on medication, none of them glorify it as the “magic bullet” pharmaceuticals try to advertise. It does, however, help to manage, especially physical symptoms of depression, as one study concluded that “for many of the young adults, the problematic and sometimes vague experiences of depression were given concrete form in, through or over the body” (Bornäs & Sandell, 157). This can certainly be seen in the cases of Darius, Ben, and Jamie.

The physical impact on many patients severely impairs their daily lives. Ben has a similar experience as some anxiety symptoms impair their life, as some situations with their parents or body trigger anxiety attacks,

I try to say something, but my mouth feels impossibly dry, and I can't control my breathing. It's almost like there's a fifty-pound weight sitting on my chest, and no matter how many times I wipe my face, I can't seem to stop crying (Deaver, 72).

Additionally, Ben has difficulty in sleeping as he admits that "It's getting harder to keep my eyes opened during the day now. I've even thought about faking being sick one day just so I could try to catch up" (Deaver, 129). On account of this, combined with the panic attacks, Dr. Taylor suggests medication, which at first, made "[m]e drowsy, which wouldn't be so bad at night, but the last few days it's been hitting me right in the afternoon" (Deaver, 131).

Due to the severity of Jaimie's depression, to the point where she almost died by suicide, and therefore was in a psychiatric ward of a hospital for weeks, her antidepressants try to prevent the same outcome. Nonetheless, when David gets worse because of their plan and she is not allowed to see him because of the lawsuit David's parents file against the hospital (McGovern, 220), her mental health deteriorates severely, when like Ben, she fails at doing daily tasks: "I haven't been able to go back to school. I also haven't been able to do anything Rita suggested: walk outside; read; eat; exercise" (McGovern, 227). Furthermore, "It took a long time for the new dosage of medication to feel like it was working. Before it did, this depression felt different and scarier than the one after my dad died. This time it was even more physical" (McGovern, 265).

*Just Breathe* (2020) also offers an opportunity to reflect on how mood swings are accepted differently based on mental health stigma and gender stereotypes. David's medication after his lung transplant leaves him in this condition:

My last night in rehab, I lay awake late and made promises to myself: I won't be moody and irritable with my family. I'll remember how grateful I am to be home. I'll remember how hard all this has been on them. It only took a day to break that promise. (...) Since then, I've had a blowup

every two or three days. I try to control them, or at least vary my targets, but I can't stop (McGovern, 256).

Despite David's outbursts, his dad "[t]ook a deep breath and nodded" (McGovern, 256) without ever questioning or calling David to account for his behaviour. The same occurs with Sharon who

[l]augh[s] as if this is part of some inside joke we have – her bossiness, me snapping back – but it isn't one of our jokes. She and I both know it. I've never said anything like this to her before. She moves away with a smile still frozen on her face. I don't know how what I just did or how many more enemies I want to make (McGovern, 278).

Everyone seems to have patience and understand his mood swings; because they are perceived as a consequence of his physical illness, they are accepted. One could also argue that because "Boys are assumed to be more active, unruly, and aggressive" (Basow, 23), David's hostility towards his parents and Sharon is viewed as a natural instinct because of his gender. While Jamie, because "[g]irls are assumed to be more emotional, talkative, and passive" (Basow, 23), is judged and ostracized for her aggressive attitude as her friends have ended their friendship with her:

At lunch I watch my old friends sitting at a table by themselves in the corner. I think about the only conversation I've had with any of them this year, when Bethany found me at my locker the first day of school and seemed so friendly at first that I thought we were going to pretend we'd forgotten what happened at Missy's sleepover last spring. (...) Then Bethany said, 'I just want to tell you, Missy thinks it's a bad idea for you to eat lunch with us. She is still pretty mad, so I said I'd talk to you' (McGovern, 21).

Thus, Jamie's illness and gender have strongly affected her social life as David's has benefited from the recognition of his struggle. Furthermore, Jamie's intake of medication is a source of anxiety as she is scared about "[t]he stigma if anyone finds out you're taking medication" (McGovern, 326).

Although Jamie's treatment involves a combination between therapy and medication, when David starts questioning whether he would like to go to college,

When my posttransplant odds are five years, at best, I have to ask myself: Do I really want to spend four years working toward getting a job I'll never be well enough to do? (...) If I only have a few years left, why spend them fulfilling other people's expectations? Especially when I've spent most of my life doing just that. (McGovern, 93).

David's parents believe this is a sign of depression. They might be right, but they also resort immediately to medication (McGovern, 95) instead of trying a talk therapy or trying to understand his point of view by speaking about the seriousness of his illness, as he argues:

'I am looking at reality, Mom. The truth is a little depressing right now.'

'That's what I'm saying. That's why you need medication.'

'But maybe I also need to *talk* about all this. And think about what I really want to do with the rest of my life' (McGovern, 95).

His parents see this action as giving up on life, and therefore believe medication is the solution to this problem as they are not a very communicative family as explored below.

Darius' experience is slightly different from the rest of the characters as he does not mention a specific moment of struggle as his depression is evidenced by his mood swings which can also be a consequence of his medication: "I was only on Prozac for three months before Dr. Howell switched me, but it was pretty much the worst three months in the Search for the Right Medication" (Khorram, 33). Because Darius and his father both have medication to help with their depression it is not a source of stigma within their household, but in Iran his grandfather represents the people who do not understand the situation:

'Medicine?' He sets his cup in the sink and picked up one of my pill bottles. 'What is this for? Are you sick?'

'Depression,' I said. I refilled my glass and took another gulp so I wouldn't have to look at Babou. I could sense the disappointment radiating off him. (...)

‘What are you depressed for?’ He shook the pill bottle. ‘You have to think positive, baba. Medicine is for old people. Like me.’

‘It’s just the way I am,’ I squeaked.

I would never be good enough for Ardeshir Bahrami.

‘You just have to try harder, Darisouh-jan. Those will not fix anything.’

He glanced at the table (Khorram, 102).

This judgement from another male figure in his life provokes feelings of disappointment similar to those he feels from his father. The case of his grandfather might reflect both age and culture. Before travelling, Darius’ mother had warned him how mental health in Iran is viewed differently (Khorram, 102).

Although Darius’ meds help with his depression, weight gain is a side effect (Khorram, 127). This affects his family life as his father tries to control Darius’ eating habits, “I knew Dad thought it was lack of discipline. That if I ate better (and hadn’t given up soccer), I could have counteracted the effects of my medication. Stephen Kellner never struggled with his weight” (Khorram, 127). His father also demonstrates passive-aggressive actions such as “I used the lull in conversation to reach across the table for more pasta, but Dad pressed the salad bowl into my hands instead” (Khorram, 17), leaving Darius feeling worse and a disappointment:

I was overweight, period, which is why Stephen Kellner [the father] was always handling me the salad bowl.

As if salad would counteract the weight gain from my meds.

As if lack of discipline was the root of all my problems.

As if all the worry about my weight didn’t make me feel worse than I already did (Khorram, 37).

Furthermore, his father also would like for him to fit in:

‘I don’t want him to be ashamed,’ Dad said. ‘But he’s got enough going on with his depression, he doesn’t need to be bullied all the time too. He

wouldn't be such a target if he fit in more. If he could just, you know, act a little more normal' (Khorram, 60).

Darius' self-esteem is already shattered, but hearing his fears confirmed by his father, someone who is supposed to love him unconditionally, makes their relationship more strained. One could also question what it means to act "normal".

All of the characters take medication to prevent the worst possible outcome. It does not prevent them from having moments of struggle with depression, and although these characters are medicated and benefit from it, despite the side effects, they do not have the same experience. A study found that many patients with anxiety as a consequence of depression "[e]xperienced a positive change of some kind when starting on medication" (Bornäs & Sandell, 259). On the other hand, "After having experienced the numbing effect of medication, some interviewees reconceptualized anxiety from being unwanted to something valuable, as a compass needle that proves direction in the world" (Bornäs & Sandell, 260).

Due to the lack of visibility of depression and mental illnesses, the stigma mental illnesses face also transfers to their treatments. Taking medication for a headache, for example, is more acceptable than for emotional stability.

#### 4.3. Searching for Professional Help

The *Mental Health Atlas 2017* compiled by the World Health Organization states

The global median number of visits to child and adolescent mental health outpatient facilities is just 164 per 100 000 population with a far higher number of visits in high-income countries (1609 visits per 100 000 population) than in low-income countries (11 visits per 100 000 population) (World Health Organization, 42).

The characters in these books are fortunate to have support systems that can afford to provide mental health care. Jayne is the only one whose appointments are covered by university services, although it only provides a limited number, as seen below.

Jamie's depression, triggered by her father's death and consequent guilt, culminated in a suicide attempt



I remembered the pills I'd found months earlier in my father's basement studio: prescription pills, fourteen left. I didn't know what I was saving them for, and then suddenly I did.

I didn't take the whole bottle. I only took four in the distorted logic that I'd saved some for next time, in case this didn't work. It didn't work because within ten minutes of swallowing the pills, I called my mother in a panic, and told her what I'd done. (...) In the end, I was in the hospital for three weeks (McGovern, 269).

After coming out of the hospital Jamie is never left alone for much time, hence the volunteering at the hospital. Her recovery is not as easy as she makes it out to be:

She [her mother] works so hard to stay upbeat that I try to as well. (...) It would break my mom's heart more than it's already broken, and I can't do that to her. Which means I should concentrate and do a better job, but I can't do that, either, so I'm not sure how all of this is going to end.

The odds are: not well (McGovern, 19).

Her friendship with David, and then his sister Eileen, helps her improve, "I know David isn't depressed, but he's giving me something my father never did: a chance to help him" (McGovern, 135). This sense of helping someone else allows her not to ruminate on herself. However, she did learn how important asking for help is: "If I learned anything while I was in the hospital, it's the importance of this part – you have to ask for help, and you have to accept it when it's offered" (McGovern, 135), which is something she got.

Rita, her psychiatrist, is an important part of her second recovery after she helps David escape the hospital for a few hours and ends up back at the hospital in the Intensive Care Unit (McGovern, 191) and, once again, the guilt she feels, intensified by hospital lawyers and David's parents' lawyer, breaks her: "Just because my judgement is 'usually quite good' (Rita's words, not mine), that doesn't mean I'm not still a fifteen-year-old capable of making mistakes. 'Your friendship wasn't a mistake, your actions were,' Rita says. 'Important distinction' " (McGovern, 166). Rita helps her be more objective about her feelings and understand them better, as Jamie seems prone to guilt, even if things are out of her control.

Darius, unlike Jamie, Ben, and Jayne, has an idea about his father's depression which although they do not discuss it at length, provided him with a professional – Dr. Howell – sooner than them. The doctor seems instrumental in Darius' medication intake, but their appointments are not represented or discussed. Darius and his father have the same doctor, which apparently makes the teenager slightly uncomfortable: “I guess I was paranoid Dr. Howell would talk about me to my dad, even though I knew he wasn't supposed to do that kind of thing. And Dr. Howell was always honest with me, so I tried not to worry so much” (Khorram, 28). Nonetheless, the fact that therapy is not explored, but Darius mentions confidentiality opens a comparison of this experience with Ben's.

As well as enrolling Ben in a school and buying them essentials, Hannah believed a therapist would benefit Ben,

‘Because this hasn't exactly been the easiest time for you, and I think talking it out with someone would help you.’ She almost spouts all of this in a single breath. I'd be impressed if I wasn't getting so annoyed. ‘Just one appointment,’ she says again (Deaver, 47).

Ben accepts going, and at the first appointment, because Ben is nervous about their privacy, Dr. Taylor offers to talk about informed consent

‘It's an important procedure, where I lay out everything I'll be going over with you, the limits of what we'll be discussing, as well as the benefits of treatment, and, more importantly’ – she walks back across the room and hands me the stack of paper – “confidentiality” (...) ‘But I swear to you that unless I think you are an immediate threat to your own life or someone else's, I'm not going to tell a soul what goes on in here’ (Deaver, 59).

The reinforcement of this consent and privacy allows Ben to be more open about their feelings. Furthermore, it gives young readers an idea of the safety and private environment of therapy which to some might be an incentive to search for professional help. Without Dr. Taylor, Ben would not have thought about certain questions, especially regarding their relationship with Hannah who left home when Ben was younger and never saw them again until they were kicked out.

Dr. Taylor suggests Ben to attend a support group for LGBTQIAP+ (Deaver, 62) which Ben does not consider. When Hannah asks why, they answer

‘I just don’t want to come out to a bunch of strangers.’ That’s part of it, but it’s also a local group, and I don’t think I could handle walking in there and seeing someone from school. (...) Even if I don’t do the whole coming-out thing again, I’ll have a room full of people staring at me, wondering why I’m there. And do I really have the right to sit in on their private meetings if I’m not going to share anything? (Deaver, 172).

While Ben’s concerns are valid and likely a consequence of their parents’ rejection, perhaps a local group could be an advantage as it could be a way to realise that there are similar people to them close by, as a study found “[t]hat participants who had either social and/or institutional support found it easier to protect their identity, pointing to the importance of initiatives such as LGBTQ+ groups and inclusive curricula” (Bower-Brown et al., 15). Furthermore, when Ben goes to the suggested group because Mariam is giving a talk there, at the end Ben realises how many teenagers are a part of the group and the easy acceptance and integration, “Like one big happy queer family. I guess that’s sort of the point of the whole group really” (Deaver, 302). The importance of these support groups as safe places has the ability to diminish feelings of loneliness and unsuitability as “The absence of accessible non-binary representations in available social schemas perpetuate erasure and at times, should binary assumptions be adopted and internalized, make non-binary people invisible to one another” (Cosgrove, 94). This lack of representation and examples affects Ben since they feel “Such a contrast from the other nonbinary people I’ve seen online. Their smooth, hairless, acneless faces, their trimmed hair that always seems perfect” (Deaver, 49), and thus support groups might have a positive effect in integration and fundamental representation and identification of several forms of presenting oneself.

After a particular serious episode of depression, Jayne did search for help through her university’s student services and although she got help, “Gina Lombardi’s a social worker, not, like, a psychiatrist or psychologist, which made me dubious at first, but she’s soothing to spend time with” (Choi, 42). Perhaps the fact that Gina is not a licensed psychiatrist or psychologist helps Jayne avoid the vulnerability and seriousness necessary for therapy. It is not until later, when her eating disorder is worse, that her life seems to be

losing its meaning, when June is close to having surgery, and her life choices seem to always backfire somehow that she breaks down and is more honest with Gina as she has ever been,

‘I feel like I’m out of control.’ I state it plainly as possible. Make the cry for help explicit.

‘On a scale of one to ten – with ten being extremely hopeless and out of control – where are you?’

I continue to stare. I can’t locate any of myself to make the assessment (Choi, 341).

Nonetheless, she feels embarrassed and a failure on account of her invisible illness,

I know it’s spoiled and reckless, but for a moment I’m jealous of June’s cancer. There’s such powerful recognition in the diagnosis. Everybody respects cancer. Being sick with cancer would explain my sadness, my sickness, my anxiety, and the horrible suspicion that everyone in the world was born with a user’s manual or a guide to personal happiness but me (Choi, 342).

A physical diagnosis is more socially accepted than one of an illness which there is no physical evidence of, only feelings and thoughts. Even though Jayne’s disorder is easily detected as her appearance and weight are noticeable, the impact of the strain her body and mind are faced with daily are invisible to everyone. After admitting that “ ‘I make myself throw up,’ I tell her. ‘Just so you know. I can’t stop doing it. And I haven’t had my period in a year’ ”(Choi, 343), Gina suggests a support group, stating that “ ‘It’s where I refer all of my patients who struggle with disordered eating. They’ll help you’ ” (Choi, 343).

After experiencing a severe binge-eating episode when Jayne realises the seriousness of her illness, Jayne’s experience in the support group is similar to Ben’s in that it was positive. At first,

Three thoughts persistently bang around in my head. That they’ll laugh me out of the room for not being fat or thin enough. That the lack of any cost of admission means it’s a cult. And that I’m not sick enough to be

with sick people and that being with sick people might end up being contagious. A truly diseased part of my brain wonders if I'll be able to pick up any weight-loss pointers (Choi, 358).

Jayne's worry about stigma and judgement - "No one looks like they're in enough pain. No one looks how I feel. No one looks like they do the things I do" (Choi, 359) - is also a way of judging. She was probably expecting people who looked broken but the sight of people who appear like they are healthy is a lesson to her: illnesses, especially, mental illnesses, do not choose class, gender, race: "I can't believe this man who's old enough to live through wars and probably protested against Vietnam would admit this to a roomful of people. I didn't know bulimics even came in male" (Choi, 360). The connection she has with these strangers who look nothing like her but are the same allows her to not feel alienated and understood in a way she has never been,

The stories around the room are astounding. I experience the repeated diagnosis of a feeling I had no words to articulate before. Secrets I didn't even know I was hiding. They talk about how desperately they believed that if they lost enough weight that they'd feel at home in their bodies (Choi, 362).

Although she realises "I am them. They are me" (Choi, 363), she leaves early as encounters "Cruella" who recognises her,

'Ingrid,' she says, placing her hand on her chest. 'We don't really know each other, but we also do. I see you all the time near my apartment. You must go to fashion school. I can tell because your eyeliner's always perfect' (Choi, 365).

As Ingrid encourages Jayne to go back and share her problems, as communication and understanding seem to be an important part of the support group and recovery, they exchange numbers in case of crisis, and she says

'Good luck, dear.' She slides the pen back into her hair. 'Keep coming back. This is the only place that will help you. Don't go floating off to Tahiti and think it's a cure. It doesn't work - I can tell you from experience. Florida doesn't work, either.' She laughs at this (Choi, 366).

It is interesting Ingrid mentions this as Jayne had mentioned to Gina how she felt like New York was such a place for her when she was in Texas, but Gina explains how

‘The foreign can seem fantastic, exalted, since its possibilities are infinite. We have no data or experience around it. But once we arrive and the faraway is known and becomes familiar, then what? (...) Have you ever considered that it isn’t the place that will improve your life? That there is no such thing as a geographic cure?’ (Choi, 340).

After leaving the support group, Jayne eats a meal at a restaurant feeling proud but also hoping “That my mangled body will be restored. I speak the words in my mind with sincerity and hope” (Choi, 367).

#### 4.3.1. Financial

Most characters are fortunate to be able to pay for therapy, or better, their parents or support system can. Yet, in *Yolk*, Jayne is only in therapy due to university services. While she is allowed to have a few consultations with a social services specialist, not a psychologist or psychiatrist, only eight sessions are paid for by the university. This short support brings into question how health services are usually insufficient to help patients. Mental health costs are high and usually not covered by insurance or national health services. In the latter, services are usually full to a breaking point and many patients have to wait months for an appointment which intensifies and worsens their mental state. “These mental health problems not only significantly impact the quality of life of those affected but also represent an important economic burden” (Arcand et al., 661).

The United Nations call attention to this in *Mental Health Atlas 2017*, a report put out every few years and admit that “Financial resources are an evident requirement for developing and maintaining mental health services and moving towards programme goals” (World Health Organization, 26). Member states answer a questionnaire (World Health Organization, 1) and evaluate how much progress has been made. High income countries have more and better health care services in mental health, as “The availability and utilization of outpatient facilities is dramatically different for countries of different regions and income levels for both outpatient adult and outpatient child and adolescent facilities” (World Health Organization, 42). It is important to mention that the characters in the books

analysed live in a high-income country and therefore potentially have access to mental health care, even if it is precarious like in Jayne's case, as the American health care system does not offer equal opportunities to care to its population. According to the information provided by this report, many children and adolescents do not have the same care. Although "The Global Target 1.2. of Mental Health Action Plan, states that 50% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments (by the year of 2020)" (World Health Organization, 18) the effort to provide mental health care to all populations will take years to happen.

The importance of these reports and efforts is undeniable. Nonetheless they also fail to acknowledge that although countries provide mental health care, they often do not offer it. In most countries, national health services have big waiting lists, and it takes a long time to be able to get an appointment, and in private practices the prices are a lot higher than what most of the population can afford.

#### 4.4. Relationships

##### 4.4.1. Family

As family is our main source of socialization and "The relationship between certain parental messages and perceptions of stigma among young adults suggests that parents are also affected by depression-related stigma and reinforce stigma through their communication" (Flood-Grady et al., 8) it is interesting to analyse parental impact and relationships in these books.

In *Just Breathe* (2020), Jamie seems to have a closer relationship with her mother due to the tragedy that both had suffered the previous year. Her mother became her support system without judgement for Jamie's illness, or actions. When Jamie gets depressed again after David goes into a coma, her mother does not blame her: "She knew no words would help at that point. She was reminding me with her presence that however bad it got – and it would get worse, we both knew that – she would be here" (McGovern, 227). It is Jamie's depression and her father's suicide that bring them closer. Before, as Jamie had been homeschooled by her father for most of her life and they both did art, she spent more time with him. But after her suicide attempt, "When I got out [of the hospital], I spent the rest of

the summer in my mother's constant company: at the hospital, at home, watching old movies" (McGovern, 269). The time they start spending together allows Jamie to connect with her mother and appreciate her: "Having spent so much time with my dad growing up, it was nice to learn new things about my mom" (McGovern, 269). Jamie's illness has also made her welcome her mother's traits:

I find comfort in being like my mom – working hard, thinking about others, learning practical skills – my dad is in me, too, popping out daily to make this boy [David] laugh. It feels like a high-wire act, too risky to get away with for long. I can't imitate parts of my charming, suicidal father and be sure only the charming part comes out (McGovern, 140).

In contrast, the similarities Jamie shares with her father scare her because she knows how depression works and where it can lead. While growing up, their relationship had been positive with the in mutual interest in art. When he was younger, her father

[w]as profiled as an up-and-comer in *Art World* magazine and had a gallery rep who sold his pieces to some of her wealthiest clients. He'd dropped out of school, believing the narrow aesthetic of the faculty limited students and made them all produce cloned replications of one another's work (McGovern, 210).

When Jamie chose to go to regular school in the hopes that would free her father to produce artistic work again, it does not turn out like she wanted which caused her to feel guilty for his depression and, consequently, suicide, even though her mother explains: "He wasn't depressed because you left him to go to school. He was depressed because he never became the artist he wanted to be" (McGovern, 126). Although he continued to work on his art,

After a few years of success with his painting, he shifted his focus into an obsession with trying new formats. By the time I joined him in his studio, he no longer painted at all. Instead, he made himself a beginner over and over – printmaking one year, graphic collage the next. As the projects got more experimental, he grew more insistent on defending their value (McGovern, 210).



This disappointment is what Jamie's mother was explaining. He tried to explore art in several formats, but the expectations failed to meet the reality, as he gave up time and time again to try another different format. While Jamie continued to do art in middle school, her father's reaction to the work she had produced throughout the school year in art class became an impediment for her to continue: "He flipped through the portfolio quickly and for a long time didn't say anything at all. Finally, he closed it up and said, 'Looks like you're moving on.' Next semester, I didn't sign up for art" (McGovern, 127). Her father's struggles with depression and silence impacted Jamie as well, as it discouraged her from doing something she had talent at and loved. Only when she is recovering from her depression after she and David broke the rules of the hospital, went out and David worsened, does she realise how much she had missed art:

I'd been so scared doing art would carry me back to memories of Dad, and it did, but not in a way that made me sad. Instead, I remembered the hours we spent together: my dad squeezing paint from tubes, washing brushes, adjusting lights, and setting us up (McGovern, 310).

Perhaps she was also scared of betraying her father by doing art with other people, not just remembering him and the time they used to spend together. Furthermore, Jamie is interested in different formats of art her father would not consider: "I'm interested in three-dimensional art, something my father always dismissed as belonging in the realm of craft shows" (McGovern, 312), which is curious because one of his arguments for leaving art school was because from his point of view teachers taught normativity, but he also seems to have an elitist approach to art as he seems to define it very narrowly. In contrast, Jamie's art teacher, when she mentions how much she enjoyed origami, which "[w]asn't art the way my father defined it (one of his first rules: art had to be original, not replicable)" (McGovern, 314), encourages her to try three-dimensional art: "He stares at me like I'm missing something obvious. Finally he says it: 'Three-dimensional art is allowed in this show. Why don't you try something that stays true to your original inspiration?' " (McGovern, 315). Although Jamie's father will always be her main reference when it comes to art, it is also positive that "Mostly I've realized it's okay to think about my father's ideas and disagree with some" (McGovern, 312). This realization allows her make peace with her father as an artist and perhaps also understand how his struggle was not her fault.

David's parents, although supportive, also try to treat their son's illness as serious but not enough for David to be treated differently as "My parents have spent my childhood shuffling me to activities so I wouldn't feel like a sick kid and no one would treat me like one" (McGovern, 26). Even when the Dr. Chortkoff – David's doctor – says David is extremely sick and that a lung transplant might be the only option (McGovern, 23), his mother

'He's too young for that,' my mom snaps. 'He's been healthy for seventeen years. He does his lung treatments religiously. He shouldn't be a transplant candidate for another ten years!' Her eyes have a wild fire behind them, as if she'll do anything to make her nonsensical point: *I'd rather have him die than admit he's sick enough to need this* (McGovern, 25).

Even as David starts to question whether or not he would still like to go to college the following year after his lung transplant, his parents think he is depressed and should start medication as previously analysed (McGovern, 95). Although David shows some symptoms of depression due to his possible terminal illness, college was a path he was already questioning before getting sicker:

Still, I pretended to fall in love from afar with schools in the same area. 'They all look great,' I said. I told people Brandeis was my first choice because it was thirty minutes from Tufts, Sharon's first choice. (...) On my college questionnaires and 'interest inventories,' I checked 'engineering' and 'math' as possible majors, but it's hard for me to imagine pursuing either one (McGovern, 93).

Because David's life expectancy after the transplant is not very long, "Five years is the goal everyone is shooting for" (McGovern, 88), as he learns from a cystic fibrosis site where patients discuss and share fears and hopes. Even though David tries to explain it as "I want to take control of the time I have left. I want to decide what's interesting to me and learn more about that" (McGovern, 97), his parents still see it as giving up. At the end of the novel David still decides against college, but "I promised them [his parents] I'd take some classes at the community college. I just want to make sure they're the ones that are interesting to me" (McGovern, 334).

The lack of acceptance of the seriousness of his illness upsets David to the point of not being able to talk openly about his condition, or anything that might be difficult to talk or deal with:

In my family, we're good at not talking about our problems. We soldier on and work hard and think about other things. We rise above like a phoenix, never once mentioning the pile of ashes we live in. We talk about talking, but never actually do (McGovern, 27).

This lack of communication also affects Eileen – David's younger sister – as she is not aware of how sick David is, because their parents seem too concentrated on resolving what might be unfixable: “ ‘Mom keeps calling doctors, saying she wants a second opinion, and Dad keeps going to Whole Foods and buying food for you’ ” (McGovern, 43).

Additionally, David admits how he and Eileen have been educated differently:

It's like we've had two sets of parents. Mine have their eyes trained on me all the time, attuned to every numerical fluctuation in my life: PFTs, GPAs. A dip in one and we spend a whole dinner discussing next steps. For Eileen, who established herself as a solid-C-student-reaching-for-Bs years ago, they'd just as soon not look too closely at anything, so they don't (McGovern, 44).

The freedom Eileen enjoys also allows her to be in trouble quite a few times but even then she does not suffer consequences for her actions. The previous summer she went to a party with older kids and was brought home by the police. David admits

You'd think such a warning would have produced a bigger response than it did. Instead of being angry, they took Eileen out for a 'special lunch' to talk. Later, Eileen did a hilarious imitation of Mom avoiding the subject of the party the whole meal. Though we laughed about it, we still haven't talked about what was she doing at a party with older kids in the first place (McGovern, 45).

While their parents are worried about David, which is understandable due to the seriousness of his illness, even though they do not admit it, Eileen is a second thought as “Some weekends neither parent can remember which friend Eileen is supposedly spending

the night with” (McGovern, 45). Although there is a clear difference between the two siblings regarding the amount of attention they have from their parents, Eileen seems to still care for and not resent David (McGovern, 46). They seem to be each other’s support system as they rely on each other for honesty and help. She counts on David when she is suspended (McGovern, 61) as he then realises “I have to draw a line. I need to take charge in a way that our parents can’t or won’t” (McGovern, 63) and makes her sign up for dance classes with Jamie at Starlight – where David met Sharon, his girlfriend – where he felt “Every Wednesday night felt like a fresh start. That’s what Eileen needs, I keep thinking. A fresh start” (McGovern, 64). Eileen is the one who is honest with David and finally tells him Sharon has been dating someone else

The room starts to spin, but it doesn’t have anything to do with my oxygen levels. ‘Why didn’t you tell me?’ ‘You were sick all summer. I could tell something weird was happening. What was I supposed to say: ‘Sorry your lungs suck and, plus, you have this other problem you don’t even know about yet?’ ’ (McGovern, 288),

Additionally, she also confronts him about his feelings for Jamie:

‘How about this? Who *has* been a good friend?’ Eileen says.

‘What do you mean?’

‘Think about it. Who was a good friend while you were in the hospital?’

‘You know the answer to that. Jamie.’

‘Right.’

‘What are you saying? That I should go sit with her friends at lunch today?’

‘You should think about the things you did with her. Like the origami and the old movies. You kept saying you wanted Jamie and me to be friends, but I think you’re the one who really liked her and wanted to be her friend. Maybe you wanted to be more than friends and you didn’t want to admit it’ (McGovern, 292).

The relationship they have with each other is based on support and care as their parents fail to communicate as they perhaps should. At the beginning, when they are alone in the hospital David wants to care for her: “What I really want to say is: *Don’t let me (and my illness) define you. Find what you’re good at and throw yourself into that.* Or maybe this: *Mom and Dad don’t see the truth like you and I do*” (McGovern, 48, italics in original) and when she realises how David is, she clarifies: “ ‘I’ll kill you if you die’ is all she says” (McGovern, 49). The support they offer each other is a response to the gaps of their parents’ failures, as the same happens in *Yolk* (2021) with Jayne and June as will be explored below.

As briefly explored above, Darius’ relationship with his father is an important part of the novel. Darius’ perception of his father’s feelings towards him is influenced by passive-aggressive actions in which his father tries to control and limit several aspects of his life and physical aspect: “ ‘It’s just... everything I do, he’s unhappy with me. How I cut my hair. What I eat. The backpack I take to school. My job. Everything’ ” (Khorram, 191). This also seems to be a recurring theme with the males in his family who are harsher with Darius and have stricter expectations of how he should be.

In several instants when Darius is picked on, his father does not defend him and tries to dismiss the situation as a misunderstanding as “Stephen Kellner always gave everyone the benefit of the doubt. Everyone except me” (Khorram, 184). This happens when Chip Cusumano – one of those who bullies Darius – grabbed his backpack and ripped it open when Darius tried to get away: “ ‘Sorry.’ Chip handed me a book from a few steps down. He had this goofy grin on his face as he shook the hair out of his eyes. ‘I was just gonna tell you your backpack was open’ (Khorram, 36). Upon seeing Darius’ backpack his father questions him about it and says, “ ‘All you have to do is stand up to him.’ ‘I did. He didn’t listen.’ ‘He’s only doing it because he can tell he’s getting to you’ ” (Khorram, 41).

As the novel progresses, their relationship gets frustrating with both spending less time together and barely talking: “I wished we could go back to that. To a time when we didn’t have to worry about disappointments and arguments and carefully calibrated intermix ratios. When we could be father and son full-time, instead of forty-seven minutes a day” (Khorram, 273). This climaxes when Darius has a fight with Sohrab and does not go home,

and later Stephen finds him. As Darius is already upset, when his father tries to comfort him, he snaps: “ ‘Sometimes I can’t help crying. Okay? Sometimes bad shit happens. Sometimes people are mean to me and I cry. Sorry for being such a target. Sorry for disappointing you. Again’ ” (Khorram, 283). Since this hostility between them has been growing for years, when his father starts telling Darius how much he loved him, Darius doesn’t believe him: “ ‘Being your dad is my first, best destiny.’ It wasn’t true. How could he say that?” (Khorram, 284). As Darius confronts his father about how he had stopped telling him bedtime stories, his father opens up about his struggle with depression for the first time:

‘I got so bad, I thinking about it. All the time. Dr. Howell put me on a pretty strong tranquilizer.’

‘Um.’

‘It made me into a zombie. That’s why I couldn’t tell you stories. I could barely tell the time of the day.’

I don’t know.

‘I lost myself for a long time, Darius. I didn’t like who I became on those pills, but they saved my life. They kept me here. For you. For your mom. By the time I was doing better and Dr. Howell tapered me off, your sister was born and I just... things were different. She was a baby, and she needed me. And I didn’t know if you even wanted stories anymore. If you were ever going to forgive me’ (Khorram, 285).

The honesty with which his father told him his challenges allowed Darius to appreciate him and understand his father’s passive-aggressive attitudes as his way of trying to protect him. His father also understood how much his actions hurt Darius by not being open with him:

‘I’m so sorry, son. I love you so much.’ I let Dad hold me, like the tiny potato-sack version of myself, sleeping on his chest when I was a baby. ‘You’re okay,’ he murmured. ‘No, I’m not.’ ‘I know.’ He rubbed my back up and down. ‘It’s okay not to be okay’ (Khorram, 286).

The understanding and support both characters have given and received allows their relationship to have a breakthrough and become closer. After Iran, at home, Darius and his father have new traditions in which they spend more time together, as each night,

While I steeped the tea, Dad pulled down a pair of cups for us and set them in the kitchen table. And then he sat down and waited for me. We had started doing this, most nights, after *Star Trek*. We sat together and I told him the story of my day. It was our new tradition (Khorram, 311).

Even with respects to decisions Stephen might have judged before regarding sports and jobs, he starts supporting Darius' decisions about what would make him happier

We sipped and talked. I was a little nervous to tell Dad what Coach Fortes said, but he surprised me. Stephen Kellner was full of surprises these days.

'Don't let him pressure you,' Dad said. 'But if you want to do it, we'll all come cheer for you.'

'Okay. Maybe. I don't know if I'll have time. I was going to try for an internship at Rose City Teas next year.'

'Paid or unpaid?'

My years burned. 'Unpaid.'

'That's okay. It would be good for you.' (...)

'Really?'

'Really. You love it. Right?'

'Yeah.'

'Okay, then' (Khorram, 312).

As explained briefly before, Darius' grandfather has a few similarities with Stephen: "I could sense the disappointment radiating from him" (Khorram, 102). Additionally, as he was warned about by his mother, Darius' grandfather has limited views

about depression and seems to have difficulty in showing affection which confuses Darius at first:

I didn't understand Ardeshir Bahrami.

Yesterday I wasn't Persian enough because I didn't speak Farsi, because I took medicine for depression, because I brought him and Mamou fancy tea.

He made me feel small and stupid.

Now he was determined to show me my heritage (Khorram, 158).

Babou's opportunity to show Darius and Laleh their heritage for the first time has a bittersweet factor. Although he is quite proud and is a way to show affection, he also knows that it might be the only opportunity he has and how Yazd is no longer the centre of the Bahrami family, which saddens him: "In that moment I understood my grandfather perfectly. Ardeshir Bahrami was as sad as I was. He rested his hand on my neck and gave me a soft squeeze" (Khorram, 231). He also tries to give Darius complements regarding his affection towards Laleh: "'You are a very good brother, Darioush-jan.' I blinked. It was the nicest thing Ardeshir Bahrami had ever said to me" (Khorram, 229). By the end of their time in Iran, Darius feels comfortable enough to hug him

I wasn't sure if he really wanted it, but I reached out and hugged him. His face was scratchy against my cheek. Babou surprised me when he wrapped his arms around me too.

'I love you, Babou.'

'I love you, baba. I will miss you' (Khorram, 300).

Even with his uncles, Darius has difficulty connecting with them, as they comment on some aspects of Darius' insecurities which hurt him: "'It's not the same, though. Dayi Soheil thinks I'm fat. And Dayi Jamsheed says I'm not Persian. But they like my dad. He's in there playing Rook.' I hiccupped. 'Everyone is disappointed in me' " (Khorram, 190). To the males of the family, Darius does not feel similar enough to any of them. Although, when they are all together, Darius gets emotional over feeling like he belongs:



I loved how their eyelashes were long and dark and distinct, just like mine. And how their noses curved around a little bump in the middle, just like mine. And how their hair cow-licked in three separate places, just like mine (Khorram, 174).

In contrast, the females are receptive and warm towards him. His mother seems to have the pacifying role between Darius and his father:

‘You can’t keep trying to control him,’ Mom said. ‘You have to let him make his own decisions.’

‘You know how he gets treated,’ Dad said. ‘You really want that for him?’

‘No. But how is making him ashamed of everything going to fix it?’ (Khorram, 60).

Dad looked at Mom. It was like they were exchanging telepathic messages (Khorram, 46).

Because she knows the good intentions behind Stephen’s actions she understands why he does them, although she does not agree with his ways. She also steps into this role with Babou as she reassures Darius: “ ‘He really does love you, you know. Even if he doesn’t always say the right things. He loves you’ ” (Khorram, 202). Although she is calm and caring, she also feels guilty for not having taught Farsi to Darius which would allow him to have a deeper connection with his grandparents: “ ‘It was my job to teach you. To make sure you knew where you came from. And I really screwed up’ ” (Khorram, 201).

Nonetheless, as Darius finds out about his father’s depression and how and it got, not only did he gain new appreciation for him, but also his mother:

I thought about her dealing with Dad’s depression for all these years. I thought about her dealing with mine too, and how much harder it must be with two of us. I thought about how painful it must have been, to want to help and not be able to. Not really. My mother was strong and enduring as the Towers of Silence (288).

This admiration for his mother, who seems to be as strong but still as caring for him and his family, which he compares with his grandmother, who also seems to be the rock of the family as his grandfather battles a brain tumor. Unlike his grandfather, Darius' grandmother finds showing affection easier: "Mamou smiled and scooted closer to kiss me on the cheek. 'Thank you, Darius-jan,' she said. 'Your gift was perfect.' I really loved my grandmother" (Khorram, 205). And, once more, when they have to say goodbye he reflects that "I loved Mamou's hugs, and her cooking, and her laughter. I loved it when she let me help her with the dishes. I loved it when we sat together and drank tea" (Khorram, 299).

In *I Wish You All the Best* (2019), Ben's relationship with their family is an important part of the novel as it is this dynamic that sets the story and its tragedy. As Ben comes out as nonbinary, their parents kick them out of the house, forcing Ben to reconnect with their sister – Hannah. As she takes them in quickly without judgement, she supports them throughout their new life together. Although Hannah's actions are noble, Ben still feels hurt that she left home without ever reaching out to them,

It took me almost a week to find the note hidden in our bathroom, the one with the name of her college and her cell phone number. Telling me to call her if I needed anything. I think it was supposed to be comforting, but really, it just made me mad. Because she'd left. She'd left me with them, to fend for myself (Deaver 48).

Although Hannah apologises soon after they reconnect, " 'I'm... I'm really sorry...' Hannah stares down at the wheel. 'For leaving you like that. I just couldn't stand it anymore, and when I found my chance, I took it' " (Deaver, 47), Ben is still hurt which is something they explore in therapy with Dr. Taylor. At first, this is an issue that Ben does not feel comfortable addressing as they feel like their grief towards Hannah is unfair as she took them in and is making efforts to be a good, understanding support system. Nevertheless, when Ben's parents show up at the art show and there is a fight, they ask Hannah to come in with them in their following appointment where they express all of this anger:

'I was just a kid. I didn't have a phone or anything. How was I supposed to call you without them knowing?'

‘I didn’t...’ Hannah runs a hand through her hair.

‘But that was it. A phone number I couldn’t call, and an address to a place I couldn’t get to. I understand that you had to leave. That you couldn’t take it anymore, I’m not mad at you for that.’ I wipe my eyes with my sleeve, and Dr. Taylor slides a box of tissues toward me. ‘But I was alone. I was alone and scared, and I didn’t really know what’d happened to you. You knew how bad they could get, and you just left me to fight for myself’ (Deaver, 267).

Similarly to Darius and his father, this outburst benefits Ben and Hannah’s relationship as she then tells them what happened that made her leave. How she was dating someone, suspected she was pregnant but the tests were negative. However, their mother found out and told their dad.

“[S]he told him [their father] at some point, and he exploded. Told me I was a disappointment, that he ‘didn’t raise a whore.’ That was the only time he ever hit me, and that was night I decided that I couldn’t be there anymore, and I figured after graduation was as nice a time as any” (Deaver, 274).

Upon hearing, “This mix of helplessness, guilt, the betrayal, the bile rising in the back of my throat. I get up from my seat and I walk over to her, pulling my sister into the tightest hug I can manage” (Deaver, 274). Although this does not change Hannah’s actions and Ben’s hurt, it does allow them a new closeness and understanding for each other’s grief towards their parents. Unlike some of the relationships analysed above, it is not this explanation that revolutionizes their relationship, as they had been able to positively bond before. It does, however, provide more honesty in their relationship and, therefore, better it. Previously, Ben has been grateful for Hannah’s help and afraid to be a burden even though she reassures them: “ ‘You just don’t need to worry right now, okay? Things are fine. Thomas and I both make plenty, and we also have our savings. You aren’t a burden or anything. I want you to know that. Okay?’ ” (Deaver, 182). Even as they go shopping for Ben’s clothes, Hannah finds sympathy for Ben as “I glance around for the dressing rooms, one clearly marked ‘male’ and the other ‘female.’ ‘Sorry, sib,’ Hannah says, realizing this for the first time” (Deaver, 168). Furthermore, in the same trip Hannah buys Ben a nail

polish and when they arrive at her house immediately tries it on them. Hannah takes the opportunity to ask Ben questions about their sexuality (Deaver, 176) to which they respond honestly, and Ben asks her what happened after she left home (Deaver, 179).

Although Ben and Hannah never discuss their parents, Ben admits to Thomas how “They [their parents] sort of had a no-talking-about-Hannah rule” (Deaver, 24). Additionally, they also tell Dr. Taylor that “ ‘Dad is... difficult.’ Especially with Hannah. ‘Mom isn’t great either. She never says much, not that she has a chance’ ” (Deaver, 95). Their parents are addressed mainly with Dr. Taylor as Ben does not mention them often. Ben acknowledges how Hannah’s departure made things worse:

After that [Hannah leaving], Mom and Dad changed. I sort of became the punching bag for all of Dad’s issues. He didn’t actually hit me, but overnight, I essentially became an only child. The focus of anything and everything. If I did something wrong, it was blown out of proportion. It was almost like they’d seen what’d happened with Hannah and were determined to make sure I didn’t turn out the same way (Deaver, 48).

Even though their father seemed to be severe and who established an austere environment, when Dr. Taylor asks about a fond memory Ben might have with them, they think about

The Friday nights we’d go out to dinner, Dad watching his terrible old Western movies way too loud or forgetting what he was talking about mid-sentence and Mom and I laughing about it. The days Mom and I would work in her garden, coming back inside sunburned. Entire days we’d spend alone, Mom shopping for something and me following her around cracking jokes (Deaver, 128).

Ben is confronted with feelings as Dr. Taylor soothes them: “ ‘It’s natural to miss them, Ben. They are your parents after all.’ ‘Just... after what they did.’ When I thought I could trust them. ‘I thought... I thought being their child would be enough for them’ ”(Deaver, 128). These emotions complicate Ben’s reaction when they see their mother’s message on Facebook where she apologises and pleads “*Maybe we could meet one day, in the city or something, and just talk? Please, Ben? You’re our child, and while we may not understand this part of you, your father and I would like to try and make amends*” (Deaver, 210,

original in italics). Although they are hurt, they agree to meet with their parents. Even though their parents are at fault, they still try to control Ben, especially their father: “ ‘You’ll come home after you graduate,’ Dad says, and I notice it’s more of a command than a request” (Deaver, 227). While this meeting is supposed to amend their relationship, admissions of guilt from their parents are said in a manner design to excuse the parents:

‘Listen.’ Mom sticks up a hand. ‘We’re still learning here. We made mistakes and we want to work to correct them. We’ve changed, we started seeing a counselor, and we’re working through some things. It was a difficult time. For all of us.’

‘You two hurt me,’ I spit. ‘Do you... Do you even realize the shit you put me through? Not just kicking me out, but the months of therapy I’ve had to go through to get past everything?’ (Deaver, 227).

After this meeting, their parents show up at Ben’s art show uninvited, acting as if nothing had happened that tarnished their relationship: “ ‘Don’t y’all think you should’ve messaged me first? To see if I was okay with this?’ I ask. ‘Oh, honey, don’t be silly. We wanted to support you.’ Mom bats at me with her hand” (Deaver, 249). Their presence leads to chaos as they encounter Hannah, and they start fighting and tell Hannah that Ben would go home after graduation:

‘Hannah, please stop. I swear to you, I’m not going back there.’ I stumble, nearly falling into the tile. ‘I never said I’d go back there.’

‘Ben.’ Dad actually looks surprised. ‘You said you’d come home after graduation.’

‘They aren’t going anywhere,’ Hannah says.

‘Listen here, you little bitch – ‘ Dad almost raises his hand. I can see the twitch of his wrist, stopping himself when he remembers we’re in public (Deaver, 253).

As Ben leaves this scene with Nathan, they realise

I already know my answer to Mom and Dad’s question. There’s no way I can go back to that house, not after everything they did. I want to believe

they've changed, but I truly don't think they have. I think this sort of change is beyond them. They aren't mature enough to have grown on their own (Deaver, 241).

While this relationship is finished and Ben does not want to see them again, they still feel sadness over their parents. Hannah has to remind them that "I want you to have a good life. I don't want you to waste years trying to forget about them like I did. You've got this amazing support system of people who care about you" (Deaver, 279). Hannah's support is crucial to Ben so they will not waste the opportunity to have fun with their friends and start living more carefreely.

*Yolk's* family relationships are complex as the novel focuses, once more, on how siblings can support each other through life and death. Jayne and June both live in New York but barely see each other, and only when June reaches out because she is sick do they begin spending more time together. As communication is not this family's strength, Jayne believes June does not like her,

That she resents me for being popular. That she blames me for her own unhappiness and wishes I was never born. That I'm a burden on Mom and Dad because I'm a baby who can't get over herself. That I'm vapid and vain and that I'm selfish. That I'm a slut and an attention whore. And that I don't call my mother or hang out with my sister because I'm ashamed of where I came from and that's why I'll never be happy (Choi, 45).

Although Jayne aims this at June, it seems that this is also what she believes about herself. In the rare moments Jayne and June talk honestly, they both get emotional: " 'You're so smart when you make the effort,' she says, and instantly my eyes well up. It's all I've ever wanted to hear her say" (Choi, 65). From a very young age June has been protecting Jayne, "In our small, high rise apartment in Seoul, way up on the eighteenth floor, I'd open the window and climb out. Lowering myself into the fish-tank-sized concrete flower bed by the kitchen" (Choi, 68) and it was June who finally got her to stop by throwing her favourite porcelain doll out of the window to show her what would happen. This is a parallel between the end of the novel in which it is also June who helps Jayne with her eating disorder " '[W]e can get whatever help you need. We'll get you the best. You just

have to get better' ” (Choi, 356). Although their relationship is complicated, June lets Jayne live with her (Choi, 79), as “Over the next few days June and I ease into a routine where she slinks off for appointments as I mince around, (...) To earn my keep, I cook and clean” Choi, 97). Jayne wants to support her throughout her cancer and make sure June is not alone and show how she is appreciated “I want to make June a cup of tea. Gather the remotes and phone charger and place them in her lap. I want to look after in some way. Let her know I’m aware of what she’s done for me” (Choi, 90). As they realise the implications of the switched insurance, and how if June died, Jayne would be dead on paper, Jayne warns: “You’d better not fucking die, June, I swear to God” (Choi, 205), and while she does not mention it, she cares about it more deeply than if it were just a matter of bureaucracy, resembling David and Eileen in *Just Breathe* (2020).

While June has always been Jayne’s support system, there is a lot of resentment their relationship. When Jayne finds out June stole her ID to be able to have health insurance for her cancer, they fight:

I cover my hot eyes with my cool palms as another thought clicks into place. I pull my hands away. ‘That’s why you didn’t want me to come to the doctor with you, isn’t it? You were hiding this from me.’

I can’t help it. This time, I really do laugh. ‘God, I can’t believe I was worried about you.’ (...)

‘You didn’t want to be there anyway,’ she shoots back, pointing at me. ‘I could see it in your face. You hate when people need anything from you. It terrifies you. I know it does. Don’t pretend to be something you’re not with your bullshit Florence Nightingale act. No one has any expectations of you, Jayne. Ever. You’re always going to run away with your loser friends that treat you like shit and get fucked up. That’s what you do. That’s who you are’ (Choi, 125).

Additionally, as June is the elder sister, she has been Jayne’s role model since they were children: “The funny thing about having an older sister play babysitter is that you’re only vaguely aware that they’re also a child” (Choi, 170). This imbalance puts June in a position of care and responsibility she is too young to have, even though, “No matter how much she

resented me and however much I disliked her, it was June's bed I climbed into every night" (Choi, 172). This shows how their time together has also built a bond deeper than they care to admit as adults. And, though they worry deeply about each other, they also know how to hurt each other as June is usually the harsher one: " 'You're more help to me when you stay out of my fucking way. Christ, Jayne. Look at you' " (Choi, 203). Especially when they are hurt, they direct their anger at each other, apparently common behaviour in their family, as Jayne admits: "Everyone in my family does this, gets really pissed off or shuts down when you ask them a question they deem too personal" (Choi, 64). Like Eileen, June is the one who confronts Jayne about her eating disorder and admits that " 'You scared me so much. Worse than Mom. Worse than anything. I almost didn't come here' " (Choi, 356). This confession is the incentive Jayne needed to go to the support group and start recovering.

Similarly to Darius' mother, Jayne's father is the pacifying figure between Jayne and her mother, who has difficulty in showing affection freely:

'You should have seen the way your mother started cooking when she heard you were coming. Ji-young,' says Dad, clapping me on the shoulder. 'It's all your favorites. You'd think you were getting married.'

'Nonsense,' says Mom sharply, swatting my father and putting on a green apron (Choi, 221).

Jayne visiting her parents is an important moment, but her mother acts as if it is not that special, even though she has tried to please Jayne through food. As strained as this relationship is, Jayne admits "I missed her so much, I want to crush her in my arms" (Choi, 216) and although her mother had just criticized the fabric of Jayne's dress, she tells her: " 'I'm glad you're home,' she says abruptly" (Choi, 225.) This difficulty in showing affection has made both Jayne and June feel unloved, particularly as their mother left when they were in high-school without explanation. It has naturally influenced how they experience her love, as June admits: " 'I always thought that if I just did everything the way she told me to, or the way she'd do it, that she'd love me more' " (Choi, 178). Because they were raised by the same people and experienced the same feelings, their insecurities seem to be identical, especially regarding their mother. Their reaction to this lack of affection is contrasting between the two: June makes peace with it and understands



“ ‘I don’t think you can change people by acting a certain way. Just like how being skinny or smart doesn’t make them treat you differently’ ” (Choi, 278); while Jayne tries to compensate by changing what she believes is wrong with her, such as her body, even though she admits that “Mom’s love language is to scrutinize and criticize all the physical attributes that you’re most sensitive about” (Choi, 233).

At the end of the novel, as June’s surgery is upon them, Jayne calls their mother, who flies to New York to support both of her daughters “ ‘I’m so glad you have each other. It lets me know that however much your father and I make mistakes, you’ll ultimately be okay’ ” (Choi, 381). Jayne clarifies with her mother why she left and what happened, as previously explored. This new understanding of her mother and grief allows Jayne to appreciate her mother and the relationship they can have. As June was taken to surgery they all shared a caring moment, as they have never before:

Pure terror is written on her face, as I’m sure it is in mine.

‘Juu,’ she says, eyes locking on me.

‘I love you,’ I tell her. I’ve never said it to my sister before. Ever.

‘Fuck, same,’ she says urgently, reaching for my forearms. ‘I love you. I love you, Mom.’

‘I love you,’ says Mom in Korean, holding my hand when June can’t anymore (Choi, 380).

The impact families have on adolescents’ mental health cannot be overestimated while analysing these books. In most of the books, siblings are the best support systems as parents fail to communicate clearly or recognise their mistakes. Family seems to have the most influence in adolescent and young adult mental health, both negatively and positively.

#### 4.4.2. Friends and Love Interests

*Just Breathe* (2020) focuses on the friendship of Jamie and David, who meet at the hospital, as already mentioned, where David is experiencing a flare up of his cystic fibrosis. After Jamie helps him during a crisis and calls a nurse (McGovern, 8) and David thanks her by email, where their friendship begins.

Both David and Jamie seem to create an instant connection as David feels very comfortable talking to Jamie about his health which he does not do with many people – or rather, no one, as the seriousness of his illness is usually avoided by his parents and his girlfriend, Sharon.

The first time Sharon visited, she came with our best friends, Ashwin and Hannah, which meant that – for another day, anyway – we weren't going to talk about how sick I truly am. We kept it light, like this was one of my usual hospitalizations. A round of antibiotics. A “tune-up” as we call them” (McGovern, 15).

Similarly to his parents, Sharon is not comfortable with David's illness as it gets serious: “I saw her eyes slide away from the drainage tube in my chest and the new machines I'm attached to. By the end, it was hard for her to figure out where to look” (McGovern, 15). Since they have been dating for a few years, David feels almost indebted to Sharon for she is the reason for many of his activities: “She got me to join student council at school. She talked me into running for president. She believes we can do anything we set our minds to” (McGovern, 29). Even when it comes to his disease, “She was the first one to tell other kids it was like asthma, only rarer. She made it sound mysterious yet strangely appealing” (McGovern, 30) which is an image he continues to portray as he later tells Jamie: “ ‘I have this whole thing at school – where everyone thinks I'm fine. They know my diagnosis, but we pretend it's a mild case and not really a big issue’ ” (McGovern, 55). Just as Ashwin, who he considers a good friend, although “I've always meant to become better friends with Ashwin, but I never have” (McGovern, 84). When David is in a coma, Ashwin remembers some of the names and updates David has mentioned before, to which David responds: “I'm touched. I can't believe Ashwin knows this stuff. It means he's quietly been going home and researching the updates I've mentioned. I thought my school friends weren't interested or couldn't deal with what I was facing, but no” (McGovern, 237).

Those who see to both David and Jamie as unreliable friends for multiple reasons end up surprising them. Ashwin surprised David, proving that although David is scared about the reaction of his peers to the reality of his illness, they are willing to face and understand his limitations. Bethany, one of Jamie's first friends, also offers her support and care when Jamie is not expecting it. After exploding with her friends, the previous year

(McGovern, 145) when her mental health was deteriorating, Bethany approaches Jamie at the beginning of the year in order to tell Jamie that she was not welcome to have lunch with them as Missy was still upset about what had happened. (McGovern, 21). But after returning to school following her bout of depression provoked by David's health condition, and her role in it, Bethany asked her if she was okay and "She gave me a hug, which surprised me so much I started to cry. Then I stopped myself and said, 'Thank you, Bethany. That's all. Just thanks' " (McGovern, 270). She then started to join her old group of friends for lunch as they also had new additions. One of them is Mary Ann, who had transferred from Catholic school where she wore a uniform and had difficulty in getting dressed every day, especially with pieces she was a little insecure about, which Jamie also struggled with when she stopped being homeschooled. Since they were both unsure, they agree to wear those clothes on the same day "I told her if she wore one of her T-shirts, I'd wear my scarf that looks like a tablecloth and, surprise, surprise, we both did!" (McGovern, 272). Although Jamie does not bond deeply with the other girls of the group, with Bethany and Mary Ann she feels comfortable sharing information about her depression (McGovern, 283).

As David and Jamie get closer, they start spending more time together even when Jamie is not volunteering at the hospital. Due to Jamie's father's influence they watch old films, some of which she had seen when she was homeschooled, and folding origami. When Jamie sees David's low mood: "I know this feeling. I pull a chair over and sit down next to his bed. I may not have many (or any) social skills, but I know how to sit quietly with someone who is sad" (McGovern, 51). She suggests that "Maybe you need a project. Something that requires using your brain but doesn't tax it too much. If your brain is busy, it's harder to ruminate. Ruminating too much isn't great for anyone" (McGovern, 51), and settles on origami. This is relaxing for both of them as allows them to have deeper conversations without worrying about judgement. Evidence of this is that Jamie is the first person with whom David share his hesitance towards college (McGovern, 54), and then he tells her about his project which focuses on positive thinking and happiness:

'Making a habit of optimistic, positive thinking. You have to train your brain not to see things negatively by replacing those thoughts with positive ones. I know it sounds a little simplistic. I was skeptical when I first started reading all this, but the more I research, the more sense it

makes to me, and I really think this is what I'm meant to be doing. I've finally found it! This is my project' (McGovern, 122).

David also collects “ ‘[q]uotations from famous writers on the greatest question every human being faces: How can I be happier?’ ” (McGovern, 123). Since Jamie battles with depression, the project sounds insensitive and hurtful as she explains how “ ‘*Get happy talk and positive thinking feels like bullshit to someone who's been depressed. It says it's your fault for not being able to think cheerful thoughts. It makes everything worse*” (McGovern, 125, italics in original). After explaining his full project, he tries to convince Jamie to help him get out of the hospital:

‘Not a full-on escape. Just a mini escape. For an hour or two. You bring clothes for me to wear. I change downstairs in a bathroom. I put them on, and you and I go outside. We breathe real air again. Maybe we even get real food. I'm talking about two hours tops. No one will even know I'm gone' (McGovern, 132).

It takes some convincing her, but Jamie accepts. In the first outing they have, they manage to go to a diner close to the hospital (McGovern, 137). No one discovers their plan and David feels better as soon as he is out of the hospital. Then, they risk it a little further and go to the cinema and watch a movie (McGovern, 167). Although the effort David must make to walk is bigger, everything goes well. The third time, as David asked to go to the Starlight dance (McGovern, 177), things do not go as expected. He realises that this dance is important to him, and that:

It's terrifying to realize this is more than admiration and friendship that I feel for Jamie. I wish I'd been able to talk to Sharon before tonight. On the phone with her last night, I thought about being honest and suggesting the break I'm almost sure we both want to take. And then I imagined being alone, and I got too scared (McGovern, 179).

Nonetheless, at the dance, because David wants to “*[f]it a lifetime into this dance*” (McGovern, 181, italics in original) leaves his oxygen tank outside which leads to having difficulty in breathing after such an effort: “It only takes Jamie a few seconds to hook the cannula around my ears and under my nose. It's a relief, but it's not enough” (McGovern,

183). Even then, David asks Jamie to kiss him, and she does, and while he recovers for a while he quickly realises “[s]he turned the oxygen levels too high. I used it all up and now there’s none left” (McGovern, 187).

As mentioned previously, David goes into a coma and his life depends on a lung transplant and this sends Jamie into a depressive state. Even in his out-of-body experience, he still looks for Jamie: “I can’t die yet. I have to talk to Jamie first. I have to see her so she knows that she did nothing wrong” (McGovern, 200). Though David knows Jamie is not guilty for what happened, his parents, the hospital and she herself do not think that way,

One of Rita’s favorite things to say when I was in the hospital was, ‘Remember, depression lies. It makes your brain think certain things are true that aren’t true.’ She might have been right back then, but she’s not right now. It’s not just my depressed brain thinking this. His family blames me. So does the hospital. So does the lawyer (McGovern, 229).

As explored earlier, Jamie goes into a deep depression and has to recover all over again. Even as David wakes up with new lungs, they do not speak as he does not remember the previous week before his coma very well. He tries to thank Jamie for her friendship and company while he was in the hospital but “In the end, I took the coward’s way out. Afraid of saying the wrong thing, I never wrote her at all” (McGovern, 259). So, when they see each other, David reacts awkwardly:

I breathe in and breathe out.

‘Jamie,’ I say, and hold out my hand. I need to say something more so she knows that seeing her again is different for me than seeing all these other people. She deserves more than ‘thank you,’ and I never even told her that much (McGovern, 263).

This reaction is hurtful to Jamie, and the next day when he tries to apologise it worsens the situation. Later, he apologises by email: “I came over there wanting to say hi to you and apologize for being so lame the first time you came up to me at school. I promise I didn’t mean to yell at your friends or embarrass you the way I probably did” (McGovern, 280). His apology and explanation to Jamie about his memory does not change her attitude towards him:

Even if he writes me charming, funny notes, I don't want to go back to the friendship we had. I don't want to wait for emails to come in. I don't want to check my phone every two minutes. I don't want to care the way I once did, when it only got me in trouble (McGovern, 282).

Learning from Eileen about Sharon's relationship with Nicolai, David breaks up with her (McGovern, 297) since he realises "It's strange, though – even as I wonder is she's texting with Nick, I also realize that I really don't care if she is" (McGovern, 295). He seeks Jamie to tell her about his feelings, but when he finds her in the art room, she is still defensive about her feelings and willingness to be his girlfriend (McGovern, 305). Despite this, she still asks him for help with the mobile for the art show she needs a last piece and Mr. Standish suggests three-dimensional art and origami. With David's help she manages to finish the piece, as she had imagined it, and win third place (McGovern, 329). David's support allows Jamie to think about their relationship and recognise that "[D]epression makes me very risk-averse. I think, if I don't take any risks, maybe I won't feel shitty again. But then I remember that taking risks is pretty much the only way to surprise myself" (McGovern, 336) which she does, as they begin their relationship.

In *Darius the Great Is Not Okay*, Darius does not seem to have friends until he meets Sohrab in Yazd. At home, in Portland, he is bullied by Trent Bolger and Chip Cusumano – whom he calls Soulless Minions of Orthodoxy - who complicate Darius' relationship with his father as he believes Darius should stand up to them (Khorram, 13). Of the two, Chip seems to be nicer as he tries to tell Darius that his backpack is open but rips it instead (Khorram, 35). Additionally, at the end of the novel, when Darius returns to school, he compliments him during the football game (Khorram, 305) and asks about his bike since he still feels guilty for having dismantled Darius' bike with Trent before Darius went to Iran (Khorram, 10), and he senses how different Darius is:

Chip grinned again. His eyes crinkled up, almost like a squint. 'You just seem different somehow.'

I shrugged.

'Maybe you brought some of your ancestor back with you.'

'What?'

‘Darius the Great. Or Darioush. You were named after him. Right?’

I was amazed that Cyprian Cusumano, Soulless Minion of Orthodoxy (maybe), has made that connection. I was amazed he knew the proper pronunciation. I was amazed he never once tried to make a joke about it.

‘Yeah. I mean, I was named after him, but I’m pretty sure we’re not related.’

‘Well, it’s still cool.’ Chip adjusted the rubber band holding his hair in place. ‘Hey. Glad you’re back, Darius’ (Khorram, 309).

Darius came back from Iran more confident, which is probably what Chip is referring to. Sohrab had an important part in Darius’ growth while Darius was abroad.

When Darius arrives in Iran, he meets Sohrab the next day when he helps Darius’ grandfather as he waters his fig trees (Khorram, 86). Once done, they go to Sohrab’s uncle’s shop and during the walk

I reached for something to say, but I came up blank.

Sohrab didn’t seem to mind, though. It was a comfortable silence between us. Not awkward at all.

I liked that I could be silent with Sohrab.

That’s how I knew we really were going to be friends (Khorram, 94).

Sohrab must have felt a similar connection because he invites Darius to play football with him even though Darius “[w]asn’t sure why I had agreed. I didn’t like soccer/non-American football that much. Somehow Sohrab made it sound like the best thing ever” (Khorram, 97). By the end of his trip, Darius has a similar feeling towards football: “Playing soccer/non-American football with Sohrab, Asghar-Samwis-Frodo, and the rest of my team was genuinely fun” (Khorram, 249). The first time they play football, they were joined by two other boys, Ali-Reza and Hossein, and while Darius thought they were Sohrab’s friends, “It seemed I had misread the situation between Sohrab and Ali-Reza, who had acted like friends, but were clearly engaged in some sort of personal vendetta that could only be settled through soccer/non-American football” (Khorram, 108). Sohrab later

explains to him that “Ali-Reza is very prejudiced. Against Bahá’is” (Khorram, 110) which Darius can relate to because he is not accepted either by his peers. Whereas Darius supported Sohrab in his difference, when all of them were taking showers after football, they started to make fun of Darius’ penis, comparing it to the turban of Ayatollah’s – “Iran’s Supreme Cleric: the absolute religious and governmental authority” (Khorram, 115). Darius is extremely hurt that Sohrab, who he thought was a friend, had not defended him, when “[i]t’s just that Stephen Kellner isn’t circumcised, and even though it was ubiquitous in Iran, Mom thought it was important for the son to look like the father” (Khorram, 118). Later Sohrab apologises and explains that he is usually the teased one and it was nice not being it for once: “I mean, I could understand where Sohrab came from. It sucked being a target all the time” (Khorram, 130).

The sympathy and understanding they develop with each other allows them to have an honest friendship, free of judgement. When Darius tells Sohrab about his depression, he is surprised by his friend’s lack of judgement his friend even when he complains about his father: “Sohrab is a good listener. He never played devil’s advocate or told me what I was feeling was wrong, the way Stephen Kellner did. He nodded to let me know he understood, and laughed if I said something funny” (Khorram, 193). This later makes Darius feel ashamed as he learns that Sohrab’s father was arrested because

‘You saw in the news about the protests? Years ago. When there were elections?’

‘I think so?’

I would have to ask Mom to be sure.

‘There were protests here, in Yazd too. My dad was there. Not protesting. He was on the way to work’ (Khorram, 193).

Even when Darius feels like he does not belong in his family as he is different from his father, grandfather and uncles, Sohrab comforts him: “ ‘Everyone wants you here. We have a saying on Farsi. It translates ‘your place was empty’. We say it when we miss somebody.’ I sniffed. ‘Your place was empty before. But this is your family. You belong here’ ” (Khorram, 190). and repeats it when Sohrab admits that he did not have friends either before Darius, “ ‘Darioush. You remember what I told you? Your place was empty?’



‘Yeah.’ ‘Your place was empty for me too,’ he said. ‘I never had a friend either’ ” (Khorram, 196).

Sohrab shows affection to Darius freely: “He collided with me and gave me a sweaty hug and a slap on the back, then threw his arm over my shoulder as we headed back to the locker room” (Khorram, 110). He also gives Darius gifts: “I knew soccer/non-American football jerseys weren’t cheap. Sohrab could have used that money on some new cleats for himself, but he had gotten me the jersey instead” (Khorram, 181). Darius appreciates all of it as they both defy what “men are supposed to be like” by showing emotions and affection towards each other “I didn’t know how to say goodbye. But then Sohrab pulled me in and hugged me” (Khorram, 297). Nonetheless, when Sohrab’s father dies, he lashes out at Darius when Darius goes to his house to give him some cleats before discovering what had happened, “ ‘You are so selfish. My father is dead and you come over to play football?’ ” (Khorram, 278). Darius feels guilty and sad for Sohrab, who continues: “ ‘Stop crying! You’re always crying! Pedar sag. Nothing bad has ever happened to you. You do nothing but complain. You’ve never had anything to be sad about in your life’ ” (Khorram, 279). Not only does Sohrab take Darius’ insecurities and use them to hurt him, he also calls him a “pedar sag” which he had explained before to Darius it is an insult: “ ‘It means ‘your father is a dog’. It’s very rude’ ” (Khorram, 111). Darius is very hurt and this is the point of the novel where he explodes with his father and learns about his father’s struggles. His entire family supports him, even his grandfather

‘Dariouh,’ he said, so soft, only I could hear him. ‘Sohrab is hurting right now. But it’s not your fault.’

‘Um.’

‘You are a good friend, baba. He is lucky to know you.’

He let me go and patted me on the cheek.

He almost smiled.

Almost (Khorram, 291).

Even so, Sohrab does apologise to Darius the next day when he realises that he had hurt Darius.

‘I’m so ashamed,’ he said. ‘Friends don’t do what I did.’

‘Friends forgive,’ I said.

‘I didn’t mean it, Darioush. What I said. I want you to know.’ He finally met my eyes. ‘I’m glad you came. You are my best friend. And I never should have treated you that way’ (Khorram, 294).

They say goodbye and even though they live in different countries they continue to be friends and “He and I emailed every day. Well, it was more like every other day, given the temporal differential involved in waiting for a reply. Sohrab lived half a day into the future. This is why I hate time travel” (Khorram, 310).

Ben, like many of the characters, does not have friends either, except Mariam, who is a digital creator who Ben reached out to when they were questioning their identity, “Their videos are the reason I know what I identify as, and when I finally mustered the courage to come out to someone, it was Mariam” (Deaver, 34). Not only are they Ben’s only friend, but also, they are an example and model for Ben as someone nonbinary living their life naturally.

When Ben transfers school, Nathan is the first person they meet and who shows them around, but to Ben he can be overwhelming as he is very energetic: “Not that I don’t appreciate everything he’s done, but Nathan can be a little...suffocating. In a good way. If there really is a god way to suffocate. He seems so eager to do everything” (Deaver, 44). Even as Nathan continues to invite Ben to have lunch with him and his friends at the school cafeteria, Ben still finds it easier to stay in the quad drawing. It is only when they both arrive at school earlier and talk in the quad, where Ben even shows him one of his paintings (Deaver, 81), that Ben finally accepts to go to the cafeteria for lunch (Deaver, 86), where they meet Meleika and Sophie with whom they seem to have a connection:

I laugh so they know it’s a joke, and they both start chuckling, so I’m taking that as a good sign. I’m actually a little proud of that one. ‘He’s got jokes,’ Meleika adds. Sophie taps her nails on the table. They’re painted this really neat turquoise. ‘I like you, Ben’ (Deaver, 91).

Ben and Nathan start spending more time together after lunch as Ben offers to tutor him in Algebra (Deaver, 92) and starts drawing him, which Nathan likes: “ ‘I don’t know. But

people need to see your stuff. It's amazing.' He looks back at the sketch pad, staring in silence. And I feel my heart thudding in my chest" (Deaver, 115).

Nathan, like Sohrab, does not offer any judgement when Ben confides in him that their parents kicked them out: " 'No one should have to go through that,' he adds, like it's an afterthought" (Deaver, 160). He supports Ben, even as they have a panic attack at the party they go to:

I finally manage to spit out something. 'I'm sorry.'

'It's okay, just take your time.'

'Can we go?'

'Yeah, of course.' He reaches for me again but stops short. 'Can I touch you?'

I nod. 'Sorry, I just—'

'No, it's all right. Come on.'

The hand on my back doesn't make me want to gag anymore. In fact, I'm certain that Nathan is doing most of the work as he walks me back to his car, even going so far as to open the door for me (Deaver, 152).

Or, when Ben meets their parents (Deaver, 233) and as their parents go to the art show and have a fight with Hannah, it is Nathan that Ben relies on: "I shake my head and turn to look at Nathan. 'Can we leave?' 'Yeah...' he says after a second. 'Sure, come on.' Nathan's grip tightens, and he leads me around the corner. Right to the door" (Deaver, 254). As Ben starts to realise that they have a crush on Nathan, they also worry that they are too complicated for him for being nonbinary:

'You deserve a happy life, Ben.' Mariam keeps going. 'More than anyone I know. You're such a smart kid, and you're so kind, and you've got so much love to give.'

'Sometimes the world isn't so fair,' I say.

'I think you're a living testament to that. Don't you think you owe it to yourself to at least try?'

Nathan is always flirty with them, for when he gives Ben his phone number: “I unfold the note and stare at the ten-digit number he’s written inside, along with the message scrawled messily underneath. *Text me ;)*” (Deaver, 87, italics in original), and even when Ben texts him about tutoring, Nathan continues the conversation

**Nathan:** So what’re you wearing? ;)

I swallow all wrong, and it’s almost like I’ve been swallowing knives instead of a handful of Doritos.

**Nathan:** jk, jk, kiddinggggg!!!

He sends this last one a few seconds later. I wonder if he can tell that he almost gave me a heart attack (Deaver, 103).

Ben starts to realise that they want to come out to Nathan, even if it scares them because “Every ‘boy’ or ‘him’ has been like a stab in the gut. And for some reason, it hurts worse when it comes from him” (Deaver, 110). Though they are nervous they say it: “ ‘The reason I left home, the reason I was kicked out of my home...’ I breathe. ‘Is because I’m nonbinary’ ” (Deaver, 297). Nathan’s reaction is nothing like Ben had expected as he apologises for misgendering them:

‘I wish I could have known.’ His voice breaks, and I feel his tears fall on my hands. ‘I’m so sorry, Ben, I’m so, so sorry you had to put up with it. And I’m so sorry I did that to you for so long.’ He’s full-on crying now, and it’s making me cry more, and we’re both blubbering messes (Deaver, 298).

Even as Ben comes out to Meleika and Sophie, they admit that “They both had a few questions, but they seemed to understand and apologized for months of accidental misgendering” (Deaver, 323). Their friends, much like Hannah and Thomas, are supportive and accept Ben for who they are, unlike their parents.

Although Nathan tries to ask Ben to the prom (Deaver, 311), Ben does not want to go, so therefore Nathan manages to arrange a special occasion in his house to welcome Ben and tell them about his feelings:

‘I really like you, Ben. I really, really, really, like you,’ he finally says, and I can almost see his shoulders relax. ‘I’d use the other L-word, but if I’m being a hundred percent honest, it scares the absolute shit out of me.’ He takes a deep breath. ‘And I’ve spent months trying to figure out how I could tell you without scaring you away, or making you hate me, but yeah’ (Deaver, 313).

As their friendship evolves into a relationship, Mariam invites Ben to

[j]oin their channel, to speak with them at conferences and events. To build something that could continue to help kids who are like us. It’d taken a lot for me to say yes, mostly because I didn’t feel like I deserved it. My track record talking about my identity wasn’t the best (Deaver, 322).

Additionally, both Ben and Nathan, who got accepted into UCLA (Deaver, 276), have to move to California. Although Ben’s last year of high school was not the easiest, they managed to find a judgment-free support system which allows them to be themselves and channel their grief and experience into helping other young adults who might be struggling like they did.

As previously mentioned, *Yolk*’s Jayne seems to have relationships with people who do not care for her as her self-esteem issues surface. Ivy, who she met at a bar (Choi, 30) also has an eating disorder which Jayne finds validating at first:

I wanted to ask if she did things the way I did. Whether she left her body on the fizzy, glittery, shit-faced nights we saw each other and collected it on the other side of the morning trying not to think about everything that happened in between (Choi, 150).

Although Jayne considers her a friend, Ivy does not appear many times in the novel since their friendship seems to develop in party environments and unhealthy eating behaviours. Thus, when Jayne leaves the support group the first time she goes, she thinks about Ivy:

I text Ivy and tell her I’m thinking about her. I ask her how she’s doing. I realize how superstitiously I believed that if I just got away from her, I’d

stop. That maybe we both would. I tried to blame her for everything when all she did was remind me of the ugliest parts of me (Choi, 366).

At the beginning of the novel, she lives with Jeremy, as briefly mentioned, but he is not respectful, as she admits to Patrick: “ ‘I started hooking up with this grifter who moved into my apartment, and he fucked a whole bunch of other people right in my bedroom while I slept on the couch’ ” (Choi, 322). Furthermore, Jayne has helped him with the design for his literary magazine although he has never thanked her or mentioned her when he is featured in an article,

[t]hank me for the sleepless nights he’s hovered above me nitpicking as I made tweaks to his logo. Acknowledge me in any way for the lost time, the small hours when he brought me coffee with kisses and encouragement, when my rip in InDesign crashed, dropping fonts and losing layouts because he had a last minute “ideation all-hands” (Choi, 71).

Not being mentioned or appreciated for her effort, Jayne kicks him out of her house (Choi, 73).

Jayne’s eating disorder, lack of self-esteem and love seem to be reflected in all her relationships, not only that with Jeremy. However, her first experience with relationships, with Holland Hint, in high school aggravated her self-worth even more, as she believed “I was finally the lead. I was the love interest. I was the one they were singing about in every single pop song” (Choi, 267). Although they had kissed, “The next morning, he passed right by me as if nothing had happened. And still, two weeks later, I’d silently lost my virginity in that room” (Choi, 270). Her first sexual experience becomes the reference for the following ones, until she has sex with Patrick: “My heart actually aches, it’s so full. When he presses into me, I don’t feel invaded. I didn’t know about this. This other sensation” (Choi, 327).

Jayne’s relationship with Patrick is different from her previous ones, as mentioned. Unlike Jeremy and Holland, Patrick seems to care for Jayne, for she has always felt that,

He watches me in a way I remember from when I was a kid. With intensity. Almost as if he’s recording me with his eyes. It’s the opposite

of everyone in my life who is constantly looking past me. I don't have to vie for his attention (Choi, 136).

They have known each other for years, as their families attended the same church and Jayne liked him: "At church, Patrick was a feeling. A giddy, swirly bubbling that flushed my face, but I couldn't talk to June – or anyone from school – about some boy from church" (Choi, 37) but even though he tried to show her he liked her too, " 'But I talked to you,' he says, taping his chin. 'Or at least I tried' "(Choi, 178), showing his interest. Jayne did not believe that was possible and when they meet in New York the first time, she wants to show him that she has changed, "I want to tell him that the greaseball fat kid he knew back then is dead. That I'm exciting now. Desirable. That admirable people have made all sorts of terrible decisions with me" (Choi, 144). While their connection seems instant, as they talk with easy and honesty about several topics, including their culture and parents, "I've never talked about my parents this frankly with anyone. Not even June" (Choi, 164), Patrick does not tell Jayne he has a girlfriend. When Jayne encounters them, she is hurt, "I'd let my guard down with Patrick, and that was my fault. I should have remembered: Everyone is disappointing" (Choi, 288). Calling Jeremy (Choi, 290), she returns to a way of punishing herself for trusting Patrick.

Later Patrick explains that " 'We had an open relationship because she wanted one,' he says. 'It wasn't working. So we broke up' " (Choi, 319) and although he had tried dating multiple people simultaneously (Choi, 320) but he did not enjoy it as it was too stressful. Lastly, as they spend the night together, Patrick reassures Jayne:

'I know I haven't been completely honest with you,' he says. 'But I'm super done dating randos. I like you. So, um, please stay the night. You're the one who keeps trying to run out of here. You don't have to feel like you're overstaying your welcome with me' (Choi, 329).

To Jayne, having someone like Patrick who has seen some of the issues she might have, is proof of how her beliefs about love were incorrect:

Honestly, Jayne, if you were literally any other woman in this city, that would've been it. Actually, no, none of this would've happened in the

first place. I would have tapped out a solid seven moves before that. But you're you (Choi, 318),

But he likes her still, as she is always portraying a 'low-maintenance' image so that men will like her and do not see her as 'high-maintenance'. The idea that he likes her despite her issues is an important step which might even help her recover her self-esteem.

#### 4.5. Religion

Not every character has a direct relationship with religion, but Jayne and Ben mention how religion and religious communities have impacted them.

Jayne's parents, especially her mother, are active members of their religious community, as they are part of the choir (Choi, 248). Her experience with this community is strongly marked by their comments about her body and weight "[w]ho'd gamely pat my love handles and pinch my cheeks. 'It's not the meals she eats at home that are the problem,' Mom would say in a stage whisper. 'Texas sized means Texas thighs' " (Choi, 129). These comments affected Jayne and her self-esteem so deeply it triggered her food behaviour and, consequently, an eating disorder. Her value was defined by her weight, and when she goes to Mass years later she is complimented on her body,

'You look fantastic, Jayne,' one of them call out to me from the two pews over, wriggling her fingers in greeting. She has a dewy, open face and frizzy bangs. 'You'd never know how fat you used to be,' she stage-whispers. 'You're a stick. A stick! And you must be at least hundred and seventy centimeters tall. You could model' (Choi, 250).

Absently, this woman is complimenting Jayne's harmful behaviour towards her body. A reward for her sacrifices. In Jayne's case the religious community with which she interacted contributed to her ill-being.

Ben's experience is different, judgement arrives from their mother in her intolerant religious beliefs. When Ben comes out to their parents, they later recall how she said: " 'God doesn't want this for you, Ben' " (Deaver, 11). Her belief system prevents her from instant acceptance of her child. Although Ben does not discuss their religious life, they do not believe their mother when she says such mistake. They explain how



Mariam and I have had long conversations about being religious and nonbinary. For Mariam though, their hijab represents comfort, security, a connection to their faith. They could spend hours talking about how it made them feel. (...) For a second, I remember what Mom told me that night. How God doesn't want this. Mariam's the only reason I don't believe that. (Deaver, 68).

Ben has a connection to religion, and it is clear their parents are believers, even if they do not mention how religious or active members of a church they are. This connection, however, is one which comes from a place of heteronormative beliefs and rejects Ben's identity.

Nonetheless, "A substantial portion of this literature has found positive relationships between religiosity and mental health including studies showing religiosity related to less depression" (Heo & Koeske, 92), and although both characters experience mostly judgmental and negative relationships, at the start of the Jayne's recovery she finds comfort in praying for herself and strength to keep eating and not resorting to ill habits, and Ben do not let one person's interpretation of religion to impact their own faith.

It is important to mention that Ben's mom's beliefs are an interpretation of God's words, which usually preach about unconditional love and peace. Each organized religious community has their own set of beliefs based on different interpretations of these words which mainly benefit their own interests and negative judgments mostly about sexual, gender, and identity minorities. This impact can be explained by a study that "[h]as found that religiosity possessed benefits for mental and physical health through enhanced purpose in life (a measure independent of religious reference), but it tended to be related to worse health outcomes as a direct influence" (Heo & Koeske, 103), which is how both Jayne and Ben experience religion and faith.

Darius, however, does not have a direct relationship with religion but it is a connection with his grandfather, who he meets in Iran for the first time. The grandfather, a stoic character, is Zoroastrian, a religion which is "[p]atrilineal, which meant that even though Mom had inherited Babou's religion, she couldn't pass it on to me and Laleh" (Khorram, 133). There is an initial lack of connection and also a similarity with Darius' father: "I never expected Ardeshir Bahrami [his grandfather] to have to so much in

common with his son-in-law” (Khorram, 102). This makes Darius feel, once more, like a disappointment to another male figure in his life, especially as his grandfather has a different view on mental health and makes Darius uncomfortable over not being Persian enough. Nonetheless, he does want to introduce Darius to his heritage and share special moments even if he does not quite know how to show him, “Darius the Great was a diplomat and a conqueror. And I was just me. ‘Your mom and dad picked a good name for you.’ Babou put his arm on my shoulder. I swallowed and followed his gaze to stare at the carving” (Khorram, 158).

When the family visits “The Towers of Silence where Zoroastrians buried their dead – it was called sky burial – had stood sentinel over Yazd for thousands of years” (Khorram, 229), Darius’ grandfather shares how their family have been in the same city for generations and how “Soon maybe there will be no more Bahramis in Yazd” (Khorram, 230) which leaves Darius sad by seeing his grandfather “[s]o small and defeated then, bowed under the weight of history and the burdens of the future” (Khorram, 230). And when Babou is not well enough to show him the last place related to their ancestors, Darius feels close to them and Babou:

Standing in that temple, staring into the fire that had been burning for hundreds of years, I felt the ghosts of my family all around me. Their soft presence raised the hair on my arms and tickled at my eyelashes.

I wiped my eyes and stood there, lost in the fire.

I knew that Babou was going to be one of those ghosts soon too (Khorram, 271).

Although Darius, like the other characters, does not have a direct relationship with his family’s religion and faith, visiting these places has allowed him to create a connection with his grandfather and his heritage.

#### 4.6. Gender

Gender stereotypes limit several of the characters as it deteriorates their mental health by not corresponding to how they believe they should act or behave:

That is, our perceived notion of what it is to be a man or a woman is created and reinforced through our interactions with society. As a result, societal norms help determine behaviours that seem appropriate and desirable for men and women (Straiton et al., 30).

Building on this, Darius is evidence of inadequacy regarding gender as he admits

I mean, guys are not supposed to love their little sisters. We can look out for them. We can intimidate whatever dates they bring home, although I hoped that was still a few years away for Laleh. But we can't say we love them. We can't admit to having tea parties or playing dolls with them, because that's unmanly (Khorram, 16).

Although he is considered a good brother by his family and Sohrab, he is still cautious about this affection as being male, in his understanding, is associated with the strength of men protecting women, and the weakness of women needing protection from men. Nonetheless, in this novel, women are the evidence of strength as they support the family, particularly the men, through their struggles with mental and physical health with compassion and, simultaneously, force.

Darius' emotions are also a source of stress for him, as once again men are perceived as emotionless, as emotions are a characteristic associated with women. Although he knows "Dr. Howell says that crying is normal. He says that is a healthy reaction" (Khorram, 118), he still feels weak as he cries.

Jayne feels female stereotypes not only through her appearance, but through expectations that she should be powerless, as she tries to seem 'cool' for potential romantic interests, "I didn't want to be accused of being high-maintenance. It knew it to be the worst possible insult that could be hurled at a girl" (Choi, 267). The negative connotation of 'high-maintenance' is usually associated with women who demand and express their needs, which might translate to the "effort" and "work" the partner does not want. As Jayne leaves Patrick's apartment and he offers to call a car, "Hopefully he'll see my refusal as I intend it. That I don't take up much space. That I'm agreeable, low-maintenance, chill" (Choi, 186) which agrees with the patriarchal view of women as an accessory to a man's life without causing trouble or bother. Additionally, stereotypes regarding sexuality are

also exemplified here as Jayne lost her virginity to Holland Hint, a popular boy, and “I thought no one knew. But a few days later, the rumors began. My friends became distant and more boys came calling” (Choi, 270), and she is then “sluttshamed” with the phrase “JAYNE IS A CHINK SLUT” (Choi, 150) written on a bathroom stall, while he does not suffer any consequences.

Ben’s experience with gender is deeper than the other characters as they identify as nonbinary. At several moments in the novel, the comparison with the male stereotypes Ben does not fit are evidently uncomfortable as it is a source of stress and anxiety for them. As Ben and Hannah go shopping, they admit

I mean, I should expect these kinds of things by now. Every retailer pretty much does the same thing. Men’s, women’s, and children’s sections; even the ones with neutral changing rooms can’t escape the way things are gendered (Deaver, 168).

Even as they are out to Hannah and Thomas, wearing what they wanted is still not as option as they feel “Boys aren’t supposed to wear dresses. Even if I’m not a boy, even if clothing shouldn’t be gendered. Whenever anyone looks at me, that’s all they see” (Deaver, 169), and therefore, they will be judged and unsafe if they wore them. There are several things they do not feel comfortable yet, as even painting their nails was “Another thing to add to the ‘I’ll Never Be Able to Go Out Like That in Public’ list” (Deaver, 174). While they do paint their nails with Hannah later, when she asks if they are going to school with nail polish Ben decided not to: “Part of me just wants to say fuck it, but high schools are rarely the most progressive places on earth, and the ridicule would be endless” (Deaver, 182). Even when Nathan asks Ben what their favourite color is, at first, they are apprehensive about giving an honest answer and Nathan has promise that he will not laugh:

‘Pink. I like pink.’

‘Pink is a perfectly acceptable color. Why would I laugh?’

I shrug. Because pink is “girly,” because for some reason even colors have assigned gender. Because I’m supposed to be a boy, and boys aren’t supposed to like pink (Deaver, 197).

Gendering colours, clothes, activities and so on, serves social norms adapted to consolidate heteronormative ideas within patriarchal systems, as

Wearing pink is not biologically natural for girls, nor is long hair, lipstick, cooking, and being obedient. Expecting boys to be fond of trucks as they throw blocks in the block corner is also socially constructed behaviour rather than biological fact (Lehr, 4).

Though Ben does not fit the stereotypical 'male' as they also do not identify as one, they have a stereotypical idea of how nonbinary people should look, as previously mentioned: "[T]heir smooth, hairless, acneless faces, their trimmed hair that always seems perfect" (Deaver, 49). They do not fit in that stereotype either as, additionally, their relationship with their body is complicated, "Bodies are fucking weird, especially when it feels like you don't belong in your own. But it's too late for puberty blockers, and surgery isn't something I want" (Deaver, 49).

Gender and stereotypes could be further explored in these books as they offer examples which affect adolescent and young adult mental health, but they have generally been covered in earlier sections.

## 5. Conclusion

As mental health awareness has become increasingly important in a world of pandemics, climate change, and social and economic inequalities, books have the potential to offer solace for those suffering, giving them references to relate to, as well as providing narratives in which there is a hopeful ending.

The impact of the Covid-19 pandemic has increased worries regarding mental health and wellness as it “[i]nvokes feelings of fear, uncertainty, and anxiety” (Trzebiński et al., 544). As the world faced several, restrictive lockdowns mental health quality decreased, especially in children and adolescents: “According to the latest available data from UNICEF, globally, at least 1 in 7 children has been directly affected by lockdowns”. Schmit et al. report how

Adolescents consistently experienced an increase in nervousness (>20%). Those aged between 14-19 years also reported heightened levels of worries, overtiredness, underactivity, sadness and mood changes (>20%). Only adolescents aged 17-19 years, frequently (>20%) experienced an increase in fears about school and crying (6).

As mental health declined and became an even greater challenge for many young people, book sales soared as many turned to books for comfort and entertainment when faced with lockdowns and crisis, and indeed sales are still increasing in 2021:

Print sales finished 2020 up 8.2% over 2019, and that strong performance continued into 2021, with units jumping 18.5% in the first six months over the comparable period in 2020. With the exception of the juvenile nonfiction category, all the major publishing categories had double-digits sales increases in the first half of the year (Milliot).

Thus, since “Publishing has always been a reflection of the world in which it operates, with novels based on stories ripped from the headlines and nonfiction that takes its cue from the real issues that readers face” (Corbett) it is timely that publishers continue to make their contribution to social awareness and increase publications about mental health, especially those targeted at young people who tend to face many mental well-being challenges, as previously mentioned. In the efforts of promoting mental health UNICEF advises

Instead of focusing on conditions to be diagnosed and medicated, mental health needs to be understood as a continuum – at any stage of our lives, we may experience varying degrees of it. We may enjoy life but also have periods of distress. And some may suffer long-term and disabling mental health conditions (UNICEF).

Covid-19 underlined how mental well-being is important, especially in times of crisis. The publishing industry has carried out an important function in serving readers throughout the pandemic and has an increasingly significant role in the education of readers and raising awareness towards mental health and illnesses. While nonfiction and self-help books might seem the obvious medium, fiction can also serve this purpose through relatable characters and recognisable struggles. Moreover, young people are more averse to reading nonfiction and self-help books than are adults.

While some people may dismiss Children’s literature as inferior to Adult literature, the books analysed in this thesis attempt to provide an insightful view into how Young Adult fiction can deconstruct stigmas and stereotypes regarding mental health, specifically depression. Mental illnesses do not discriminate against age, race, class, gender, or any other social category. *Just Breathe* (2020), *Darius the Great Is Not Okay* (2019), *I Wish You All the Best* (2019), and *Yolk* (2021) tell stories about teenagers and young adults who struggle, due to several reasons, with their mental health, how they cope with it and how parents, friends, and love impact upon their battle through pain. While these books are fiction and have constructed plots, they also share accurate information and truthful experiences with mental illness in the world in general. A study from the Netherlands has shown that “Young people wished for more awareness among youth around mental health problems. They hope that by sharing information and experiences it becomes normal to talk about mental health problems and to ask for help” (Leijdesdorff et al., 6). Thus, publishing books which address stigma around mental health can impact the way adolescents and young adults see mental illnesses through their honest portrayals in fiction, shifting negative, stigmatised ideas like those many young patients report “Needing help produced feelings of shame and only acceptable if mental health problems were severe or escalating” (Leijdesdorff, 4). One of the main goals for UNICEF in battling and supporting child and adolescent mental health is communication, which “[m]eans breaking the silence surrounding mental health, addressing stigmas, improving mental health literacy, and

ensuring children, young people and people with lived experience have a voice” (UNICEF). In this process “[p]ublishers can be agents of change. They can impact society, simply by the types of content they publish” (Kolman). In this case, the publishing industry can impact society by not only entertaining, but developing awareness towards mental health and, consequently, providing young adults with tools which might help them survive.

Furthermore, because the readership of YA fiction is also comprised of adults, there is an opportunity for generational share and change. Books that approach topics which might be deemed as difficult to talk about but which ultimately are part of the human experience, whether positively or negatively, have the power to reach readers who might be struggling, as Sarah Barley, editorial director at Flatiron Books, tells *Publisher’s Weekly*: “These books really speak to universal experiences about community and belonging. I don’t think those stories should be niche-published. They’re for everyone – adult crossover readers, too”. Although Barley is referring specifically to questioning sexuality, this can be applied to a range of subjects. It is not imperative that those who read novels about mental illnesses should be only those suffering from them, but also those who do not, as such books may help them to be aware of how mental illnesses can affect lives and lead these readers to be more empathic towards those who struggle with them. This struggle is exacerbated by the fact that “The fear of harsh words, laughter and abuse that underline the stigma around mental health make it harder for children, adolescents and caregivers to express their feelings” (UNICEF).

The social impact publishers can have by raising awareness towards topics such as mental health helps to provide a safe place for education and comfort, because as Rachel Falconer rightly clarifies “Although reading is often a solitary experience, it is also a very difficult experience to keep to oneself” (24). The books studied in this thesis offer not only honest depictions of mental illness and several of its impacting factors, but also an opportunity to ignite valuable conversations and the empathy necessary to change societal behaviours regarding mental health and gender.



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