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Under a Lonely Sky:
Fictional Representations of
Mental Illness in Literature

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ABSTRACT

Under a Lonely Sky is a doctoral thesis in creative writing comprising a literary prose artefact in the form of a young adult fiction (YA) novel, along with a critical component (exegesis) subtitled ‘Fictional Representations of Mental Illness in Literature’. The novel, *Under a Lonely Sky*, depicts the journey of my protagonist (a seventeen-year-old girl) through mental illness, namely major depressive disorder, borderline personality disorder, and post-traumatic stress disorder. I explore what it is like to live with mental illnesses, while navigating challenging circumstances such as being orphaned, first love, and the challenge of forming a self in an unstable world. The exegesis engages and imbricates multiple topics, foregrounding the potential role of a novel as a resource for those struggling with mental illnesses. I review clinical literature on relevant mental illnesses, along with more critical theoretical challenges to the clinical model, as aids to achieving more accurate representations than are often evinced within the YA genre. The notion of ‘triggering’ when used in relation to reader responses to fictional narratives is investigated in terms of how the term originally stemmed from PTSD-related medical literature, in contrast to its more generalised usage in contemporary culture today. I also explore the fictional depictions of mental illness in a wide body of narrative media, namely novels, television shows, and films, highlighting the problematic glamorisation and potential triggers these depictions can pose for at-risk people. Māori myths and legends that underpin my depiction of themes of life and death in the novel are discussed, along with the depiction of sex in YA literature, and how it has been comparatively absent in such novels until recently: a deficit I seek to address in the novel. Finally, the critical component culminates in an exegetical discussion of how *Under a Lonely Sky* seeks to integrate these concerns into a compelling fictional work.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in black ink, appearing to read "Mary Williams". The signature is fluid and cursive, with the first name "Mary" and the last name "Williams" clearly distinguishable.

01/09/2023

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FICTIONAL REPRESENTATIONS OF MENTAL ILLNESS IN LITERATURE

DEDICATION

This document, the critical component (exegesis) of my PhD, outlines the research that I undertook in my doctoral studies, as well as the process of producing the creative artefact.

I come from a lineage of storytellers. My father died when I was very young and so my only connection to him was through my paternal grandmother. While I did not spend much time with her, I came to understand that our cultural background was filled with oral storytellers. To tell tales, whether it was classified as mythology or simply an account of something that happened to us in the past, was understood to be a way of connecting, of remembering, of bonding to one another when we may think we have nothing in common, even if we have everything in common. As I grew up, I realised that to relate in this way was such an integral part of being human and is woven deeply into many, if not all, cultures, especially my own.

Through this journey I was able to use parts of my own life for inspiration and transform them into fiction. I wove in elements of Māori mythology to ground my story with threads of my culture. Even though my grandmother, father and mother are no longer alive to see my work, they have informed my life, which automatically weaves these threads into the fabric of the stories I tell.

I hope that this story allows others to feel connection in some way too.

Research Question(s)

How might a novelistic treatment in the young adult (YA) fiction genre, informed by my own experience and wider critical reading, potentially contribute in a sensitive and supportive way to the conversation around mental illness, and in particular clinical depression and youth suicide in New Zealand, a country that has some of the worst statistics in this regard in the developed world?

This topic is important because of the seriousness of said statistics. There are many ways to provide resources that could contribute to bringing understanding to this issue, one of which could be a novel. In what follows, I undertake a brief and selective review of mental health and illness clinical literature that helped inform my representation with current conceptualisations of conditions I fictionalised to achieve more accurate depictions. Clearly, clinical literature on mental illness is a vast field and it is beyond the scope of my research to engage with it other than strategically, i.e., to the extent that it can help inform my fictional representation of such illness. In particular, I was interested in clinical literature around the notion of ‘triggering’ (i.e., of emotional distress in response to a stimulus) and how this may or may not relate to fictional representation or popular discussions of the subject. However, I draw on critical theory to help contextualise the clinical literature and draw attention to its potential limitations. I also briefly touch on ideas derived from Māori myths and legends, specifically so I can connect with the belief of the East and West Coasts representing life and death respectively, and how I mobilise this in my use of place and space within the novel.

Secondly, I review the portrayal of mental health and illness in selected YA fiction and related literature. Mental illness in adolescents has become an increasingly popular topic in a variety of old and new media texts (books, poems, films, and television shows). However, in existing YA fiction, such portrayals can be deeply problematic (Olan & Richmond, 2023; Hendrickson, 2018). I have observed the danger of these depictions being glamorised (portrayed in such a way that makes characters alluring or more interesting to the reader specifically because of their mental illnesses) such as in Ellen Hopkin’s *Impulse* (2007), where a character is shown to be mysterious and fascinating, in part because she self-harms frequently. This glamorisation of self-harm also occurs in Patricia McCormick’s *Cut* (2000) and many others. Additional questionable portrayals of mental illnesses will be examined further below. Some depictions may be actively triggering for certain readers, though as will be discussed shortly, this is a vexed issue.

Consequently, I aim to tell a story in a way that can be emancipatory for sufferers of mental illness and teenagers who struggle with different facets of mental illness. I also discuss the depiction of sex within relevant literature, and how it affected the construction of my own novel.

Lastly, I will combine many of the different subjects discussed in the exegesis and within the section titled Practice-Based Diary. I will discuss how the research informed the writing of the creative component, as well as showing excerpts from the novel to demonstrate how the research was implemented.

This exegesis contains varied subjects and discussions, therefore the tone in each section differs. For example, the analysis of trauma theory is more formal compared to the colloquial nature of the Practice-Based Diary section. The writing style of each section is reflective of the content in question.

As this is a predominantly creative project, the medical and research-based literature was there to support and guide the decisions I made in developing the creative artefact. However, it did not dictate my treatment of events in the novel, as that had the potential to overdetermine or stifle flow, while also risking becoming didactic (e.g. along the lines of a self-help book). Ultimately my project is primarily artefactual, and the theory was there to facilitate, not necessitate action.

In regard to the framework of this exegesis, a patchwork approach has been used. There are many varying topics within the exegesis, that have all contributed to the formulation and moulding of the creative component. This patchwork approach was vital as there were many aspects of mental illness, trauma, depiction of sex etc, that were being siphoned into the creative component. The exegesis is showcasing only some of what went into the novel, therefore the stitching of different theories and models was appropriate for this piece of work, and no singular methodology would have been suitable for the nature of this project. In Walter Benjamin's *The Arcades Project* (1982/1999), he introduces the concept of the 'ragpicker theory'. The ragpicker refers to one who collects discarded items (in this case often what others have cast aside) in the aim of transforming them into something of value. Benjamin described it as 'he makes a selection, an intelligent choice; like a miser hoarding treasure, he collects the garbage that will become objects of utility or pleasure when refurbished' (p.349). Benjamin suggested that by using this ragpicker theory in a context of history and cultural analysis, historians could gather seemingly unimportant fragments of the past and assemble them into meaningful narratives about society and history, and that by using these 'scraps' that could have been

overlooked by others, it would create a more well-rounded, inclusive and nuanced understanding of the particular history and culture being examined. Benjamin's ragpicker theory has also been used in creative practices such as film (Sinnige, 2019), as well as other disciplines including literary theory and postmodernism architecture (Salzani, 2009).

Much like Benjamin's ragpicker theory, I have collected fragments of theories and models that best suited the creation of the creative component with the aim of having a patchwork of information to produce a balanced and comprehensive artefact.

The creative component of my project comprises eighty percent of the research weighting, and the critical component (or exegesis) the remaining twenty percent. My novel centres around a seventeen-year-old girl, Elle, who has lost both her parents in a car accident. She experiences symptoms of major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and borderline personality disorder (BPD). A common experience of PTSD can be that of 'numbing emotions' (van der Kolk, 1994), which is what Elle displays at the beginning of the novel. She meets a boy, Jude, and they begin a relationship that is the catalyst to Elle beginning to feel emotions again, both positive and negative. The novel explores what occurs when Elle is able to face her mental illness symptoms while also navigating challenging circumstances outside of herself.

As Bourke and Neilson (2004) state, the creative component is commonly conceived as 'always already research' (p. 1) in higher degree education, and this research may be experientially based. My own experience of and struggles with mental illnesses informs the novel, though not in an autobiographical way. In terms of motivation and rationale, I wrote this to try and show YA readers that no matter how awful things seem, there is always light and hope, and that if they are experiencing similar things, they too can get through. Where the novel seeks to make an original contribution is in its critically informed and researched representation of these types of mental illnesses, which I do not believe has been done sufficient justice in extant YA literature, at least not in a manner that is informative yet sensitive to vulnerable readers. Thus, the literature that has been reviewed informs *how* I depicted the various symptoms of mental illnesses. It is my belief that the literature review is in some ways the most important part of my critical research as it shows what has already been done in literature similar to my own.

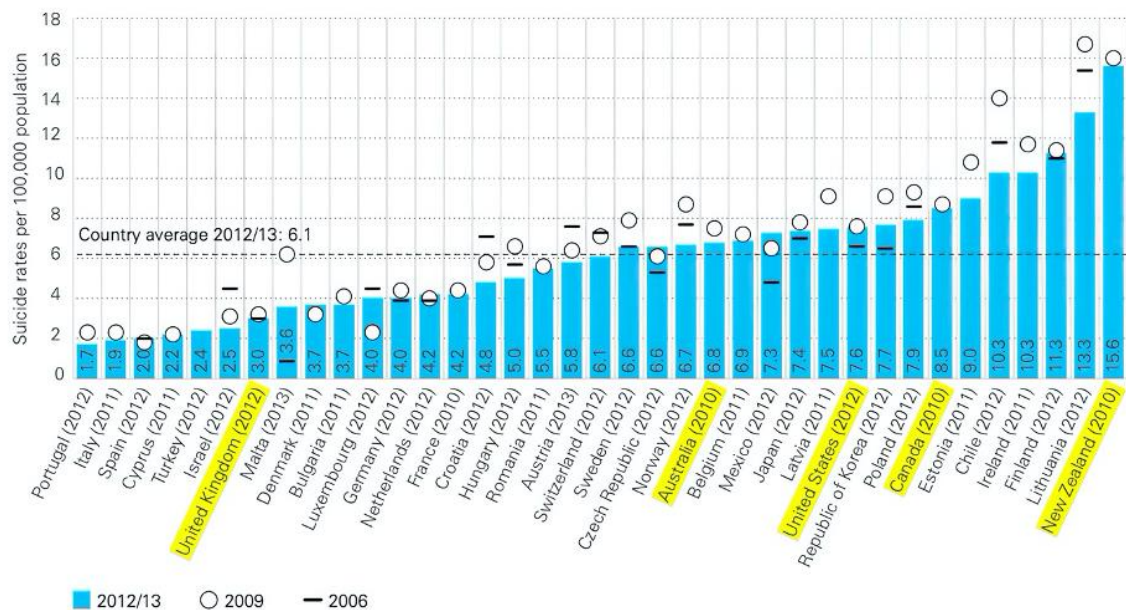
RATIONALE AND SIGNIFICANCE OF STUDY

Having grown up in a Western country, I have been surrounded by westernised views on mental illness and its treatments as well as the creative media that portray it, which is reflected in my choices of fiction to review. It is also relevant as my own work is aimed at a similar demographic. The target audience for my novel is westernised, predominantly English-speaking countries, namely Aotearoa New Zealand, Australia, the United Kingdom, the United States, and Canada, although I am hopeful the novel's themes will appeal across cultures. Notably, these countries are all to varying degrees afflicted by high rates of youth suicide. While the data in *Figure 1* is somewhat dated (it is difficult to find updated information for such a specific age range), it suggests youth suicide rates are significant in all these countries, though particularly so in New Zealand.

Figure 1

Suicide rates of adolescents aged 15-19

Suicide rates of adolescents aged 15–19 per 100,000 population, based on the latest available data (2009–2013)



Note. From *Building the Future* (p.21), by C. Brazier, 2017, United Nations Children's Fund (UNICEF). Copyright 2017 by United Nations Children's Fund (UNICEF). Reprinted with permission.

In 2017 New Zealand was identified as the country with the highest teenage suicide rate in the world (Brazier, 2017), although I acknowledge there has been evidence showing countries such as China possibly under-reporting their rates (Li & Yip, 2020).

While there has been increasing government funding towards helplines and free counselling (Ministry of Health, 2022), I believe there is space to create supportive resources beyond these traditional forms. Having literature that a teenager can potentially connect to, and that can make them feel understood while reading about someone else successfully navigating mental illness, could instil hope and be supportive in more culturally engaging ways than current assistance available.

My fictional writing is also informed by critical readings of relevant clinical and associated literature in order to provide more accurate and nuanced representations than those that are discussed in the literature review section. In this case, however, ‘informed’ does not mean that the creative artefact was overdetermined by the empirical research, for reasons stated above. However well-informed, the development of the novel remained determined by the imperatives of creative fiction. While I could not second guess readers’ responses to my own work as that was not the aim of my project, I did endeavour to avoid content that research and/or my own experience suggested could be triggering to readers (e.g. graphic descriptions of suicide run the risk of being used as a how-to manual), and to provide a supportive rather than sensationalised account. As someone who has a history of mental illness, where the formal research is lacking or inconclusive I sometimes used my own response to texts in order to determine those boundaries.

MENTAL HEALTH AND ILLNESS

Mental health is defined by the World Health Organisation (WHO) (2020) as ‘Mental and psychological well-being. WHO’s work ... includes the promotion of mental well-being, the prevention of mental disorders, the protection of human rights and the care of people affected by mental disorders’ (p.1). When I refer to mental health it will be to a person’s general psychological well-being. Mental illness refers directly to poor mental health and/or a possibility of a mood disorder being present. While the term mental illness includes all mood disorders, I will only define those that will be directly used in my creative component due to limitations of space and relevancy to my project. Please note that while I do define these specific mental illnesses, it is for the sake of wanting to portray them within my novel with a degree of accuracy. However, I am not a healthcare professional and therefore my knowledge of them is narrowed to the descriptions within the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of*

Mental Disorders 5th edition (DSM-5) (2013), as well as the research from the Fictional Representation of Mental Illness in Literature section.

As mentioned, the mood disorders that will be defined are major depressive disorder (MDD), borderline personality disorder (BPD), and post-traumatic stress disorder (PTSD).

I note that according to Te Whata Ora – Health New Zealand (2022), within Aotearoa it is largely Māori males who make up the majority of those choosing ‘suspected self-inflicted death’ (p.1). The most common age range is those 20–24; however, Māori males are the leading casualty in all age ranges. This information is incredibly alarming, and Curtis et al. (2013) reasoned that this statistic could be for a myriad of reasons, including socio-economic issues. While the protagonist in my creative component is statistically less at-risk as a seventeen-year-old Pākehā (New Zealander of European extraction; white New Zealander) girl, the risk is still relatively high, and this appears to be an under-researched area.

MDD encompasses all depressive disorders. According to *DSM-5* (APA, 2013), the commonality between the depressive 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’ (p.155). MDD is categorised by ‘episodes’ lasting at least two weeks; however, they usually remain for longer. There are many symptoms that can signal a person is experiencing a major depressive episode (MDE). The symptoms I focus on in my creative component are ‘depressed mood most of the day’ (p.160), insomnia, fatigue, belief of being worthless, distinctly reduced pleasure in activities, preoccupation with thoughts of death, and repeated suicidal ideation. *DSM-5* (APA, 2013), states that suicidal ideation is the contemplation of suicide without a ‘specific plan’.

BPD is categorised as ‘a pervasive pattern of instability of interpersonal relationships and self-image’ (APA, 2013, p.663), which can include (but is not limited to) symptoms such as desperate avoidance of abandonment, impulsive behaviour like excessive drinking and sexual encounters, ‘recurrent suicidal behaviour’ (APA, 2013, p.664), and mood instability due to a reaction from a distressing situation. BPD has been linked with the loss of a parent at a young age as well as abuse, both physical and sexual (APA, 2013; Mainali et al., 2020). According to *DSM-5* (APA, 2013), both MDD and BPD can occur at once. Symptoms of post-traumatic stress disorder (PTSD) are also

prevalent in my creative component. However, PTSD and trauma-related discussions will be focussed on in a separate section below as they are delved into in more depth.

There are many more symptoms to the aforementioned mood disorders, but given the limitations of space I chose to only include the symptoms detailed above, which appear in my creative component.

OVERVIEW OF RELEVANT MENTAL ILLNESS LITERATURE – TRAUMA STUDIES

As a starting point in my research into the clinical literature I investigated where the term ‘triggering’ derives from, as this word is frequently used in the mental health field as well as in popular cultural contexts, but there are differing interpretations of it. I felt it was important to define the variances, which led me into trauma studies, which was where the notion of being ‘triggered’ originated.

Triggering is a term used frequently in the mental health field, defined as generating an emotional and generally negative reaction (Black, 2009). Originally, to be ‘triggered’ in the context of mental health and illness had a different definition, which derived from research into PTSD. PTSD is described in the *DSM-5* as ‘exposure to actual or threatened death, serious injury, or sexual violence’ (APA, 2013, p.271), either by undergoing the trauma directly or observing someone else’s trauma. In some cases, it can also be hearing about a traumatic event that happened to someone close, be it a friend or family member. Repeated persisting trauma has also been shown to cause PTSD, such as being held captive, whether that be in sexual exploitation, prison, slave labour camp, or many more situations. Prolonged trauma leading to PTSD can also be in the form of emotional and physical abuse. The definition of what is traumatic is highly dependent on the person in question: what someone experiences as life-threatening can differ immensely, and many people are able to process their experiences and not have them manifest in PTSD (APA, 2013). Breslau (2009) states that PTSD is the most common psychiatric outcome after experiencing trauma.

When PTSD was recognised as a mental illness in 1980 by the third edition of *DSM*, the most common symptom that patients were experiencing, according to Bryant and Harvey (1996), was ‘dissociative flashbacks’. Brewin (2015) explains that these flashbacks appear as vivid memories, causing the person to feel or act in a way parallel to when the trauma occurred. Sometimes they even feel as if the event is happening once

again. These episodes are unintentional and can be uncontrollable as they tend to evoke powerful sensory experiences that give the impression of the event occurring in the present. Flashbacks can be triggered by sounds or smells that remind the person of their trauma (Murray et al., 2020), or it can even be from simply hearing or reading about an experience similar to their own (APA, 2013). As distinguished in the most recent *DSM-5* (APA, 2013), there is now a scale to the level of flashback mentioned above. Flashbacks can be anything from one experiencing a momentary visual glimpse or other sensory intrusion involved with the traumatic event without actual loss of present surroundings, to a more extreme flashback where one experiences a total loss of awareness. Other common symptoms of PTSD can include upsetting dreams involving the trauma in some way, or ‘intrusive recollections’. This is when the individual is triggered by something in their every-day life, and they remember an aspect of their trauma. However, it is different from a normal memory as it is heightened with emotion. According to the PTSD-based model, these types of uncontrollable responses, whether flashback or intrusive thoughts, are what is referred to as being triggered (APA, 2013). Brewin (2015) makes a valid point, which is, how does one distinguish memory from a flashback? He states that a memory is something that can be retrieved willingly, whereas a flashback is experienced without intention, as it is a reaction to something that has been triggered in the present, which actually happened in the past. ‘Some report complete reliving, whereas others report more momentary or partial reliving of perhaps just one aspect of the original experience’ (p.2).

Political Animal Magazine (2016) discusses how the term to be ‘triggered’ in modern day society has been separated from its original meaning. Seemingly, it no longer has to involve the notion of remembering a traumatic experience or an associated flashback. It can simply be that the person who was supposedly ‘triggered’ was in a situation that they disliked. The article disagreed with this shift, arguing that there is an enormous difference between being triggered in what is defined by medical literature as a person’s experience of reality or the world being altered negatively, causing distress and a dramatic change in perception, and simply disliking something. Similarly, in psychology to be triggered is not simple displeasure, but to have an uncontrollable response, as described in the foregoing. Unfortunately, the term to be ‘triggered’ has recently become a popular culture term, where it is often used without recourse to medical or psychological literature.

Cathy Caruth was a pioneer for trauma studies in the 1990s and studied trauma from a different perspective to that which has been discussed thus far. In Caruth’s

Unclaimed Experience: Trauma, Narrative and History (1996), she theorised that trauma is much more than simply having a distressing experience; its root cause is often life-threatening, ultimately resulting in flashbacks and other distressing symptoms thereafter. Caruth did not disagree with the identified causes of trauma, but argued that when trauma transpires, the brain is not able to assimilate the information or event/s that have occurred because of how a person's view of the world, or their safety in it, has been detrimentally altered. This failure to process information shows that trauma exists outside of normal memory, as the person cannot integrate it in the way they would any other experiences. Because of this non-computation, Caruth says that trauma has a type of inexplicability around it, in that because a person cannot process the event normally, they are not able to verbalise it in a reliable way.

She makes another salient point regarding what part of trauma it is that affects us so:

Is the trauma the encounter with death or the ongoing experience of having survived it? At the core of these stories, I would suggest, is thus a kind of double-telling, the oscillation between a crisis of death and the correlative crisis of life: between the story of the unbearable nature of an event and the story of the unbearable nature of its survival. (pp.7–8)

While Caruth is not a focal point of my research, according to Leys (2000) she was an innovator in trauma studies, and the part of her research most challenging to my literary evocation of trauma is that it becomes in a sense unspeakable. This was important to my consideration of people who experience being triggered by various texts, but also when considering how to portray my protagonist, as she is someone who is suffering from trauma. Ultimately, I decided that while Caruth's theories are important to note, in regard to my novel I was only able to portray symptoms of PTSD based on the *DSM-5*'s (APA, 2013) description of symptoms as well as my own experience. I also feel that writing in itself is imperfect and therefore a re-telling of trauma would always be a different version of the trauma itself, especially when taking into consideration writing techniques to portray things in specific ways to the reader. Excerpts for the end result can be found in the Practice-Based Diary section.

In the context of my own study, when I refer to being triggered it will be in the form of having these PTSD-like symptoms of flashbacks or 'intrusive recollections'. This

is why it has been crucial to define PTSD and its symptoms, as at present there are different interpretations of it.

In the review of literature section, I periodically discuss whether I was personally triggered by the works reviewed. I factored in my own response to the literature, as there is a dearth of research available – outside of anecdotal online discussion – as to whether people who read or watched these works were triggered or not. Thus, my own experience with mental illness was one of the sources I could truly rely on. I am aware that an exegesis within a PhD thesis becomes public (unless embargoed) and have therefore been judicious with regards to the more intimate dimensions of my interaction with the literature for reasons of personal safety. Overall, I have sought to achieve a balance between disclosure that is helpful and vital to the discussion in terms of my creative processes, and that which is potentially personally harmful or in excess of purpose.

REFLECTIONS ON CRITICAL THEORY

Given the empirical orientation of the medical-diagnostic research foregrounded to this point, it is worth bearing in mind more critical theoretical approaches to such scientific models. French philosopher, social theorist, and historian Michel Foucault (1926–1984) is known for his sceptical approach to Enlightenment claims to monopolise the production of knowledge, and thus for post-Enlightenment viewpoints within philosophy, sociology, and history (Macey, 2019). For the purpose of this exegesis I will be focussing on some of his thoughts around mental illness, drawing from his formative works *Madness and Civilization: A History of Insanity in the Age of Reason* (1965) and *The Birth of the Clinic: An Archaeology of Medical Perception* (1973).

One of Foucault’s arguments in *Madness and Civilization* (1965) is that mental illness, or what he calls ‘madness’, is a social construct. He reasoned that what is construed as madness alters across cultures and time periods, and therefore attitudes toward it are shaped by social and cultural factors. As a consequence, these views are changeable and suffer from a degree of arbitrariness. Foucault also critiques the medicalisation of mental illness, which occurred in the seventeenth century when emphasis was put on medical scientific reasoning. Discursively, the Age of Reason constructed madness as its polar opposite and therefore aberrant by nature. This led to the rejection of alternative ways of understanding and dealing with madness, such as in the Middle Ages when the ‘fool’ could be seen paradoxically as a repository of a certain kind

of wisdom. Thus, a medicalised approach came to be seen to be the ‘right’ method of tackling these issues. As the power and authority given to medical professionals to diagnose and treat patients as they saw fit grew, this created a power hierarchy between patient and doctor, which arguably could be seen as oppressive. He argued ‘The science of mental disease, as it would develop in the asylum, would always be only of the order of observation and classification. It would not be a dialogue’ (Foucault, 1965, p.237). By this, Foucault means that when patients are in the ‘care’ of the medical professionals, it is seldom a situation where their opinions are taken into account, the diagnosis being in the hands of the ones in power. Concomitantly, the mentally ill became subject to an expanding carceral state manifest in mental hospitals or asylums.

Foucault continued this argument on the medicalisation of mental illness and analysed practices that objectified patients in *The Birth of the Clinic* (1973). He critiqued the viewing of patients as a set of disparate problems to be fixed and, with reference to how the patient was then displayed as an exemplar of particular conditions rather than a whole human being, coined the term ‘the medical gaze’. By employing this, the medical professionals are the ones who determine who is sane and who is not, thus reinforcing who has the power. At the same time, this also takes autonomy away from the person who is mentally ill while concurrently labelling patients to create a divide between them and so-called ‘normal’ or ‘healthy’ people, which further encourages their marginalisation. This viewing of people as a set of compartmentalised issues and fitting them into a box, so to speak, is known as pigeonholing, and remains an issue to this day for people relying on medical professionals for diagnoses. It also implies that mental illness can only be fixed by medical practices. This relates to the part of my research question that queries how my creative component can contribute to the conversation around mental illness. I would argue that there is space for other modalities for treating and discussing mental illness, not just in terms of formal categories, but with recognition that what will work for one person will not for another. Even to term a sufferer of mental illness as a ‘patient’ requiring treatment is a form of pigeonholing.

Phyllis Chesler, a key figure in feminist psychiatric work, was influenced among other things by Foucault’s critique of the medical gaze and how this causes those who are mentally ill to be diagnosed and labelled. In *Women and Madness* (1972) she argues that women have historically been viewed as more likely to be irrational, and therefore medicalised labels place them in boxes categorised in the form of various mental ‘illnesses’, which have been determined by (historically, predominantly male) medical

professionals. Chesler's work reasons that women are often misdiagnosed because of the way society views their reactions, deeming them as mentally ill when they may not be, because society has been conditioned to view women as acting in a particular way as either acceptable or unacceptable. Historical examples include the nineteenth century notion of women being labelled as hysterical, with so many incarcerated in asylums, often in reaction to perfectly normal expressions of human emotion, such as grief. In other words, the notion of madness (or mental illness) has historically been highly gendered. While my young female protagonist is neither incarcerated nor overtly pathologised in this way, this backdrop contributed to my decision to have her counselling sessions with a female counsellor as a major arc in her character development.

MĀORI MYTHOLOGY

Not that permission is required in a creative work, but critical theory has also led in part to a relativisation of the value of science in relation to indigenous knowledge, known in the Aotearoa context as mātauranga Māori, meaning Māori knowledge. As a part of crafting my creative component I delved into parts of Māori mythology that are part and parcel of my own heritage as tangata whenua (people of the land; a person with Māori ancestry). I realised that it was important to me to include this in my novel and exegesis because I feel very connected to the sense that the land itself is a character. While in any period we can connect to the land, because the land has been here long before humans, here I wanted to underpin the connection of land being its own 'person'. This is what led me to Māori mythology, as it is the most ancient form of storying the land of Aotearoa.

In the beginning stages of writing my novel I would return to phrases suggestive of the land that were really describing what the protagonist was feeling. I rewrote sections of my novel, exploring these descriptions of the land so as to create the land itself as its own separate character. While the protagonist of the novel is identified as Pākehā, which is how I was raised culturally despite my whakapapa (ancestry; bloodlines), she was raised in Aotearoa New Zealand, and so she has a connection to the land. Because of her wild, tumultuous, emotive nature, I wanted this to be reflected literally in the landscape she placed her feet upon. I resolved to look more deeply into Māori mythology and symbolism concerning the East Coast and the West Coast, as these were already established as the setting of the novel (the main location being set in between, though, of the two, the West Coast predominates). When I began reading more about the cultural

meanings attributed to East and West within Māori mythology and folklore, I realised the symbolism fitted in perfectly with the themes and tone I was building within my novel. (Note: in terms of the Auckland region, where the novel is set, the West Coast is capitalised as an area in distinction to the terms ‘east-’ and ‘west-’ to refer more generally to the geography of coastal New Zealand).

In *Hawaiki: A new approach to Maori tradition* (1985), Margaret Orbell discusses how Hawaiki is where Māori attribute their ancestors as coming from. According to the waka (canoe) stories, these ancestors travelled from Hawaiki to Aotearoa New Zealand in fleets comprising multiple waves. Early colonial explorers became obsessed with discovering the exact location of this mythical homeland, after which Hawaii is named. However, Orbell argues that Hawaiki seems to be a ‘paradisial land similar to other such lands spoken of in religious traditions; similar, for example, to the Garden of Eden in the Christian tradition’ (1985, p.3). While Māori regard Hawaiki as a literal place of origins in some respects, many of the myths make clear that it is also a kind of otherworldly locale that is also associated with the realm of origin of the spirit, and the place to which it returns after death, depending on which point of the compass Hawaiki is associated with in a particular myth. For my own purposes, the focus is not on whether Hawaiki is ‘real’ or not, but on its latent symbolism.

The geographical placement of Hawaiki in terms of north, south, east, and west is crucial. According to Orbell, it is not unusual for ‘traditional societies’ to associate the east, where the sun rises, with life, and the west, where the sun descends, with death. In an earlier article by the same author, Orbell (1975) writes that ‘east and west are to be understood not as what we would consider to be “real” directions, but as being associated with symbolic values’ (p.343). It is a little unclear if Māori people thought in classical times that east and west were literally places where our spirits come from and end up, but in any case, the symbolism itself seemed of great significance.

In *The Philosophy of Symbolic Forms Volume Two: Mythical Thought* (1955), Cassirer argues that aspects of mythology are not based on fact but rather feeling. This can be applied to Māori people not necessarily being able to physically connect with Hawaiki, but it still being real to them nonetheless. Cassirer (1955) also discusses the concept of east and west and the meaning of them within mythology:

East, west, north, and south are not essentially similar zones which serve for orientation within the world of empirical perception; each of them has a specific reality and significance of its own, an inherent mythical life. The directions are

taken not as abstract and ideal relations but rather as independent entities, each endowed with a life of its own...The east as the origin of light is also the source of life—the west as the place of the setting sun is filled with all the terrors of death. (p.98)

This is mirrored in Orbell's work, where it is argued that this is not only apparent in Māori mythology but is also very evident within Māori cultural practices. 'Underlying this, in human experience, is the basic opposition of day and night, light and darkness—a duality which is very important to Māori', she writes (1985, p.18). The directional symbolism associated with east and west inflected many aspects of Māori life. For example, when collecting 'bark and leaves for medicine', they were only taken from the tree's eastern side (Orbell, 1985, p.18,), i.e., the side associated with life rather than death.

My protagonist, coming of age at seventeen, is in a phase of her life where she has been surrounded by death, losing both of her parents and in turn being overwhelmed by grief and various symptoms of mental illness, which at times have led to her experiencing suicidal ideation. This pull toward death is reflected in her living closer to the West Coast region than the East coast, and also by her visiting a West Coast beach, and thinking of the waves from it pulling her under when she is considering suicide. While she is at this beach she is surrounded by life – her friends, nature, etc., but her thoughts are consumed with death, and she finds it very difficult to stay present to the moment. This push and pull between her being very much alive yet spending so much time thinking about death, or those that have passed, weaves the symbolism of the life associated with the east and the death with the West Coast into the thematic fabric of my novel. Examples of this can be found in the East and West Coast section of the Practice-Based Diary below.

THE FICTIONAL REPRESENTATION OF MENTAL ILLNESS IN LITERATURE

It was important to examine how mental health and illness have been portrayed in works such as novels, memoirs, television shows, and films so I could construct a novel bearing these 'texts' in mind. The subject of mental illness has been represented extensively in the YA fiction genre as well as in fictional literature and cinema more generally. My criteria in terms of which texts were examined in the following discussion departed from those that occupied literary, film, and television critics when they were concerned primarily with dramatic or artistic value alone. This was because I sought more to

determine examples I thought were helpful or unhelpful both in regards to depictions of mental illness and the potential for triggering the audience or reader, why that may be, and if there were critiques of these works that aligned or disagreed with my views and personal experience. I did not limit my search to prose fiction, as film and television shows are very ingrained and influential in Western culture. Therefore I felt they were important to explore as well. When referring to a film or television show adaptation of a novel/memoir, I will refer to the latter in italics and the former in non-italics in this particular section so as to avoid confusion during discussion.

The texts chosen are predominantly American (aside from Janet Frame and Jane Campion), and this is due to the selection process of choosing texts that I found to be triggering and others that depicted mental illness in a way that was not triggering, this was to show both ends of the spectrum. Additionally, they were selected to show how mental illness was treated in literature from as early as 1962 to as recent as 2020. The texts were not chosen because they are American, but more so because of the relevancy to the above motives.

The works that I have deemed as most relevant begin with two touchstone cultural texts on the subject, the novel *One Flew Over the Cuckoo's Nest* (1962) by Ken Kesey and the film *One Flew Over the Cuckoo's Nest* (1975) directed by Milos Forman. The novel and film were chosen to provide scope for how long mental illness has been portrayed in literature. Older texts could have been chosen as this was by no means the first novel to show depictions of mental illness, but a part of the discussion of *One Flew Over the Cuckoo's Nest* was centred on not feeling triggered by these depictions because the treatment of the mentally ill is so vastly different compared to present times and therefore hard to connect to. By choosing novels published prior to *One Flew Over the Cuckoo's Nest*, these concerns could be even more prominent, therefore nothing older was selected. Relevant to local context are the memoirs by Janet Frame—*To the Is-land* (1982), *An Angel at My Table* (1984), and *The Envoy from Mirror City* (1984). In 1989 the three memoirs were combined and retitled after the second memoir, *An Angel at My Table*, which is what will be referenced in this document as I examined the three memoirs as one whole text. The film version was also named after the second memoir, which was directed by Jane Campion (1990). These two texts were selected for having representation of mental illness in Aotearoa, which was important to me to have some local influence. The following discussion centres around the memoir *Girl, Interrupted* (1993) by Susanna Kaysen, and its film adaptation (1999) directed by James Mangold. These two were

chosen because Susanna is diagnosed with Borderline Personality Disorder, which was what I was wanting to portray symptoms of in my novel. The Printz Prize winner YA novel *Looking for Alaska* by John Green, the YA novel *All the Bright Places* (2015) by Jennifer Niven, adult fiction book *A Little Life* (2015) by Hanya Yanagihara, were all chosen for contemporary depictions of mental illness, which were crafted in a realistic way, some of which may have been too in depth, however this will be discussed shortly. The YA novel *Thirteen Reasons Why* (2007) by Jay Asher, and the famous (or infamous) Netflix television adaptation *13 Reasons Why* (2017–2020) directed by Brian Yorkey were the final choices. They were selected for their problematic depiction of suicide, which is what I actively wanted to avoid, therefore a discussion on what parts of the novel and television show caused this view was crucial to include in this review. Because I chose to have a larger scope of mental illness depictions by including novels, memoirs, films and a television show, it meant that other texts such as *The Perks of Being a Wallflower* (1999) by Stephen Chbosky or *It's Kind of a Funny Story* (2006) by Ned Vizzini were not discussed given the limited word count of this document. They were considered yet I ultimately excluded them due to covering similar mental illnesses as in *Looking for Alaska* and *All the Bright Places*, and I felt these handled their mental illness portrayals more realistically which was an aspect that was important for the depictions in my novel.

These works were chosen for the reasons stated above but also because they highlighted the different aspects of mental illness that I wanted to treat in my own fiction: major depressive disorder, borderline personality disorder, and suicidal ideation. I also include a discussion on self-harm, as this is something I considered writing about in my novel but ultimately decided not to, for reasons stated in the Practice-Based Diary section.

When I write about my own reaction to the aforementioned works and I discuss whether I was triggered or not, or to what degree, this is referring to the question of whether by reading or watching these sources I then had a response similar to the flashback-like experiences that were discussed earlier. This was set up early in my doctoral studies, when I was choosing what texts to analyse. I would read/watch the text and monitor my reaction, noting anything down that was relevant to being triggered, and what specifically was the catalyst for it in the text. However, as stated on p.18, I purposely did not share the full reaction to being triggered by some of the texts for reasons of personal safety. However when it comes to these analyses I have been clear on if I was triggered or not, which can be read at the end of each discussion of the text in question.

As a writer I seek inspiration from a wide array of sources, including novels, memoirs, and poetry, but another predominant source is film and television. While each medium uses different tools for storytelling, I have found in my own process there is crossover, therefore I did not limit myself to prose fiction alone. Similarly, even though I write primarily in young adult/new adult fiction, I gather inspiration from all genres, therefore the literature I chose to review was a reflection of this.

While the above mentioned works are my selection of literature, others could have been chosen to discuss portrayals of mental illness. Instead of *One Flew Over the Cuckoo's Nest* novel and film, I could have chosen just the film. Instead of the same novel, I could have focussed on a different novel or memoir such as *The Bell Jar* (1963) by Sylvia Plath, which was one text that was an option to be discussed. Because many of the novels/memoirs I had chosen had very little reliable research (academic journal articles) discussing them, I decided it was best to use the visual media (film and television shows) adaptations to give deeper insight into these portrayals as there was often crossover between the novel and the visual media counterpart. Frequently, there was more academic research on the film adaptations; therefore, this was able to give more depth to the section of the text in question.

As will be discussed, there were some differences between the novel/ memoir and television/film version of the portrayals of mental illness. In some of the visual media texts there were more extreme depictions of mental illness (such as the method of suicide differing in *Thirteen Reasons Why* book and television show—the latter being much more graphic). I am aware that visual media may be more likely to sensationalise mental illness (this can be seen in the discussion of *Thirteen Reasons Why*), which I aimed to avoid. However, I also believe in the value of noticing when a subject has been overdramatised so as to avoid this. The nature of the boundary of knowing what is 'too much' to depict and what is not is a fine line, and one that is also relevant in the novel *A Little Life*, which will be analysed shortly; therefore, I believe my choice of examining novels, memoirs, film, and television to offer breadth in the discussion was necessary.

As mentioned previously, there are many YA novels that delve into depictions of mental illness, however at this point in time, there is little academic research on if these novels are triggering to the readership, or what sort of effect they have had on those who suffer with the same mental illnesses being shown in the text in question, or research on whether the depiction of the mental illness is accurate or problematic and so on. There is some research available, much of which has been used in this exegesis, but other sources

that were not used were because often the articles discussed specific texts (e.g. *The Bell Jar*), and they happened to differ from the ones I had already chosen. Similarly, there are many Masters' theses available on these topics; however, most of them discussed novels that were different from what I had chosen to review; therefore, I could not use these. Those that were appropriate have been utilised. It is important to note that at the time of this research, I was unable to find any other doctoral theses that covered a similar topic to mine aside from Thaller's (2015) work, however the subject matter, while still examining mental illness depiction in YA literature, focussed on different mental illnesses to what I had chosen, therefore it was not relevant to my study.

One Flew Over the Cuckoo's Nest (Cuckoo's Nest) by Ken Kesey is a novel set in a men's psychiatric hospital in the 1960s. Rochefort (2018) stated that it was 'a pivotal text marking the height of the asylum movement in mental healthcare' (p.3). The novel begins when a new patient, Randall McMurphy, is being admitted into the ward. He has been diagnosed as a psychopath by his own account due to being obsessively sexual and the source of aggressive confrontations, 'He told me that "psychopath" means I fight and fuh – pardon me, ladies – means I am he put it *overzealous* in my sexual relations' (Kesey, 1962, p.39). We also learn that prior to coming to the hospital he had been in prison, so he may have been acting out in order to be committed to a mental institution so that he could get out of doing menial labour. According to Abootalebi (2018), 'McMurphy represents sexuality, freedom, and self-determination, characteristics that clash with the oppressive ward. He is not crazy, but rather trying to manipulate the system to his advantage' (p.372).

McMurphy is certainly more stable than most of the patients there, but seemingly a great deal of those patients are sane and do not need to be in such regimented care (Martin, 2007). This brings up the question of who has the authority to decide who is mad and who is sane, recalling Foucault's critique of the medical gaze and its links to power within the setting of the 'asylum' (1973). In this case the authority is in the hands of medical professionals, much to the detriment of some patients who would potentially be short-term in-patients but are rendered permanent prisoners following excessive electroshock therapy (ECT) or forced frontal lobotomy.

McMurphy disrupts life on the ward and challenges the head nurse, Nurse Ratched, who has terrified the patients into submission with underhanded threats (Sullivan, 2007). However, McMurphy refuses to be dominated. He becomes a hero to the patients as the only one who will stand up to her. McMurphy later learns that many

of the patients are there by their own choice, and this strikes him as bizarre because they are being told what to do and how to act when they could be out in the 'real world'. 'What do you think you are, for Chrissake, crazy or somethin'? Well you're not! You're not! You're no crazier than the average asshole out walkin' around on the streets and that's it' (Kesey, 1962, p.63).

At the climax of the story, Nurse Ratched traumatises a patient, Billy Bibbit, with threats of telling his mother what he has done (the thirty-nine-year-old has had sex with a woman). Billy then dies by suicide. This is too much for McMurphy, so he tries to strangle Nurse Ratched, an act for which McMurphy is lobotomised. Although the novel's focus is on McMurphy and his experiences on the ward, the novel is narrated from the perspective of an American Indian man called Bromden, who is believed to be deaf. After McMurphy's lobotomy, Bromden chooses to suffocate him with a pillow so as to 'free' him from this pacified state, which is the opposite of his true nature. *Cuckoo's Nest* is very outdated in terms of the type of treatment that is now given in the mental health field. However, it is one of the key narrative descriptions of mental health in the western world (Rutten et al., 2012). It also depicts certain treatments that were de rigueur in the 1960s but which are seen as horrific now.

There are some differences between the novel and the film adaptation of *Cuckoo's Nest*. An obvious one is that in the movie the audience is not provided with the nuanced, poetic descriptions of the ward or the people that Kesey crafted. Take this descriptive passage from the novel, for example: 'The stars up close to the moon were pale; they got brighter and braver the farther they got out of the circle of light ruled by the giant moon' (p.164). This is in reference to the moon being the nurse or the ward and the stars being the patients. The novel was also able to show in greater detail how controlling and oppressive Nurse Ratched was; she appears to be manipulative in the film but far less overtly than in the book. However, the movie was able to reach a wider audience. Cummins (2018) states that the filmic version 'strengthened the novel's influence' (p.113), and it went on to win many awards. The film was released over ten years after the book was published, so at that time the treatment of psychiatric patients was already very different. In the early 1960s when the book was published, a large proportion of mentally ill people were hospitalised, whereas in 1975 when the film was released there was less of a focus on hospitalisation and more emphasis on out-patient care (Jimmy & Baumbach, 2001).

I am not aware of specific research to suggest that *Cuckoo's Nest* (either novel or film) was triggering to its audience, but it certainly served to show the public what mental institutions could be like. In saying this, it tended to depict them in a negative context, such as dramatising the use of electroshock therapy (ECT) as a form of punishment and control. This representation has been disputed, for example in an interview conducted by Boschini and Keltner (2009) with a psychiatric ward nurse who worked in such wards over this period. However, this is only one person's opinion and therefore not enough to make a satisfactory conclusion as to whether this representation was accurate or not. A larger study by Pirkis et al. (2006) showed that people who viewed *Cuckoo's Nest* would dissuade their peers from having therapy because of how it was portrayed; whether or not the depiction was entirely accurate, it does show how influential the film was.

I was not triggered by the book or movie, possibly because the treatment of patients is so different to anything I have experienced, so it seems like it is a different world and therefore I cannot relate to it in this way. Even though I could not relate to the situation I did feel empathy for the patients, only in the sense that I would feel scared and oppressed if I had been given similar ill-treatment. It also caused me to reflect on certain things. For example, in the novel and film version patients are given medication without being told what it is; simply that it will help them. While I have not experienced this, I have certainly known of people who have been given medication for depression and have not been made aware of the possible side-effects of the medication. While this is not the same as forcibly being given medication, I believe there are still parallels between the situations.

An Angel at My Table (1989) is an autobiography comprised of three memoirs by the celebrated New Zealand modernist writer Janet Frame, detailing large segments of her life from childhood into adulthood. Hopgood (2006) hypothesised that Frame was growing up in a society that was oppressive, and so because she was different (an introvert) she was seen as mentally ill. Two of Frame's sisters died in water accidents many years apart, and along with the family's poverty and her feeling of being different from other children may have been a cause for Frame to become introverted. Such introversion marked her as other, even alien to the provincial society in which she was placed. As Hopgood (2006) writes: 'Even at this young age, difference is already pathologised as a form of madness' (p.57).

After a suicide attempt Frame is admitted into a psychiatric hospital for six weeks. Further on in the memoir, and soon after the death of her second sister, she is admitted

again, this time into Dunedin's infamous Seacliff Lunatic Asylum, where she remains for eight years. No one questioned her state of mind or treatment during this time, 'and as the years passed and the diagnosis remained, with no one apparently questioning it even by formal interviewing or tests, I felt hopelessness at my plight' (Frame, 1989, p.253). Frame also narrowly escapes being lobotomised. She has no choice in the matter as she is seen as mad, and is only saved from having this horrifyingly invasive and debilitating operation performed because she won a prestigious literary award (Smaill, 2018). From a contemporary point of view it seems hard to believe that this would have happened, as the medical model of mental health is so different now, although of course it is a factual account.

Frame's diagnosis of schizophrenia was proven to be incorrect later in the memoir (Henke, 2000), so she went through much of her treatment for nothing. Frame did attempt suicide, clearly a sign that she needed help, but that may have been due to the social pressure that she felt. Perhaps she needed psychiatric treatment, just not the treatment that she received. Furthermore, her schizophrenia diagnosis went unchallenged despite eight years of unsuccessful treatment during which there was no apparent improvement (Lim & Galletly, 2019). It is perhaps revealing that Frame's suicide attempt is brushed over in her memoir and is not even shown in the film. While this may have been seen as a 'sensitive' topic, deciding not to even touch on the subject seems invalidating of what Frame went through. She may have made her own decision in the memoir that she did not want to go into it in any depth, which is her prerogative. However, if it had been written in the last decade, I might be inclined to think that glossing over her suicide attempt would be seen as perpetuating the stigma around it. But I acknowledge that this was written in a different time period, when suicide was not discussed liberally, if at all, in many cases.

Much like *One Flew Over the Cuckoo's Nest*, *An Angel at My Table* shows how oppressive and controlling psychiatric hospitals could be and how the decision of who is sane and who isn't is put into the hands of the medical professionals, when perhaps it should not be. This is particularly frightening given that diagnoses were not thorough by today's standards, as reflected in the literature. *An Angel at My Table* is particularly harrowing in this respect, as it is a memoir, not fiction.

The book and film versions of *An Angel at My Table* were very similar. In directing the filmic version Jane Campion chose to keep it close to the original text, which she was successful in, though the film is of necessity a truncated account. I felt that I was

more able to connect to the book because of Frame's emotive language and her vivid descriptions of mental illness.

For example, Frame (1989) wrote:

And all the time I was aware of a dreadful feeling of nothingness, which was somehow intensified by the city itself — the endless flat straight streets, the sky without a horizon of hills, the distant horizon without sea. I felt as if I and the city were at the bottom of a huge well walled with sky, and who could climb sky? (p.251)

Yet the movie was to open a window into Frame's mind via voiceovers and intimate close-up shots, which helped to create empathy (Hopgood, 2006). Campion merely hints at Frame's suicide attempt when her professor asks if it was hard for Frame to swallow a lot of pills. While Campion chose not to elaborate on this, she does depict electric shock therapy in gruesome detail (Henke, 2000) coupled with a voiceover saying Frame was to receive over 200 of these applications. However shocking (so to speak) this makes viewing the movie, it was important to show it, especially as the viewer finds out later that Frame did not need this treatment in the first place because she was never schizophrenic.

I was not personally triggered by *An Angel at my Table* memoir or film, nor is there any academic literature available at this time discussing if others have had a more adverse reaction. As mentioned earlier, Aotearoa New Zealand has the highest rate of teenage suicide. It is statistics like this that compel me to continue research into this field, and Frame's work is arguably an important creative texts on mental illness to come out of Aotearoa. She has paved the way for future writers like myself to delve further into the field.

Girl, Interrupted is a memoir by Susanna Kaysen detailing her time spent in McLean psychiatric hospital in the late 1960s. This book was published in 1993 and as it was set in the 1960s the treatment – both fictionally and literally – of depression and suicidality is vastly different to today. *Girl, Interrupted* is classified as being between YA and adult fiction (Marshall, 2006). Because of the cultural and historical distance between when the book was written and now, the language and attitudes toward mental illness may appear to be completely outdated. For example, in the 1960s if someone attempted suicide (e.g. Susanna), the first action was to place them in a psychiatric hospital to get

help whereas according to Gimmy and Baumbach (2001), since the mid-1960s the emphasis has been put on more home-care and outpatient therapy, as was discussed in the *One Flew Over the Cuckoo's Nest* section. The language in *Girl, Interrupted* feels out of date only because there is the lack of emotive adjectives and focus on Susanna's mental illness.

Yet, at the same time, *Girl, Interrupted* is still a critically acclaimed literary work and one that many young people read growing up (Marshall, 2006), and I therefore thought it important to include. In *Girl, Interrupted* Susanna is diagnosed with BPD. It is one of the few books that specifically focuses on someone with BPD, and as the main character in my creative component exhibits symptoms of this, it was helpful to see how it manifested in *Girl, Interrupted*. As Susanna complains: 'Anything I did was immediately drawn into the debate. Made a stupid remark – why not kill myself? Missed the bus – better put an end to it all' (Kaysen, 1993, p.37). This emotional irregularity is classic of the BPD symptoms. However, as previously mentioned, I would argue that the tone of the book leaves the reader feeling very distanced from the protagonist. We very rarely know why Susanna is acting the way she does or what she is feeling. Even when describing her attempted suicide, she uses a tone of coldness: 'I woke up one morning and I knew that today I had to swallow fifty aspirin. It was my task: my job for the day. I lined them up on my desk and took them one by one, counting' (Kaysen, 1993, p.119).

There has been research that shows that when suicide is talked about honestly it de-stigmatises the subject and creates a safer, more open environment (Bornstein, 2018), so I believe it would have been more helpful had Kaysen delved into more specifics of how she truly felt. However, this style of writing could just be a sign of the times; things were very different in the mental health field in the 1990s and even more so in the late 1960s. Since the 1990s there has been a major focus on mental health and illness and exploring the different way/s of approaching people's illnesses and creating a culture of openness around the subject. In more recent times, mental health and illness are openly spoken about much more frequently, which was more of a rarity pre the 2000's (Holmes, 2016).

Literary criticism around *Girl, Interrupted* does not necessarily focus on whether it is triggering. Nevertheless, there was research conducted after the release of the book and movie that supported the notion that Susanna was unfairly diagnosed with BPD (Adams, 2007; Longhurst, 2019). The *DSM* fourth edition (APA, 1994), which was the manual published closest to *Girl, Interrupted*, stated that for every three women

diagnosed with BPD, there is only one male diagnosis. One of the symptoms of BPD is promiscuity. This brought forth the question of how many sexual partners it takes to label women as promiscuous, and if it is the same number for men. Susanna did not think so. Kaysen (1993) articulated it thus:

How many girls do you think a seventeen-year-old boy would have to screw to earn the label ‘compulsively promiscuous’? Three? No, not enough. Six? Doubtful. Ten? That sounds more likely. Probably in the fifteen-to-twenty range, would be my guess—if they ever put that label on boys, which I don’t recall their doing. And for seventeen-year-old-girls, how many boys? (p.158)

While Susanna does not blatantly spell out this asymmetry to the reader, it is implicit (Marshall, 2006), and could have been one of the reasons that more women than men were diagnosed with BPD. As was mentioned in the Mental Health and Illness section, in the most recent (5th) edition of the *DSM* (APA, 2013) the symptom of excessive sexual activity is still prevalent, however I would argue that this is still a socially constructed idea and therefore not reliable.

The criticism of more women being diagnosed with BPD links to Foucault’s theory of the medicalisation of mental illness, and how the way mental illness is viewed or how it should be treated is a socially constructed idea. What is seen as promiscuous may differ between males and females, or within different cultures. This is therefore socially constructed. This is also supported by Chesler’s (1972) theory of women being misdiagnosed because of societal standards, which was discussed earlier. Furthermore, who makes these decisions and why do they have the authority to do so? Much like in what was discussed in *One Flew Over the Cuckoo’s Nest*, the concept of a power hierarchy between psychiatrist/doctor and patient is somewhat arbitrary because of this social construction. In this case the authority is in the hands of medical professionals, much to the detriment of some patients who could potentially be misdiagnosed because of ossified social standards.

There was a positive reaction from the general public to *Girl, Interrupted*. It was released at a time when mental illness was being discussed much more in America (Merrigan, 2018), so it would have been a resource that could be more easily accessible to people. Laura Zigman, who worked on the movie version of *Girl, Interrupted*, said that ‘Susanna’s book opened up a conversation on mental health’ (Merrigan, 2018, p.1). This is significant because, again, there is research from both Stevens and Zerikho (2022) and

Bornstein (2018) showing that when mental health and illness are spoken about, people are less likely to take their life or self-harm.

The film version of *Girl, Interrupted* was immensely popular and made over twenty-eight million dollars at the box office. According to Chouinard (2009), this may have corresponded to impacting the viewer's ideas around women with mental illness and perpetuating the stigma that people with these problems are predisposed to aggression and a potential threat. While this was not positive, at the very least mental illness was being discussed more. As mentioned, BPD is typically diagnosed more frequently in women. This is reinforced in the movie when a therapist connects Susanna's diagnosis with maternal genes. He highlights that one in five people with BPD have a parent with the same condition (Mangold, 1999). The camera pans to a shot of Susanna's mother, who becomes distressed as she believes she could be the cause of her daughter's difficulties with mental illness (Bareiss, 2017). The depictions presented in the film version could be seen as a little more triggering than the book because there were more portrayals of emotion (screaming, crying). The conversations were much more emotive in the film as well, such as when Lisa (played by Angelina Jolie) says to another character, 'Tell me that you don't take that blade and drag it across your skin and pray for the courage to press down' (Mangold, 1999, 1:23:21). This could be triggering for some viewers because it implies that self-harming or dying by suicide is considered brave, and by giving that implication it glamorises suicide. I was somewhat triggered by this scene and by another that follows soon after which shows a character who has died from suicide. While the memoir did not trigger me in this way, it is still problematic due to the issues discussed above and below.

In summation, the *Girl, Interrupted* memoir and film do not delve into suicide or self-harm as much as I would like them to, and perhaps also treat mental illness with a lighter air than they should. Adams (2007) states that Kaysen described her suicide attempt with 'a casual and flippant tone' (p.129). This may be true, but nevertheless it is still important to consider the positive effect it had on many people's lives, just by talking or writing about mental illness in the first place (Merrigan, 2018).

Looking for Alaska (2005) is a YA novel by John Green about a sixteen-year-old boy called Miles who decides he wants to leave his town and attend boarding school. He quickly makes new friends (Chip, Alaska, Takumi, and Lara), and while they are not 'popular', they provide him with a very different life to the one he was experiencing before: they pull pranks, smoke, and drink. While the novel is told from the perspective

of Miles, the story very much centres around Alaska, as the title suggests. Miles becomes infatuated with her, so much so that he seemingly does not notice the emotional pain she is in, or at least not the depth of it. Halfway through the novel Alaska dies in a car accident. Miles and Chip spend the latter half of the novel trying to discern whether the crash was an accident or suicide. The reader never truly knows which it is, but we are able to speculate through the characters' interactions with Alaska. This text is markedly different to the others I discuss here as it is not clear if the death was suicide or not. However, mental illness, including suicidal ideation, is still a predominant theme.

Throughout the first half of the novel Alaska displays concerning behaviours such as rapid mood changes, unstable romantic relationships, and substance abuse (excessive alcohol and tobacco consumption). She also makes comments such as 'Y'all smoke to enjoy it. I smoke to die' (Green, 2005, p.44). These behaviours are attributed symptoms of BPD (APA, 2013). Fackler et al. (2018) argue that Alaska has a 'preoccupation with death', which supports the notion that she experienced suicidal ideation, although this is not confirmed. There are many times throughout the novel when she says how melancholic she is, e.g. 'What you must understand about me is that I am a deeply unhappy person' (Green, 2005, p.124), yet her friends do not discuss with her if she should receive help for this, nor do they enquire much further into her moods. This may be because of the stigma around mental illness and associating with people who have them (Heary et al., 2017), or possibly they are not even aware that what she feels is so serious that she does need help.

Shortly before Alaska's death her friends find out that her pain stemmed from trauma connected to her mother dying. Alaska watched her mother have a brain aneurysm when she was seven and she did not call for an ambulance, so she blames herself for her mother's death, as does her father. Alaska seemingly does not know how to cope with her own pain. She goes back and forth between feeling it and pushing it away with alcohol, sex, and erratic behaviour. Barkdoll and Scherff (2008) argue that the reason that Green includes so much under-age drinking and smoking in the novel is not to foreground these behaviours in themselves, but rather to examine the suffering that exists beneath these forms of self-abuse. The reader is able to see that these methods of coping are not helpful and could in fact be making Alaska's moods worse (Windle & Windle, 2001; Mason et al., 2008). While Alaska does experience a lot of emotional pain, she also keeps everyone in her life at a distance, both physically and mentally (Dean, 2012). Chip, who has known Alaska for many years, does not know how her mother died until the night before the car

crash, while Alaska's boyfriend is away at college, so she is effectively physically distanced. When people ask about her emotional self or anything that could lead to her pain, she will typically deflect it. This may be a coping mechanism so that she does not have to look at her pain too closely, but at the same time this distance creates isolation for her, and this has been shown to produce negative effects (Russo, 2018). This may be another reason why her friends do not ask if she needs help, as she deliberately keeps them at a distance. In a Tumblr post, author John Green wrote, 'I think it's particularly difficult for her (Alaska) because she feels alone in that pain, which is what really (in my experience, anyway) makes suffering unbearable and makes one experience real despair' (Green, 2016, p.1).

Dean (2012) argues that while Alaska was not able to delve into her grief, in her death she provided her friends with their own pain and loss, so that they are able to see that it can be survived. They also support each other during this time of mourning and are able to grieve together. Alaska was more alone in her experience, so that may have made it more challenging for her to seek support, however it remains a fact that she did not allow herself to do so. A study by Atmaja (2019) uses the *DSM 4th* edition list of symptoms to diagnose Alaska with BPD, supported among other things by their application of Freud's theory of personality, along with other research into the novel to endorse this claim. Green himself has not specifically spoken on Alaska having a mental illness, although due to her various behaviours as mentioned above, one can formulate the conclusion that she may have suffered with some degree of mental illness, whether that is BPD or not.

My analysis for *Looking for Alaska* has focussed on possible signs of poor mental health and BPD, as well as how to survive loss, which differs from the other literary works in my discussion. There is no evidence to suggest that it is/was triggering to its readers; however, one cannot discount that this may still be a possibility due to the engagement with the subjects of depression, (possible) suicide, and grieving the dead. I was not personally triggered by this novel, possibly because it is unclear if Alaska's death was suicide or an accident, and also there were no other graphic depictions of self harm (e.g. cutting). If Green did intend to have Alaska exhibit symptoms of BPD then this could be considered a successful portrayal as well, and thus *Looking for Alaska* has been helpful for me in how to represent these issues.

All The Bright Places (Bright Places) by Jennifer Niven is a YA novel about a boy (Finch) and a girl (Violet), their relationship, and their different ways of going

through suicidal ideation. While *Bright Places* explores the theme of suicidal ideation, I think it does so in a relatively ‘safe’ way. It shows both characters experiencing depression and how it manifests within them in particular, as everyone experiences depression differently. Finch’s depression stems from feeling like he has a lack of belonging to any particular community (Kour, 2019). He has two friends whom he is not close to; they don’t talk about any of his problems or feelings. It is the same in his family home: ‘In this house there’s no such thing as being sick unless you can measure it with a thermometer under the tongue’ (Niven, 2015, p.185).

As was discussed in the *Girl, Interrupted* section, when suicide is talked about openly it creates a safer environment where people are more likely to say how they feel (Bornstein, 2018). Because of this absence of conversations around mental health or potential illnesses in Finch’s family, this may have caused him to develop an unwillingness to talk to anyone about his feelings, such as his friends or even his guidance counsellor, who does try to get him to open up multiple times (Kour, 2019). Finch has the attitude that most people do not understand mental illness, at least not in the same way as physical health (Rachman, 2019). Niven (2015) writes from the perspective of Finch:

It’s my experience that people are a lot more sympathetic if they can see you hurting, and for the millionth time in my life I wish for measles or smallpox or some easily understood disease just to make it easier on me and also on them. (p.15)

This mentality of physical health over mental health is very common (Galea, 2019) and can be such a danger. Given the earlier discussion of the alarming youth suicide rates, it is crucial that communities create a better understanding of how to discuss and treat mental illness.

In the novel, Violet has been experiencing depression since the accidental death of her older sister. While this may be the main cause, there are a few other things contributing to her grief, such as experiencing a lack of support, although in a different way to Finch. Even though Violet has present, supportive parents, they rarely talk about the death of their eldest daughter (Ward, 2016). This lack of acknowledgement could be part of the reason why Violet feels suicidal, as she is not able to express her sadness, as well as experiencing survivor’s guilt that she survived the car crash that killed her sibling. Both characters experience suicidal thoughts and while Finch does take his life in the end, the reader is able to see Violet’s reaction to this; she grieves but still chooses to live.

This is different to some of the other works that will later be discussed, as Violet does actually decide to continue with her life and experience it in all its horror and beauty. I believe this is crucial, as it shows the reader that suicide is not the answer and that there is another way. I was not triggered while reading this novel because the suicide that occurs is not directly shown to the reader. However, the struggles of living with mental illness and grief are portrayed, therefore it felt like a delicate balance of depicting mental illness realistically, while also not subjecting readers to what could have been a graphic suicide scene, had Niven chosen to write it differently. In an interview, Niven argues as to why it is important to speak honestly about suicide: ‘Often, mental and emotional illnesses go undiagnosed because the person suffering symptoms is too ashamed to speak up’ (Corbett, 2015, p.22). This quote mirrors the research that has already been discussed around why it is vital that the conversation of suicide continues to be had (White, 2015; Bornstein, 2018). Niven tackles the subject of suicide in such a way that the reader is left with hope in the end that Violet was able to cope with Finch taking his own life.

A Little Life by Hanya Yanagihara is a novel about four American college friends and their lives together and apart. As the story continues it focuses increasingly on the central character Jude and his mental and physical illnesses. Jude self-harms frequently throughout the book, some depictions of which are very descriptive. He attempts suicide. and while he does not succeed, this scene is graphic. Yanagihara (2015) describes his attempt thus:

He made the first cut, which was more painful than he thought it would be, and he cried out. Then he made the second. He took another drink of the scotch. The blood was viscous, more gelatinous than liquid, and a brilliant shimmering oil-black. Already his grip was loosening. He made the third. When he was done with both arms, he slumped against the back of the shower wall. He wished, absurdly, for a pillow. He was warm from the scotch, and from his own blood, which lapped at him as it pooled around his leg- his insides meeting his outsides. (pp.392-393)

Jude’s life continues to have its ups and downs after the first attempt, but when his partner dies near the end of the book, Jude takes his own life. In *A Little Life* none of the supporting characters were surprised this happened; they were expecting it. This seems incredibly defeatist. It appears it was unavoidable that because Jude went through terrible things in his life, he would inevitably die by suicide at some stage. This conclusion was also mirrored by critic Karlsson (2017), who argued that ‘Regardless of the choices Jude makes, the act of committing suicide is inevitable as it is determined by his previous

experiences' (p.15). In my view this inevitability sends the wrong message to people: if your life is a series of tragic events, you should probably kill yourself too.

Author Yanagihara has spoken about why she made her book so graphic: 'To me you get nowhere second guessing how much can a reader stand and how much can she not' (Adams, 2015, p.1). I understand that the purpose of this was to shock her readers and also have them feel extremely close to the text, but at the same time, what about the negative effect on vulnerable readers? 'Vulnerable readers' does not refer specifically to young readers, as many books have a cross section of variously aged readers, 'vulnerable readers' refers to those who may be in a sensitised state due to mental illness and/or trauma, who could be triggered by a text, whether that is in YA or adult fiction. Yanagihara continued to say that she 'wanted everything turned up a little too high' (Adams, 2015, p.1). Yanagihara definitely succeeded in creating an emotionally challenging read. However, I would argue that writing about suicide and self-harm honestly is crucial in helping people feel understood, or for someone who has not ever felt that way, informing them as to its realities. At the same time, a writer can be specific about these topics without going into extreme detail, which risks writing a 'how-to' manual for self-harm, even suicide. Rushton (2019) agreed with the stance that *A Little Life* creates a 'disturbing' representation of suicide as logical.

Admittedly, I felt pulled into the story because of Yanagihara's raw style in *A Little Life*. It was raw in the sense that it was so direct and realistic in the way it depicted Jude's mental illness and his coping mechanisms. But because I was so involved in Yanagihara's writing, when it came to long paragraphs about Jude self-harming it caused me to see his actions as logical. I am aware that this is very dangerous, especially for someone else who may be a current (or past) self-abuser. I think that this book is unique in terms of explicit depiction of mental illness, which was partially what made it so compelling, however no matter how captivating the treatment of Jude's illness is, I still believe it could be a danger to vulnerable readers.

New Yorker book critic Jon Michaud (2015) writes that 'The graphic depictions of abuse and physical suffering that one finds in "A Little Life" are rare in mainstream literary fiction' (p.1). This realism is good in that it does show self-harm for what it is, and at the same time, maybe because it is a rarity it may have been appropriate to come with content warnings, similar to the 13 Reasons Why television show, which will be discussed shortly. It is more common to see trigger warnings for television shows, but there is controversy regarding how helpful the warnings are. A study done by Jones et al.

(2020) showed that trigger warnings do not reduce anxiety for those with PTSD who encounter descriptions of trauma similar to their own. It was explained that ‘graduated, prolonged exposure to trauma cues is beneficial to longterm well-being, especially in a controlled treatment setting,’ (p.906). However, when one does interact with a triggering text and one is not given a warning to the content and could encounter it at any given time, I argue that this is then not a controlled environment and therefore may not have the therapeutic benefits described. Jones et al. (2020) state that trigger warnings could cause individuals to evade triggering content completely, thereby not healing their trauma through exposure therapy. Yet there is also support in favour of giving individuals agency in choosing what they interact with, and concurrently, the use of trigger warnings (in a classroom setting) could help create an environment where distressing topics are approached with sensitivity (Russon, 2017). Klein (2023) argues that ‘narrative bears no responsibility to warn the reader about, or shield the reader from, horrifying context—indeed, the shock of that material may be part of the novel’s aesthetic integrity,’ (p.25), which may be the case in *A Little Life*. Even so, I still believe in the importance of agency and choice; therefore, I have also decided to put a trigger warning at the start of my book if it becomes publicly available, as I believe such a warning is necessary when dealing with such potentially distressing emotional topics.

Thirteen Reasons Why (Thirteen Reasons) (2007) by Jay Asher is a novel about a high school girl, Hannah Baker, who has recently died by suicide and has left seven cassette tapes explaining why she did it. Hannah states in the first tape that there are thirteen people responsible for her suicide and the tapes are to explain why. Each side of the tape is dedicated to a different person (apart from the seventh, which only has one side recorded). Each person on the tapes must listen to them then pass them on to the following person on the list or the recordings will go public. The narrative of the story goes back and forth between Hannah’s words on the tape and the ninth listener, Clay. It shows Clay’s reactions to the tapes and his memories of Hannah.

Thirteen Reasons was successful upon being published and later on received further press as it was banned from many libraries (American Library Association, 2013). *Thirteen Reasons* is seen as controversial for its discussion of rape and suicide, as it is believed that by teenagers reading about suicide it will put them at risk of suicide imitation (Logara, 2019). However, in a study by Walter and Boyd (2019), it was apparent that while some parents may have this opinion, the novel could still be used as a tool to discuss these issues with their teenagers. Similarly, Pytash (2013) reasoned that because teenage

readers are often going through the same experiences as the characters in novels, it is an easy way to connect with them and this can assist in creating important discussions that may not have otherwise been had. The novel does not go into detail of Hannah's suicide, except to say, 'I've decided on the least painful way possible. Pills' (Asher, 2007, p.255). Because *Thirteen Reasons* is not very descriptive in this way it is much less likely to provoke suicide imitation, according to Arensman et al. (2017).

However, research by Nelson (2017) stated that there was concern around *Thirteen Reasons* because it may cause teens to think that by dying by suicide it would not just end their life, but would also be revenge on the people who had wronged them (in this case the thirteen people on Hannah's tapes). Arensman et al. (2017) concurred by stating that Hannah's suicide could be seen as 'a quasi-rational response to the behaviour of others' (p.1).

There are clearly arguments to support both sides of the debate over whether *Thirteen Reasons* is a suitable book for teenagers or if it is too triggering. I personally found this book thought-provoking, and even though it was an emotional read, I did not find it triggering. I thought it was a successful approach (in terms of discussing suicide without being triggering) to a difficult topic, unlike the Netflix adaptation, which is the last work to be discussed in regard to fictional depictions of mental illness. The Netflix series *13 Reasons Why* (commonly referred to in articles as *13RW*) is based on Asher's novel. Although there are four seasons of the show, I will be focussing on only the first, as the plot is more or less the same as the novel. The subsequent television seasons are entirely fresh material. The first season of the television show was released ten years after the novel and there are a few differences between the works. In the series the viewer is able to see flashbacks to when Hannah was alive and the various events that lead to her mental health deteriorating. We are also able to see the supporting characters' reactions to the tapes as opposed to just Clay's response.

The television show has been a catalyst for many conversations around teenage mental health and illness. While these conversations have been beneficial in that they have got many more people thinking about solutions to the issues numerous individuals are facing around suicide and depression (Wartella et al., 2018), the TV show was extremely controversial in that it showed depictions of sexual assault and a graphic suicide scene. Part of the controversy was that these graphic depictions could have triggering effects on their audience (Adolfo, 2018).

The biggest difference between the novel and television show was the method of Hannah's suicide. In the novel Hannah overdoses on pills, and as mentioned in the previous section, the author described her suicide with scarcity. However, in the television series, Hannah cuts her wrists in a bathtub full of water. This scene is extremely graphic and made even more emotional by showing Hannah's mother finding her body. Producer Brian Yorkey stated that the reason the suicide scene was so graphic was because they wanted to shock people into being so horrified by it, they would shy away from possibly contemplating suicide: 'We did want it to be painful to watch' (Yorkey et al., 2017b). While this can be seen as one method of dissuading members of the viewership from dying by suicide, it remains possible that people could still be triggered by the graphic scenes mentioned above (Hopgood, 2019). A study by Zimmerman et al. (2018) showed that very few people who were not prone to suicidal tendencies experienced suicidal thoughts after watching 13RW; the majority of this group experienced no change. However, a larger number of those who did at the time experience suicidal ideation before watching the show noticed increased negative thoughts and feelings afterwards. I watched this show when I was in a buoyant frame of mind, and after viewing it I felt triggered. This is a real possibility for anyone who has experienced similar intimations to what was depicted in 13RW. For someone currently experiencing suicidal ideations or who has been sexually assaulted in the past, the reaction could be much more extreme as it would already be in the forefront of their mind and therefore provoke a stronger emotional response, though this is not inevitably the case.

I will note that over two years after season one was released, Netflix decided to edit out the scene of Hannah's suicide after a lot of negative responses. In an article by the New York Times (Marshall, 2019) it was stated that Netflix made this change after a study that was done by Bridge et al. (2019) that showed a dramatic increase in suicide among ten- to seventeen-year-old males within the month after the show's release. Producer Brian Yorkey made a statement saying, 'We believe this edit will help the show do the most good for the most people while mitigating any risk for especially vulnerable young viewers' (Yorkey as cited in Chiu, 2019).

More studies into the effects of showing depictions of abuse and suicide need to be done in order to ascertain what the right path to take is. The New Zealand Office of Film and Literature Classification rated 13RW as RP18 (parental guidance for those below eighteen years of age), as well as providing content warnings and a list of helplines (Office of Film and Literature Classification, 2017). This may not have been enough to

make people seriously consider whether it would be wise to watch the series. In any case, at the very least other countries should consider following Aotearoa New Zealand's lead with a R18 rating and content warnings and resources such as helplines.

The works above that I consider to be most useful for my own creative practice are the television show 13RW and the novels *Looking for Alaska*, *Bright Places*, and *A Little Life*. Comparing 13RW and *A Little Life* in terms of such depictions is difficult because they are aimed at completely different demographics. 13RW is marketed at young to new adults and *A Little Life* is general adult fiction. *A Little Life* does not technically need warnings because it is for adults, but anyone in any frame of mind could come across this book and possibly be triggered by it. Nonetheless, we can note that 13RW and *Bright Places* both deal with the aftereffects of suicide, although in different ways. *Bright Places* does not dramatise grief, depicting instead the tragic loss of a person. By contrast, in 13RW the aftereffects of Hannah's suicide provide drama via the tapes she left behind, to an extent that arguably took away from the impacts of the suicide. *Bright Places* could still be triggering for readers but arguably far less so than 13RW. I believe *Bright Places* does not glamorise suicide; it shows instead how awful it is and also demonstrates that it is not the only way to respond to difficult emotions. Through examining these different depictions I came to the conclusion that I wanted to take the rawness and realness from such unflinching depictions without going into extreme and even salacious detail as some arguably do, while additionally offering lighter moments to demonstrate that there is a balance of forces in life and showing that suicide really should not be an option.

Through reflecting on the positive and negative effects of depicting the realities of mental illness, it seemed to me that the balancing act was to not skim over the subjects but to be real and raw about how awful they are while still being cautious with the types of details given, particularly if suicide was involved, so as not to make it a potential 'how-to' manual. This is a very fine line, and so ongoing reflection was needed when crafting my creative text; more discussion of this is available in the Practice-Based Diary section. These examinations in particular made me aware that it is especially crucial to make the reader understand that suicide should never be the preferred option and that nothing is inevitable; there is always another way to cope with difficult situations or feelings.

DEPICTION OF SEX IN YA LITERATURE

From the beginning of the creation of my creative component, I knew that I wanted a large part of the story to be about Elle falling in love, and also showing her sexual interactions with the love interest. While I did want to show this, I was also curious about how falling in love at a young age could interact with her emotional wellbeing when she already suffered from mental illness/es. I feel that sometimes love can be a ‘band-aid’ for not addressing mental illness, and therefore this was something I wanted to, and did, explore in the novel. I also considered how sex, and the physical and mental intimacy that comes with it, has an interesting relationship with how vulnerable someone can be. How does being vulnerable physically – e.g. being naked with someone, combined with then falling in love, which is another vulnerability – affect someone if they have pre-existing interpersonal difficulties? Elle is prone to pushing people away, and from the start I knew she’d be like this, so I wanted to explore what happens when this has been her usual approach to relationships.

Much like in the section titled *The Fictional Representation of Mental Illness in Literature*, a great deal of the texts chosen to discuss in this analysis are American, and this is a reflection of my exposure to American novels, films, and television shows. However, I also delve into sex education curricula in New Zealand as part of the discussion as to the numerous ways young people learn about sex so as to have a combination of American and New Zealand influences within the exegesis.

I felt that by depicting sex scenes somewhat honestly and explicitly, this would emulate the vulnerability that the protagonist was in physically with the love interest, Jude, and then also mentally by opening herself up to love.

When I began to research how sex was depicted in YA texts, I was fascinated by the difference between films, television shows, and novels. It seems that in the former two, at least from what I have observed, sex is depicted fairly regularly and, in some cases, graphically. However, in many novels (which will be discussed greater in depth below), especially in the YA genre that is my focus, when characters have sex they are depicted as kissing and feeling aroused, but the text does little to describe anatomical arousal and then ‘fades to black’ at the point that the characters actually have sex. I took issue with this, as I feel that YA literature is important for young people to feel seen and understood in terms of their preoccupations and experiences and can in some sense function as a tool for learning. I wanted my book to be a source for people to potentially understand certain aspects of a sexual relationship that was free from shame and wasn’t

there for prurient motives or the purpose of imparting morals or rules such as ‘don’t have sex or you’ll get pregnant’, or ‘how to have safe sex’ in relation to the dangers of STDs. I was adamant the novel should not feel like it was preaching something, but instead showing an exploration of an integral part of a relationship. In Lydia Kokkola’s book titled *Fictions of Adolescent Carnality: Sexy Sinners and Delinquent Deviants* (2013), an issue that is raised is that a great number of YA novels that depict sex do so in a way that could dissuade real-life teenagers from choosing to have sex. Kokkola argues that many representations show sex to be disappointing, cause pain, or have negative effects that may be life-long (e.g. STDs or pregnancy). This was theorised to be a strategy for adults to impose their values on how teenagers should conduct themselves in relation to sex, and if they did not then ‘the on-set of carnal desire leads directly to (seemingly inevitable) calamitous consequences’ (Kokkola, 2013, p.51). Waller et al. (2022) discuss that YA novels have (only in specific societies— which they do not specify) more recently have been less repressing in regards to ‘sex, sexuality, and sexiness... yet it is still not as liberated as it may appear’ (p.2). They go on to discuss how the representation of sex positivity, LGBTQ+ focussed and sexual education content are still lacking, which is where I hope my novel will differ.

I was able to find some YA texts that depicted sex quite openly and so I used these as guidelines for how graphically I would depict my sex scenes, and also as a springboard to think about how I wanted my depictions to depart from prior works. For example, in many different examples of sex scenes, the word ‘cock’ is used, and writers are very clear with the description of male arousal. But when it comes to female anatomy it is rare for the words ‘vagina’ or ‘pussy’ or ‘clitoris’ to be used. Instead, they refer to a ‘bundle of nerves’ or an ‘opening’. Words such as wet, heat, etc. are utilised, but these are all very vague. This did not sit right with me, so I did use the word ‘clit’ as well as ‘cock’ so as to represent both biologically sexed anatomies. I also tried to have a focus on Elle’s pleasure to show the importance of both partners receiving pleasure. It should be noted that the depictions in the novel are of the heterosexual variety, not out of an inherent heteronormativity on my part, but because with all the issues around grief and mental suffering on the part of my protagonist I did not want to complicate the narrative by dallying with a kind of gay ‘coming out’ focus or subtext.

The following texts and the discussions surrounding them are ones I found most helpful when thinking about or creating sex scenes in the creative component – not always

directly for the actual sex, but also for intimacy between people, not just in a physical context.

The discussion around sexual relations and everything it entails has evolved greatly over the years, and it is an ever-changing landscape. Within this landscape there are many ways for young people to learn about sex. However, there are still seemingly gaps in what and how young people are being taught (Gegenfurtner & Gebhardt, 2017), and the content of sex education differs from country to country, and sometimes even between different states within the United States. This is due to often profoundly politicised views on what adolescents should and shouldn't be taught in schools or in associated literature, both instructional and dramatic.

There is a myriad of ways for young people to gather information about sex. In 2006, Patee stated:

If we recognize the process of sexual maturation as one that has distinct biological and social components, and as a process that occurs and is shaped not just by individual change but by interpersonal practice, we begin to recognize the limitations of sexuality education curricula and see the comparatively more informative mass media as viable sources of scripts, possibilities and information about sexuality. (p.30)

While this research may be dated, and the way young people learn about sex has undoubtedly changed, the argument still stands that there are a multitude of ways to learn about sex, especially with access to the internet, television shows, films, and novels. What is taught in schools will seldom be the only way an individual will learn. Here I will focus on how sex education is taught in schools and how sex is depicted in literature (novels, films, and television shows), and how I will use this to inform its depiction in my own creative work.

According to Palmer et al. (2016), there are three stages of adolescence, which are: eleven to thirteen (young adolescence), fourteen to eighteen (middle adolescence), and nineteen to twenty-one, which is late adolescence. At all these stages of adolescence there are different forms of 'exploration and self-discovery' (p.275). Their research also indicates that young and middle adolescence is the first time during which many people experience sexual encounters. However, because this time period is referring to the ages of eleven to eighteen, this information is somewhat ambiguous. I pose the question, not necessarily with an answer: to what extent should young people learn about sex prior to

experiencing it for themselves? And what is the best way for them to have a complete view of this subject?

Garland-Levitt (2017) argues that sexual health programmes in schools are able to shape the way young people learn about sex and therefore can influence their own agendas by choosing what is and is not included in the material and how it is taught. They state that there were advancements in the 2015 updated curriculum guide for Aotearoa New Zealand sexual health in schools, in particular focussing on what students were actually wanting to learn as opposed to just teaching the risks involved with being sexually active, e.g., pregnancy and sexually transmitted diseases, which were the most common topics in the past. Furthermore, the material suggests that the inclusion of diverse sexualities and dialogue around gender identities is of vital importance. However, Garland-Levitt (2017) also notes that the discussion around pleasure and desire was absent, and that if this dialogue was present then it would bring legitimacy to a ‘young person’s sexuality, which is essential for the creation of discursive spaces to foster sexual responsibility’ (p.124). This chimes with Foucault’s argument in *The History of Sexuality* Volume 1 (1976), that Enlightenment-based discourses around sexuality are obsessed with classificatory systems for denoting it in quasi-medicalised terms, which he calls *scientia sexualis*. This contrasts with the ancient world, and particularly Eastern cultures, historically speaking, understanding sex in terms of an *ars erotica*, or arts of erotic pleasure. Such lack of acknowledgement around pleasure and desire in sex education literature arguably prolongs the stigma that it is ‘taboo’ and contributes to the unease that young people may have when learning about sexual health within a school or college environment.

At the time of this research, in what are the most recent versions (Ministry of Education, 2020), there are two guides, the first for years one to eight (years of school, not ages) and another for years nine to thirteen. There is emphasis on all the topics above as well as acknowledgement of the significance of diverse backgrounds in not just sexuality and gender but also ethnicity, religion, and access to social media and the internet, which of course abounds with pornography. There is a lot of similar information in both guides; for example, they both discuss ‘sexting.’ However, the latter guide goes into more detail regarding its implications. Both guides acknowledge the importance of discussion around desire, but the latter guide also argues the need to discuss pleasure, though it is coy about the extent to which this is directly linked to sexual pleasure. In any case, it is difficult to know exactly how young people are being sexually educated without

being present – i.e., in the classroom, or case by case – but it is clear that these guides have made strides in delivering content that young people are asking for, or at least potentially needing.

Research has shown that while Aotearoa New Zealand has a modern approach to sexual education, in many other countries this may not be the case. The choices in educational content can be influenced by political parties, parents, and religious groups that are resistant to certain kinds of information being in sexual health programmes (Gegenfurtner & Gebhardt, 2017), including the exclusion of sexual education for students who are lesbian, gay, bisexual, transgender, and queer (LGBTQ+). This is important to note because this lack of education for the LGBTQ+ community, for example, is a feature of sex education in the United States more than in Aotearoa, although I will note that more research is needed to provide greater certainty on whether this is true in terms of how the content within the aforementioned guides is conveyed in practice. However, because many of the YA novels, television shows, and films I will discuss that depict sexual relations are American, it was crucial to be mindful about potential differences in curricula.

While on the subject of the LGBTQ+ community, it is vital to note that within YA fiction there has been limited representation of queer characters (Waller et al., 2022). More novels are emerging that include better representation (Jiménez, 2015; Bach, 2016) and this is a reflection of what young people want to read (Corbett, 2019). However, there is still an imbalance, and this could be reflective of the aforementioned agendas from political parties, religious groups, and parents, all of whom affect the buyers' market and therefore what novels are successful (Corbett, 2019). It is my view that every young person should be able to see themselves reflected in the literature they read, and hence why in my creative component I chose to have lesbian and bisexual characters as secondary characters within the protagonist's friend group to show this is normal, and to have a secondary love story unfolding within the novel between two young women. While I wanted to make sure my characters were diverse, this part of the storyline was a subconscious choice. When I created these characters, they already felt like real people to me, with real problems and already solidified sexual identities. Spencer (2022) states that it is important to have a myriad of queer stories that depict representations of love and happiness, as opposed to what has dominated LGBTQ+ narratives of “doomed” non-heterosexual lovers' (p.4).

Another way for young people to engage with and learn about sexual content is via novels, films, and television shows. The degree of explicitness in depictions of sex has changed a lot over the years, based on my own experience of watching television shows. When comparing the teen television show *Gossip Girl* (Schwartz et al., 2007–2012) to the reboot of *Gossip Girl* (Wigfield et al., 2021–2023), the depiction of sex scenes is enormously different. The more recent version was funded by HBO Max, who are notorious for their typically more explicit content (such as *Game of Thrones*), but even so both the original and the reboot still have characters of the same age. The *Gossip Girl* reboot is about high school students aged fourteen to seventeen and their various lives and the issues that they encounter. Many of the students are sexually active. The sex scenes, which are quite explicit, depict the characters exploring their sexuality. The original series was more focussed on the characters having sex for the first time or whom they were having sex with, whereas the reboot's focus is not if the characters are having sex, because most of them are, but rather: what does their sexuality mean to them? This connects to the theme of coming of age and characters figuring out who they are, which is how I wanted to be explorative with sexuality in my own creative text.

In an interview with one of the main characters from the *Gossip Girl* reboot, Thomas Doherty, who plays a pansexual boy, says he hopes that the audience will be 'open and investigative, sexually, in terms of questioning their own preconceived notions of sexuality and what that means. I think that that'll definitely broaden people's minds and make for a much more tolerant, accepting society' (Johns, 2021, p.1).

If there is a significant difference in how sex is portrayed when comparing the two versions of *Gossip Girl*, what has changed? Are teenagers more sexually active, or is it the boundaries around the discussion and depiction of sex that have evolved? According to a study done in America, the rate at which high school students are having sex has changed from 54% in 1994 to 38.4% in 2019, suggesting a decrease of 15.6%. They do note that they are tracking 'sexual intercourse', which may not include oral sex, and also, they do not mention if these statistics are exclusive to heterosexual couples only, so the statistic is very narrow and not inclusive. However, it is a marker that apparently teenagers are not having as much sex as early or as often as in previous decades (Youth Risk Behaviour Survey as cited in Lehman, 2020).

Herbenick et al. (2022) speculated as to why teenagers are having sex less often. They said this may be due to a variety of reasons including interfacing with contemporary technology that provides 'sexual experiences outside of physical sex with a partner (e.g.,

sexting, easy access to sexually explicit media)' (p.1427). Research by Lei and South (2021) suggests that another reason for the decrease in sexual activity among teenagers could be monetary income instability or 'psychological distress'. They argue that there are also more young people continuing to live with their parents longer than previous generations. An additional reason could be that there has been a decrease in alcohol consumption, which is associated with increased sexual activity, and finally, another possibility is amplified use of digital entertainment and computer and/or online gaming platforms that 'provide alternative sources of pleasure to sexual intercourse' (p.282). Nonetheless, paradoxically, sex is being depicted more openly.

Another television show that depicts sex openly that has had enormous popularity, going straight to the top of the charts on Netflix in its third season's first week of release (Tassi, 2021), is the series *Sex Education* (Campbell et al., 2019–2023). *Sex Education* is set in the fictional English town of Moordale and depicts teenagers' lives in high school as well as at home. The main character, Otis, bands together with another character, Mauve, to help solve the sexual issues their peers are facing. In this television show sex is talked about frequently and openly. The opening scene of the first episode shows two of the characters having sex and shows some nudity. While *Sex Education* may indeed be popular primarily for depicting sex with little left to the imagination, it is possible that other aspects of the show have contributed to its popularity. Mayer (2020) states that *Sex Education* uses 'an educationally expansive narrative of sexualities in which an aesthetic of tactility is underpinned by new narrative forms shaped by consent and respect, to encourage viewers to welcome an equally expansive commonality' (p.30). Perhaps the most notable aspect of this series is in fact the frank discussion of sex, the topical issue of what consent looks like, its diverse representation among ethnicities and sexualities, and how characters' backgrounds affect the way they interact within relationships.

In *Sex Education* diversity is normal, and this is seen within different cultures, sexual identities, and privilege among families whether it is class- or ethnicity-based, or socio-economic factors. While romantic and platonic relationships occur between many different people, their differences are acknowledged, accounted for, and explored. This departs from the traditional romance narrative in which heterosexual relationships in a predominantly white culture remain the focal point (Shumway, 2003).

Creator of the show, Laurie Nunn, wanted to create a 'realistic portrayal of sex and consent issues' (Schut, 2019, p.36) and, as the characters and situations are so realistic, diverse, and inclusive, 'Sex Education offers actual sex education' (p.37). One

example of this ‘frankness’ regarding sex is a scene that depicts a girl, Aimee, exploring her sexuality alone. It shows her masturbating in various ways, by humping a pillow or holding a hair dryer to her neck. Following this scene, she says to another character, ‘I’ve been wanking all night. I ate four packets of crumpets and I think my clit’s about to fall off’ (Campbell et al., 2019, ‘Episode 6’, 00:43:04). Personally, I have seen very little representation of female masturbation and throughout the three seasons of *Sex Education* it occurs frequently and feels normalised.

In the third season of *Sex Education* further topics were presented that are often ignored in mainstream media, such as non-binary characters and their struggle against not being put into the box of being either ‘boy’ or ‘girl.’ One non-binary character, Cal, continually gets into trouble because they want to wear the uniform that is supposedly for boys. Cal was born with female anatomy, and the principal of the school sees this as Cal causing trouble. The principal allows Cal to wear the uniform as they choose but continues to have issues because she (the principal) wants the uniform to be tight-fitting, and Cal wants it to be loose and comfortable. There are many instances where queer characters do not get the same treatment as heterosexual, cisgender characters, and *Sex Education* tells their stories in a way that shows the treatment of them is unequal and clearly not fair. A lot of the students in the school support their queer friends and classmates, and this aspect suggests the creators are in some ways acting as allies to queer people. However, there is clearly much more support and positive representation needed, which I personally both enjoy viewing and would like to emulate in my novel.

While some may argue that *Sex Education* is unnecessarily graphic, the creator states that even though the show is centred around sex, it is actually something more than that. She states: ‘At its heart, the show’s about communication and honesty’ (Nicholson, 2020, p.1). This is a perfect summation of how I aimed to portray sex in my own creative work – through a lens of receiving pleasure with consent, yet also the exploration of how sex and everything surrounding it is actually to do with communication and honesty, as Nunn so eloquently put.

According to Aubrey et al. (2020) sex is being shown and discussed on screen with more frequency than in the past and it is often depicted as ‘casual, risk free, and recreational’ (p.1135). This evidence has been conclusive for many years in westernised cultures, the explicitness of sex is becoming increasingly apparent (Attwood, 2006). However, when it comes to YA fiction, Cart (2022) argues that the genre still leaves much of the depiction of sex to the imagination, ‘puritanism has long since flowered in the

garden of young adult literature’ (p.153), nevertheless they also acknowledge that there has been some development of the graphic nature of these depictions. Yet seemingly not as much as television and films targeted toward teenagers.

In the novels that I have been examining for their depiction of sex, I have found a variety of results. Some novels are sparing with details in sex scenes such as *The Last True Poets of the Sea* (2019) by Julia Drake, *Shadow Kiss* (2008) by Richelle Mead, *Breaking Dawn* (2008) by Stephanie Meyer, and *The Fault in our Stars* (2012) by John Green, and many others. While others take a more graphic approach such as *A Court of Thorns and Roses* (2015) by Sarah J. Maas, *Empire of Storms* (2016) by Sarah J. Maas, and *Call me by Your Name* (2007) by Andre Aciman. Some of these varying representations will be discussed below. The novel *The Last True Poets of the Sea* (2019) by Julia Drake has good representation for queer (LGBTQ+) characters, featuring a protagonist who is bisexual and has had sex with young men and women. The sexual activity itself appears to be a pleasant distraction for her while she avoids tougher themes in her life. She falls in love with a young woman in the novel and they subsequently have sex. The sex is not described in detail, but it does say:

She smiled and so gently, took my hand and guided it back down.
‘Now, please?’ she asked, so very polite.
(Drake, 2019, p.191)

Though it is entirely unclear from this quote if the characters go on to have sex, in the context of the novel and what was being discussed previously it is assumed that they do. However, as the sex itself is not described in more detail, it remains somewhat ambiguous as to what happens, apart from consent for the sexual activity. While I personally feel that it is wonderful to have more queer representation, which is one reason I included this text in my analyses, I also believe that by skimming over the intricacies of sex there was an opportunity missed to explore communication about pleasure and boundaries, which seems to be popular in other works such as *Sex Education*.

Another young adult novel series that delves very explicitly into sex and has had great success is the *A Court of Thorns and Roses* series by Sarah J. Maas. In each book there are graphic scenes of sex. The protagonist (Feyre) has three sexual partners throughout the series, although they do not overlap. The first book in the series, titled *A Court of Thorns and Roses*, was published in 2015, which may not seem like very long ago, but from content marketed to teenagers that I have read and watched, the depiction

of sexuality has changed so substantially in those years that the explicit nature of *A Court of Thorns and Roses* seems ahead of its time. As mentioned, I have noted from my own reading within YA literature that when there is a ‘sex scene’ it may not be entirely clear whether sex is actually occurring, as with *The Last True Poets of the Sea*. However, in *A Court of Thorns and Roses* there is no such ambiguity, although such scenes do not refer to specific anatomical parts. ‘He slid between my thighs and feasted and feasted on me, stopping only after I shuddered and fractured. I was moaning his name when he sheathed himself inside me in a powerful, slow thrust’ (Maas, 2015, p.218).

The second book in this series, *A Court of Mist and Fury* (2016), contains sex scenes even more graphic than the first and more frequent. However, here the author does refer explicitly to anatomical parts. For example, ‘his thumb flicking over my nipple. I cried out and he buried himself in me in one mighty stroke...and then slammed back into me. Again and again’ (Maas, 2016, p.25), and ‘I watched his cock twitch’ (Maas, 2016, p. 446). This series also has queer characters in it, though they are not explored to as great an extent as in *The Last True Poets of the Sea* or certainly *Sex Education*.

Finally, I originally turned to the novel *Call Me by Your Name* (2007) for its depiction of sex, but ended up finding many aspects that contributed to my thought processes around power dynamics in sexual relationships, as well as the portrayal of teenage love that can border on obsession, all of which were integral to the creation of my own novel.

Call Me by Your Name (*Call Me*) is a novel by Andre Aciman, set in the Italian Riviera in the 1980s. The story is told from the perspective of Elio, a precocious seventeen-year-old boy. Every summer his parents take in a doctoral student for six weeks to work on their manuscript and help Elio’s father with his own work, as he is a professor. During this one particular summer, the student who stays with them is a twenty-four-year-old man called Oliver, who is charming and aloof. Elio quickly develops an obsession with him and the two eventually begin a romance, which ends when Oliver inevitably leaves. The story continues for another seventeen pages in which Elio briefly dips into parts of his life where he and Oliver intersect over the following twenty years, although they never quite come together in the same way. The novel finishes somewhat ambiguously as to whether, all this time later, Oliver and Elio finally do end up together. However, it is made clear that the relationship they had was the most important one of their lives. Aciman (2007) wrote it as:

You are the only person I'd like to say goodbye to when I die, because only then will this thing I call my life make any sense. And if I should hear that you died, my life as I know it, the me who is speaking with you now, will cease to exist. (p.240)

Call Me is classified as adult fiction, despite it being from the perspective of a seventeen-year-old boy. However, the novel does open with Elio reflecting on the summer when he was seventeen, so the novel is narrated from the perspective of an adult reflecting on the past. Because most of the narrative is focussed on this one summer, the reader forgets (for the most part) that Elio is telling the story from twenty years later until the last seventeen pages of the book. In any case, *Call Me* has been 'shelved' on Goodreads (Goodreads, 2021) as a coming-of-age story. Rybakova and Roccanti (2016) argue that all YA fiction 'is typically a coming-of-age story' (p.32), and especially given that the story focusses on this one period of Elio's life, I would argue that it could in some ways be classified as YA fiction, and I will treat it as such.

A considerable body of the criticism of *Call Me* (both the novel and filmic adaptation from 2017), centres around discussions of whether the relationship between Elio and Oliver was predatory, given their age difference (seventeen and twenty-four). This may be because the book was published in 2007 but gained popularity when the film was released in 2017, by which time many people were more sensitive to alleged age-based power dynamics within relationships. The criticisms that take particular issue with the relationship were mostly published after the momentum of the 'MeToo' movement in 2017. While MeToo is focussed on women being sexually abused or harassed, this movement brought a lot of awareness to said dynamics regardless of gender (Chandran et al., 2018). It is noted that Elio is part-Italian, and in Italy the age of consent is fourteen (Sorrentino & Turban, 2018), yet he is also part-American, and in the state where he resides most of the time (New York) the age of consent is seventeen (Age of Consent, 2021). So, the relationship is unambiguously legal in both jurisdictions. However, this does not mean that there was not an imbalance in the power dynamic between these characters. Nonetheless, while the age gap and power dynamic between Elio and Oliver is something to bear in mind, author Aciman clearly stated in an interview that 'this is a consensual relationship' (Petter, 2019, p.1). Because the author intended the relationship to be equal, I will treat the discussion of the depiction of sex within the novel as consensual.

While *Call Me* is a love story between two males, Di Mattia (2018) and Albertsen (2020) both state there is never a moment when Elio or Oliver discuss whether they are homosexual, bisexual, or any of the slang terms that come with these labels. They wonder if the author wanted to avoid delving into the politics of being homosexual in the 1980s. Sorrentino and Turban (2018) argue that it was Aciman's way of showing that Elio and Oliver were in some way trying to hide their sexual preference or had some shame surrounding it. While the author does not explicitly address this, when questioned in an interview about why he chose not to do so, Aciman said that while he was aware that many issues existed around homosexuality, especially in the 1980s, such as the AIDS epidemic, he wanted a story in which the love between Elio and Oliver could exist within a 'bubble': 'I wanted the love of two men to exist as it should exist—outside of disease, outside of prejudice' (TIFF Talks, 2018, 17:33).

In *Call Me*, Oliver says to Elio that they cannot act on the attraction: 'We can't do this – I know myself. So far we've behaved. We've been good. Neither of us have done anything to feel ashamed of' (Aciman, 2007, p.82). It is unclear if the inaction is due to the stigma of homosexuality or the age gap. However, this does seem a little contradictory to the 'bubble' that Aciman supposedly formed. As mentioned previously, some people take issue with this potentially naïve approach to the depiction of homosexuality in the 1980s in that it does not mention the AIDS epidemic or homophobia. Galt and Schoonover (2019) argue that the fact that 'Elio's family are open to his sexuality is implausibly liberal' (p.1). While this may be true, it can also be seen as a version of escapism to imagine a world in which people of this period could love each other as they choose.

I selected *Call Me* to analyse as it is a coming-of-age story, like many of the other texts I have examined, and in my opinion the author very successfully depicted what it is like to fall in love for the first time: the obsessiveness and confusion combined with the strong, sometimes overwhelming emotions. Aciman (2007) wrote this as:

His hair, turning blonder every day, caught the sun before the sun was completely out in the morning; that his billowy shirt... when he wore it on gusty days on the patio by the pool, promised to harbour a scent of skin and sweat that made me hard just thinking of it. (p.18)

While Elio's feelings for Oliver may be seen as very intense, they have been described as 'nonpathological love obsession' (Combrinck-Graham, 2007, p.1611). This fixated

attention is normal, according to Chuan et al. (2020). They conclude that those who are falling in love, or who are in early stages of love, suffer a state related to addiction, and this is why it can seem so intense. Empirical research has also concluded that this effect, and how it manifests in the brain, is comparable to drug addiction, although in differing degrees (Burkett & Young, 2012; Fisher et al., 2016).

Call Me is one of the few novels I have come across that, because the narrator's inner monologue is so intense and personal, depicts first love so accurately. My intention for my own creative work was to emulate how love can manifest obsessively in my protagonist's thoughts and feelings. Another element of Aciman's work that I wanted to use as inspiration was the depiction of the intimacy of Elio sharing his body, as well as in-depth sexual self-exploration. This kind of detailed sexual narrative is not typically seen within YA fiction, as was discussed above, apart from the aforementioned *A Court of Thorns and Roses* series. However, according to multiple sources (Fonseca & Greydanus, 2007; Kar et al., 2015) sexual exploration is very common around Elio's age (which is the same age as my protagonist) and so I too included elements of this.

The epitome of sexual exploration within *Call Me* is perhaps the infamous peach scene, wherein Elio pleasures himself using a peach as a surrogate for other things: 'The peach was soft and firm... its reddened core reminded me not just of an anus but of a vagina... I began to rub myself, thinking of no one and of everyone, including the poor peach' (Aciman, 2019, pp. 146–147). This scene demonstrates that Elio is very fluid in his sexual attraction to men and women. Along with this, it also shows his curiosity for his own self-pleasure. While this scene is quite salacious, I wonder if it would have been received the same way had Elio been a young woman. Sagebin et al. (2013) confirm the general observation that there is a double standard between men and women with regard to being sexually active or being portrayed as a sexual being. However, they also note that as time progresses this seems to be less rampant, though still prevalent. This can be linked to what has previously been discussed with regard to *Girl, Interrupted* regarding the higher number of diagnoses of BPD in women as opposed to men, especially on the basis of overt promiscuity, which, as a supposed symptom, is clearly socially constructed and gender-biased. The depiction of young women's sexuality is changing, as can be seen in *Sex Education*, where pleasure and sex are just as important regardless of biological sex, gender, or sexual identity.

While all of these texts have varying approaches to, and degrees of, explicitly portraying sex and the intricacies involved such as consent, communication around

pleasure, and boundaries, they have all had success in some regard. Another important aspect is they are not dominated by an exclusive focus on heterosexual male pleasure; female pleasure is just as important, as is pleasure within queer relationships. These are elements that I have taken into account in the drafting of my creative component, which will be discussed in further detail in the section that follows.

PRACTICE-BASED DIARY

It has become common when constructing an exegesis for a creative writing PhD to include an element of journaling in the critical, or exegetical, component (Bourke & Neilsen, 2004). Researchers are encouraged in this journaling practice to discuss their own perspectives, choices, and actions during this process, while also dedicating space for reflexivity (Mruck & Breuer, 2003). Bacon (2014) states that journaling is a tool for both academic and individual understanding. Furthermore, they argue that journaling can permit the researcher to gather evidence for ‘how context is explored, challenges are anticipated, complexity is interrogated and answers to the research questions are deduced’ (p.2).

Bourke and Neilsen (2004) claim that there are two types of journaling practices identified: one that is more colloquial and ‘anecdotal’ and is really only of use to the writer, and a second form that focusses on the process of writing but also the periods between writing, reflecting on and critiquing what one has written. This second form also focusses on the process of actually assessing what it is like to be engaged in the activity of writing. ‘It is journal work that asks questions about process, product, praxis and practice’ (p.3). This second form of journaling is what I employed while crafting my creative component and also the exegesis, which are very much intertwined. Journaling helped me see both of these texts as individual structures, while also being able to see where they connect, and it consequently gave me an opportunity to reflect on what had been written in both on an ongoing basis.

Much of the literature around journaling for academic purposes states that one of the most crucial parts of the journaling process is to have space for the reflective aspect (Snyder, 2010; Bacon, 2014), which allows the academic to process what they have written and helps guide further decisions based on what is presented. Otrlipp (2008) argues that reflexivity in journaling can also aid with ‘transparency in the research process’ (p.696).

Whether I was crafting the exegesis or the creative component, I kept a journal to document the process, particularly in regard to the depiction of mental illness. As this was an integral part of my PhD, it was essential to strive for accuracy when navigating the space between how the symptoms of, for example PTSD, were described in the *DSM-5* (APA, 2013) and how I chose to portray them in the novel. Furthermore, having reflexivity in this process was crucial to determine if I was being accurate according to the empirical medical evidence, yet also staying true to the protagonist I created and what her undetermined reactions to various circumstances would have been. I ultimately ended up journaling all aspects of my PhD as it felt important to have scope for each topic, or in the case of the novel, each chapter. I developed these journal entries and elaborated on them into this section of exegesis so the reader could see where and how the critical theory research and the creative components came together, and what the results of this interaction were, as found below under the title Developed Journaling.

Through all of this I was playing with the delicate balance of being informed by empirical medical research, responses to fictional literature, and many other topics, and the actual process of creative writing itself. I wanted to write the story and have it grow organically, yet I also wanted to be informed on how to depict sensitive topics in the novel. This was in the hope that I could create a story that would help people understand what MDD, PTSD, and aspects of BPD could look and feel like, or possibly make someone who identified with the protagonist feel they were not alone in their experience of mental illness and grief. This method of being factually and more theoretically informed while having the story grow organically was harder than I anticipated. Bacon (2014) stated that ‘writing this decisive exegesis is no easy feat for the practitioner who is playing dual roles of the artist and the intellectual’ (p.5), and I certainly found this to be the case, particularly with the design of my project.

I began with my research being predominantly literary and empirically based, i.e., via readings in the relevant narrative and medical literature. This made sense in terms of the plan for my project, so that when I did come to writing fiction, I would already be informed on a variety of prior fictional treatments of mental illness. However, I did not anticipate the weight of knowledge from the academic research to be so stifling to the creative process. I would often find myself paralysed at the start of a scene; I had an inkling of where I wanted to go with it, but the knowledge of how to accurately depict a symptom of mental illness, or the repercussions of being too graphic with the descriptions of a suicide attempt (for example), would stop the process from flowing. However, I did

eventually come to a place where I was able to write freely and then go back and edit descriptions to make them more sensitive to people who may find the topics triggering.

On the subject of matters that paralysed the writing process, I encountered a number of issues outside the work that contributed to stalling my progress.

I began crafting my creative component while I was working on my PhD confirmation document in 2019 and the first half of 2020, but most of this period of a year or so was spent on ‘academic’ research. Once confirmed as a candidate, I moved on to being primarily focussed on the creative component from August 2020. In September 2020, in the space of two weeks, my aunt passed away from cancer (which she had only been diagnosed with a few months previously), and my ex-partner, and friend, died from a drug overdose. The combination of these two losses shook me, and while I continued with work, I was grieving, and my work output was much slower.

Even with these setbacks, because I had been keeping a journal I was able to have the flow of work continuing for the various aspects of my PhD. The journaling was helpful not just for monitoring my progress, as I could not work on all areas at once, but also for being able to see all these different aspects more objectively and tie their unifying threads together. Therefore I reaffirm the importance of this component of the work to the completion of my thesis. Without the use of journaling to synthesise these aspects, I believe I would not have been able to be as accurate with the representations in the novel as I hope I have been, nor would I have been able to have space for insights accrued from interweaving the threads of the creative and critical-based writing. Everett (2013) is an advocate for the use of journaling during the PhD process, stating that it ‘was essential to the successful completion of the degree’ (p.214).

Depictions of Mental Illness in the Creative Component

In this part of the exegesis I will selectively discuss some important aspects of the process of writing my novel, as well as the literature that contributed to the decision-making process. In particular, I will discuss how the symptoms of the different mental illnesses I depicted in my creative component are relevant. I will then explain how the therapy scenes in the novel were used to reveal the interiority of the mental and emotional life of my protagonist, as well as the forms of therapy and therapeutic techniques that were shown or hinted at in the text. I will then discuss the importance of depicting sexual

relations in the creative component, with examples from the novel, and lastly, I will explain the use of place and space in my writing.

My protagonist, Elle, has a history of complex emotional states, so I want to reiterate that despite my best efforts to research different mental illnesses and their symptoms, I am not a health care professional and therefore my knowledge of how different mental illnesses could react together is based primarily on the *DSM-5's* (APA, 2013) explanations as well as my own experience with these mental illnesses. I briefly outlined these and the symptoms that are relevant to my work in the section Mental Health and Illness, but here I will go into further detail, giving examples of how this appears in my creative component. The aim was to have some basis of fact for what symptoms are present with the mental illnesses I was covering, while also using my own experience with these illnesses to speak truthfully in a creative sense. As has been discussed, I chose not to have Elle diagnosed with a particular mental illness. This was because I personally believe diagnoses only benefit some people, while others may feel 'labelled' or 'put into a box'. This idea is supported earlier in the exegesis in the section discussing Foucault's argument that putting a label on people with mental illnesses pathologises them as Other to 'normal' people. In my view, this 'Otherness' would continue to separate them and contribute to their feeling more alone, and therefore would feed into the mental illness instead of helping with understanding and healing. By the same token, I personally know diagnoses have helped people to feel validated in their pain and could help guide them with getting specific kinds of support, so I do not want to discount this.

In any case, I didn't want Elle (or by implication any reader identifying with her) to internalise a diagnosis and make it a part of her identity, so I purposely didn't put mental illness diagnoses in the creative component. However, for the sake of depicting symptoms honestly, I still wanted to do enough research to be able to represent them with accuracy.

Originally I had decided to have major depressive disorder (MDD) as one of Elle's main illnesses. However, when it came to actually writing the novel, understanding Elle's character more and the way her symptoms would realistically present, it became apparent to me that her symptoms were more in line with post-traumatic stress disorder (PTSD) and some borderline personality disorder (BPD) traits. However, in saying this, the description of MDD, as mentioned in the section Mental Illness, is in some ways more in line with what Elle experiences, which is 'depressed mood most of the day' (APA, 2013, p.160), insomnia, belief of being worthless, distinctly reduced pleasure in activities,

preoccupation with thoughts of death and repeated suicidal ideation, along with episodes that typically last at least two weeks or longer. Thus, I decided to still include MDD as a part of my depiction.

Major Depressive Disorder

Throughout the first half of the novel in particular, the way that Elle sees the world and the descriptions of her perspective show the reader that she has a ‘depressed mood most of the day’ (APA, 2013, p.160). I represented this through Elle preferring to be alone, and also by the way she describes her surroundings, such as: ‘the darkness overwhelms what light there is’ (p.11). While she is only speaking about walking home and there being no working streetlights, there are many descriptions like this that are purposefully hinting at it being related to the symptoms of MDD. Later in the same chapter she says: ‘I wait for the familiar darkness to swallow me’ (p.14), implying that this is something she experiences a lot of the time.

The second symptom is insomnia. This is shown when Elle mentions using medication so she can sleep, and this is stated to be a regular occurrence, at least in the beginning of the novel: ‘I’ve also had to take sleeping pills just to find some semblance of rest at night’ (p.33). For the third symptom, I never directly wrote that Elle thinks she’s worthless, but I tried to show this through her having a relationship with Jude, who already has a girlfriend. It is my opinion that if she had a healthy sense of self-worth, she would seek a normal relationship, or she would ask Jude to be exclusive with her. Elle continually talks herself out of asking for what she wants in this relationship, which shows her lack of confidence in her being ‘enough’. Another symptom is distinctly reduced pleasure in activities. Elle shows this by displaying a marked change in her attitude towards going to the school ball. Her stance on the ball was hinted at being positive prior to her parents’ deaths and has been negative since: ‘The whole thing seems stupid to me now. What’s the point in dressing up, putting hours into my appearance only to be out for a few hours and then it’s over? What’s the point in anything?’ (p.26). The last symptom of MDD that is relevant to Elle is preoccupation with thoughts of death and repeated suicidal ideation. This is shown in many ways throughout the text, but Elle says subtle things about dying that may not directly seem suicidal but do point to her thoughts revolving around death frequently:

‘Liv elbows me. ‘If I wasn’t, where would you be?’
‘In a ditch somewhere’ (p.27).

Her obsession with death is also shown in the way she views nature. This is written about in more in depth in the Place and Space section, but I will mention here that I purposely made Elle focus on death occurring around her that many others would not notice: ‘Seagulls cry and dive suddenly down to where a stranded fish is stuck on land, scared and gulping for its life source’ (p.47). While she does not immediately feel drawn to some aspects of death, she can’t help but notice them. While it can be argued that Elle has MDD, it is worth mentioning that as she has gone through the significant loss of both her parents, it is important to consider if the pain she is feeling is from grief, or from something more. The *DSM-5* (APA, 2013) states that bereavement can create intense pain, however it does not usually create an episode of MDD. However, if MDD and grief transpire at the same time, ‘the depressive symptoms and functional impairment tend to be more severe and the prognosis is worse compared with bereavement that is not accompanied by major depressive disorder’ (APA, 2013, p.155).

The *DSM-5* (APA, 2013) argues that to consider if someone’s reaction to loss is within a normal range, it would necessitate a professional’s verdict based on the person’s history. Even though I am not a professional, based on my reading and my own experience, because Elle has symptoms of PTSD, and in particular is ruminating on death frequently and seemingly has been for over a year, or at least she has been in a high amount of distress for over a year, I felt that this was more than appropriate grief. Therefore I think she is suffering with a degree of MDD.

Borderline Personality Disorder

As stated in the Mental Health and Illness section, BPD has many symptoms, and I only focussed on those that would fit in with Elle’s character. BPD is categorised as ‘a pervasive pattern of instability of interpersonal relationships and self-image’ (APA, 2013, p.663), which can include (but is not limited to) symptoms such as desperate avoidance of abandonment, impulsive behaviour like excessive drinking and sexual encounters, ‘recurrent suicidal behaviour’ (p.664), and mood instability due to a reaction to a distressing situation.

To be diagnosed with BPD, someone has to present with five or more of the symptoms listed (APA, 2013). Elle presents with five of them, but some are stated in the past tense and they do not reoccur over the timeline of the novel. In the case of the ones that do occur in present tense in the novel, they alter over time, and by the completion of

the story I believe she has moved past, or at least learned to deal with, many of the symptoms. Therefore I felt that Elle could present with symptoms of BPD and maybe not the actual disorder itself.

The first symptom being examined is desperate avoidance of abandonment, whether that abandonment seems genuine or unlikely. This is perhaps the symptom that appears most frequently for Elle. In the example below, Elle has got upset with her friends and then panics. She worries her friends will not want to spend time with her because of her emotional outburst. She does not outwardly say this, but it is shown from her sudden mood change and desperation to patch things up:

The frustration that I could feel building up vanishes. Instead I can feel a blooming sense of panic taking shape.

‘I know, I’ll apologise to her too, I just ... I don’t know what happened. Please don’t be mad.’ My voice rises at the end. Liv looks at me a little alarmed.

‘Hey, it’s okay, don’t get upset,’ she says.

It’s only then that I realise my eyes feel a little more wet than usual. I look at the ceiling and take a deep breath, swallowing down the choking feeling. My eyes go back to normal. (p.31)

This example does show her desperation to avoid abandonment, but it also shows another symptom of BPD, which is out-of-the-ordinary feelings of anger or difficulty controlling this emotion (APA, 2013). Prior to this example of the scene, Elle had got mad at her friends for trying to help her in photography and she lashed out, even though neither of her friends had said anything that warranted this reaction.

Shifting back to the symptom of desperation to avoid abandonment, another example is that Elle doesn’t bring up specific topics in conversation with Jude. She worries they could cause him to rethink their relationship and he could choose to end it, therefore abandoning her:

While I do want to know where we stand, the possibility of me bringing it up only for him to tell me that something like last night can’t be repeated makes me decide not to bring it up at all. This is too new and fragile. (p.98)

The last example of desperate avoidance of abandonment is in the same vein. Elle’s need to be secure in her relationship with Jude feels like life or death to her: ‘If he decided that he didn’t want me anymore, it feels like him just speaking those words could literally kill me’ (pp.164-165).

I gave three examples of this particular symptom because it does manifest in the text in most chapters, and is one of the biggest hurdles Elle overcomes, or at least gets better at grappling with. Even though she is terrified of what she sees as abandonment, in the end of the novel she chooses to walk away from Jude and their relationship, which would be extremely challenging for her. An additional symptom of BPD that Elle exhibits is impulsive behaviour that can potentially be ‘self-damaging’. The *DSM-5* (APA, 2013) states that this must be in at least two different areas. I would classify Elle drinking and taking her anti-anxiety medication as reckless, especially as in the novel she has mentioned she has done this before and did not remember the rest of the night: ‘I see an already open bottle of chardonnay winking at me from the bottom shelf. It’s roughly three-quarters full. I take a few swigs’ (p.54).

Elle ends up drinking more than what is mentioned in this immediate example, and prior to this she had already taken the medication. Her choice in these activities was spurred on by an argument with her friends. This rather extreme response also connects with another symptom of BPD, which is ‘affective instability due to a marked reactivity of mood’ (APA, 2013, p.663). This symptom manifests in other areas throughout the novel, such as in Chapter Six when Elle gets overwhelmed by emotions as a result of Jude not replying to a text message. She feels so upset that she has to leave the house, and by her literally running she is also metaphorically running away from her feelings: ‘My feet hit the ground, taking me further away from the house that holds too much of my emotions in that little room. My room can’t hold me, the house can’t hold me.’ (p.101).

Pivoting back to the symptom of impulsive behaviours, another area that needs to be mentioned is Elle’s sexual engagement with Jude, who is already in a romantic relationship. I would argue that this could be seen as ‘self-damaging’ (APA, 2013), especially as Elle continues to engage in this relationship despite it negatively affecting her mood. As the previous example of reckless behaviour also included the symptom of ‘instability due to a marked reactivity of mood’ (APA, 2013, p.663), I felt it was logical to detour into that because of the overlap.

The last symptom that is relevant for BPD in regard to Elle is what is described as ‘Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior’ (APA, 2013, p.664). As was mentioned in the MDD section, Elle often contemplates death and makes jokes about being dead, but this could be seen as Elle making subtle threats that if she did not have her friend, then she may not be alive. This is the same example from MDD but in this BPD framing:

‘Always so practical,’ I mutter.
Liv elbows me. ‘If I wasn’t, where would you be?’
‘In a ditch somewhere’ (p.27).

Elle also presents with self-harming behaviour, such as hitting herself when she is overwhelmed by emotions: ‘My hand flies out, hitting my face with force. It hurts enough to shock me into a moment of stillness’ (p.55).

While this is an example of self-harm, I am unsure if this can be categorised as ‘self-mutilating’ (APA, 2013), so it may not be applicable. I considered having Elle exhibit a more overt form of self-harming behaviour such as cutting, given so much of her pain is turned inwards, even if it is provoked by external factors. However, I ultimately decided not to include this as I felt there was no way to be truthful about the headspace of wanting to self-harm without triggering others who might be vulnerable to that mental state. As was discussed in the novelistic literature review, in *A Little Life* (2015) self-harm was discussed in depth, and it severely negatively impacted my mental state. I do not want to do this to my potential readership, or at least I want to do my very best not to elicit this response.

Elle reaches a point where she gets very close to a suicide attempt. She has pills in her hand and is prepared to take them to cause her death. She ends up not following through because of not wanting to cause pain to the people she loves; however, I wanted to emphasise this point because even though she didn’t follow through, she was so close to doing so, and that should be taken very seriously as an actual attempt. Therefore I do call it a suicide attempt. Elle describes it as:

‘If I’m broken either way, then I don’t see what the point is. I may as well be in the ground with my parents’ (p.236).

And:

‘Anything I had tying me to the will to live, has been severed’ (p.237).

The amalgamation of the examples of this last symptom may not count as a part of a BPD diagnosis as they are not recurring (APA, 2013). Nevertheless, as I stated at the beginning of this section, the point is not to diagnose, and even if it were, I feel that the way Elle’s

BPD symptoms present alter over the course of the novel, and therefore she is more likely to present with symptoms rather than definitively the disorder itself.

In regard to BPD, there is research that shows that childhood abuse is ‘one of the most influential elements’ (Mainali et al., 2020, p.1) in developing the disorder. In multiple instances throughout *Under a Lonely Sky*, I showed that Elle’s father was emotionally abusive. I did this not just to fit in with the possible BPD tendencies, but also to show that Elle’s life was far from perfect prior to her parents dying, and in fact there are multiple hints throughout the text that she suffered with mental illness before the accident. Regardless, she certainly faced abuse:

Flashes of my childhood flood in: Dad’s face red, spit flying out of his mouth as he yelled. How he could go from calm one second to fits of rage the next. His green eyes, the exact shade of my own, both of ours widened in different ways. (p.34)

The *DSM-5* (APA, 2013) states that MDD and BPD can occur at the same time, so this is in keeping with the creation of Elle’s character.

Post-Traumatic Stress Disorder

The final mental illness to be discussed is PTSD. A reason for choosing not to have Elle formally diagnosed with PTSD was that I know from personal experience it is quite a rigorous process, and not something that I wanted to delve into as it can be triggering to those who have gone through it (see the earlier section on the definition of triggering in the Overview of Relevant Mental Illness Literature – Trauma Studies). Originally I was only going to have Elle exhibit ‘intrusive recollections’ as part of her symptoms of PTSD, and I stated that I was not going to label it as PTSD proper. When I actually came to be writing the first draft of the novel, seeing Elle’s character emerge along with her symptoms I began to realise that a lot of them were more in line with PTSD than I had originally intended. I ended up going back and reworking much of my mental health research so that it reflected the development of her character in the novel, which of course includes many PTSD symptoms.

Earlier, I discussed the definition of the word ‘trigger’ as well as how PTSD can be defined. Due to its relevance to this section, I will reiterate. PTSD is described by *DSM-5* (APA, 2013) as ‘exposure to actual or threatened death, serious injury, or sexual violence’ (p.271), either by undergoing the trauma directly or observing the trauma to

someone else. In some cases it can also be hearing about a traumatic event that happened to someone close, be it a friend or family member. In the case of Elle, the latter instance is how she has developed PTSD symptoms. Intrusive recollections are a symptom that Elle experiences; they are heightened memories associated with the traumatic event. While Elle did not have direct memories of her parents' accident, she involuntarily thinks of her parents' mutilated bodies: 'In my mind I see a flash of a crumpled car. My parents' bodies smashed to pieces in it' (p.51).

Another symptom is 'psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)' (APA, 2013, p.273). This symptom and the previous one occur when Elle is triggered. She will have a distressing reaction to either a heightened memory or an event or cue that she associates with the trauma. Elle talks about her 'triggers' in relation to what she has worked on in therapy, so these would be things that cause her distress that others would typically not have the same reaction to. Some of her triggers are ambulance sirens, car crash scenes (in movies or real life), and phone calls. The novel does not always discuss what happens when Elle is triggered, but her reaction to receiving phone calls is touched on multiple times. Below is an example of Elle thinking about her process with receiving calls before and after the accident:

I didn't think much about whether I got one or not. In fact, I never really used to think of them at all. Until one mid-summer night I was walking back from Liv's house to my own and my phone began to ring. It was Nancy, which wasn't especially strange, so I didn't think much of it. I don't remember the words she said but I do recall the feeling of my stomach dropping when I found out something was wrong, and she was going to come get me. She didn't tell me that my parents were dead until later on when we were at home, but I can't get away from the feeling that if I hadn't answered the phone call, things would somehow be different. I know they wouldn't, but it still feels like they would. After a few months, when I'd had a few phone calls and just the sound of my phone ringing made me nauseous, I asked everyone to only call me if they had to. Texting was better. With texts I knew immediately what was needing to be conveyed. And I switched my phone to vibrate so if I ever did get a call, the piercing ring didn't slice directly between my ribs, seizing my lungs in an unbearable grip. (p.74)

As the novel progresses, Elle's trigger with phone calls improves somewhat. In her therapy sessions, her therapist (Kate) will often discuss Elle's triggers to see how she is getting on with them. However, the novel does not show all the conversations that take place, as it spans roughly six months. Regardless, an improvement can be seen in the

following excerpt, which takes place a couple of months after the most recent example that showed why Elle feels triggered by phone calls: ‘My phone starts vibrating multiple times; a phone call, which sends a pulse of anxiety through me. Although for one second I note it’s not quite as intense as a few months ago’ (p.134).

While some healthy development can be seen with Elle, for large portions of the text she engages in what is called ‘emotional numbing’. Dr van der Kolk, a psychiatrist and researcher specialising in trauma, states that when someone emotionally numbs, it may not just be in regard to things surrounding the trauma, but can spread to all aspects of life in general (van der Kolk, 1994). Therefore it is difficult for the person to feel emotions, or at least very intense ones, good or bad. Elle does this a lot throughout the novel. One example that also involves self-medicating is that she is distressed after a fight with her friends and she is feeling overwhelmed by emotions, so her urge is to numb them, which leads her to taking an anti-anxiety pill: ‘I hesitate. I could have two and sleep through most of tomorrow’ (p.13). This urge to numb not only the present feelings, but also anything she could feel the following day, shows how much she does not want to feel. As this is a reoccurrence for Elle, I decided it was important to cover it in her therapy sessions, as Kate would notice that Elle does this. I tried to reinterpret what Dr van der Kolk said. This is in Kate’s words:

What you have been through would be traumatic to anyone, I imagine. It is very common for someone who has experienced trauma to numb their emotions, whether they are positive or negative. I believe that if our brain chooses to numb itself it can’t pick and choose the emotion, so it just numbs everything. (p.167)

Another symptom of PTSD that is relevant, also discussed in relation to BPD, is ‘irritable behaviour and angry outbursts (with little or no provocation)’ (APA, 2013, p.272). As mentioned in the BPD section, Elle has multiple angry outbursts that are very out of proportion to the situation at hand, as can be seen in the examples given in the aforementioned section. This could also evidence a further symptom of BPD, ‘reckless or self-destructive behaviour’ (APA, 2013, p.272), that is also relevant for PTSD. The last symptom for PTSD is one that was also concurrent with MDD: ‘sleep disturbance’. Elle suffers from insomnia, which is listed as a symptom of MDD, so this of course implies that she experiences difficulty with sleep.

The *DSM-5* (APA, 2013) states that the time period for experiencing PTSD symptoms differs between people. It can range from three months to as long as fifty years,

and Elle is still suffering with symptoms for over a year after her parents' deaths. The *DSM-5* (APA, 2013) also explains that some people can experience the symptoms becoming more aggressive, or coming back after they have gone away, due to 'ongoing life stressors, or newly experienced traumatic events' (p.277). That is to say, just because symptoms appear to go away does not mean they are gone forever. Suicidal ideation and suicide attempts have also been linked with PTSD (APA, 2013) which is again in line with what Elle experiences.

It has already been stated that MDD and BPD can occur at the same time, but in the *DSM-5* (APA, 2013) the discussion of whether MDD and BPD can be concurrent with PTSD was unclear. It was discussed more in terms of whether the person in question had MDD, PTSD, or BPD; not to what extent they can all coexist as comorbidities. However, it is stated that if 'interpersonal difficulties' were present prior to the trauma but were then aggravated afterwards, this could indicate the possibility of PTSD as opposed to a personality disorder. The *DSM-5* (APA, 2013) further argues that 'individuals with PTSD are 80% more likely than those without PTSD to have symptoms that meet diagnostic criteria for at least one other mental disorder' (p.280), which seems contradictory to the previous argument; therefore, I think this is a very difficult case.

Elle exhibits different symptoms of all three mental illnesses. However, as they are also intertwined it is sometimes difficult to separate them. I felt conflicting desires: wanting to be very clear-cut and say this symptom links to this mental illness, which was caused by this specific event, while knowing that many illnesses are caused by more than one event, or symptoms can cross over into different illnesses, as has been shown above. What I am sure of is that Elle struggles with many things during the story, but the way she approaches them changes. Her decisions at the end of the book are different to what they would have been had she been presented with them at the start. She understands herself and the world better, and isn't that the point of coming of age? Elle's psyche is a complex case and so are the possible interactions between her conditions. However, in crafting Elle's character, I felt that her symptoms made sense given her trauma, and even though she is a fictional character, my hope is that she ended up feeling like she could be a real person – which is, of course, a main aim of novelistic literature: to create a protagonist that the reader can connect to, if not identify with.

Therapy Sessions to Show Interiority

After the first draft of *Under a Lonely Sky*, feedback suggested that I needed to add more interiority to Elle. This was because so much of the novel was focussed on Elle and her journey with mental illness that the reader needed to understand what exactly was occurring and what symptoms were presenting. Initially I was focussing too much on the technique of ‘show don’t tell’ to allude to Elle’s struggles. I understood why they needed to be related more in depth: the reader needed to be able to tell what was going on. Not everything could be sub-text. Sometimes directness is called for, so the negotiated solution was to add more therapy sessions into the novel, as this would be a good way of explaining Elle’s emotional interior without directly telling the reader and making the novel feel too expository.

This also gave me an opportunity to show the reader techniques and tools of how it is possible to manage difficult emotions. I was careful about what I showed, because I was concerned someone who may relate to Elle could try these techniques, but I did choose two that I felt were relatively safe. The techniques are both from dialectical behaviour therapy (DBT), which has been shown to be helpful for people with BPD and PTSD (Snoek et al, 2020). In DBT, techniques or ‘skills’, as the creator of this form of therapy calls them (Linehan, 2014), are implemented to help manage emotions.

One technique I described in the novel is called intense exercise (Fassbinder et al., 2016). I showed this in Chapter Six, when Elle is overwhelmed, so she goes for a short run and feels slightly better afterwards. While this is not actively stated as her using a therapeutic technique, it does show that she feels overwhelmed before, and after the short period of intense exercise she feels a little clearer. The second technique that I showed Elle using is her plunging her face into ice cold water, which is another DBT skill (Fassbinder et al, 2016). Both of these skills are part of the TIPP skills group for distress tolerance. In my experience with the latter skill, the sudden change in temperature helps to shock someone, and as their senses are overcome with the temperature change they feel less overwhelmed by emotions. I described this in the novel thus:

Then I take handfuls of ice from the freezer, dumping it in the bowl too, water splashing on the bench. Before I can think too much about it, I plunge my face in. The freezing cold grips my heart, soothing it with the drastic change in temperature. (p.201)

Therapy sessions were also a good way to bring in the discussion of Elle's future. I purposely made Elle reticent about discussing her future or making any plans toward building a future, such as applying for university. I felt that because she had been through so much that was out of her control, any new situations would feel terrifying to her because she would not know how they would feel, as the unknown has a large degree of uncontrollability. Consequently, what Elle knows is safe, and the unknown is unsafe. But as the novel progresses and she has gentle nudges from Kate, her family, and her photography teacher to consider what she'd like to do in the future, she very slowly works toward building a future. The reticence can be seen in Chapter Five: 'When I think about the future now, I feel this buzzing sensation and I'm filled with a sense of panic. I can't make these kinds of big decisions yet' (p.67), as compared to Chapter Eleven: 'With Jim saying that there's no pressure to go to uni, it's allowed space for me to see how I feel about going, and at this point it feels good' (p.195). In between these chapters Elle has thought about university a lot and had a number of conversations about it, sometimes in relation to her and other times in relation to her peers. But all of it has led to her eventually being able to plan a future. By the last chapter the reader is able to see that Elle is applying to a university in Australia; a much bigger future than Elle could have allowed herself to even consider at the start of the novel, and this shows how much growth she has been through.

Exposure therapy is another aspect of Elle's treatment that is mentioned multiple times in the novel. The idea is that by exposing the patient to things (this could be memories, thoughts, sensations, situations, and objects) that cause them distress (though these things must be objectively safe), the person's tolerance to such stressors can grow and eventually affect them less, or not at all, because they re-learn that these things are safe (Foa, 2011). Exposure therapy has been shown to be effective treatment for people with PTSD (Wisco et al., 2013).

In the novel, Kate encourages Elle to practise exposure to different things. Sometimes it is exposure to challenging emotions, so that she is able to feel and process them, as Elle's tendency is to shut out her emotions. Another example of it is Kate encouraging Elle to work on her triggers, such as receiving phone calls. Receiving phone calls is an inherently safe task, but because Elle associates this with the day she found out about her parents' death, this has become a trigger for her, and she has a severe reaction whenever someone calls. I purposely made it so that Kate did not push Elle to do these things, but gently nudged her in that direction. In Kate's words: 'The exposure to these

difficult things is to build a tolerance. But only when you're ready. It's important you have agency with the triggers' (p.75). It is my assumption that Elle tries to control her emotions because her emotions in relation to her trauma feel overwhelming and out of control, so I did not want it to seem like Kate was forcing Elle to do something she was not ready for. She encourages Elle to do it in her own time and explains why and how it can help. As mentioned, at some point Elle does have less of a reaction to receiving a phone call, so this form of exposure therapy worked for her, because she was able to see that a phone call does not always result in her finding out that someone she cares about has died.

Taking Gabriel Out

In the first draft of the creative component I had chosen to have the protagonist not only grieving the loss of her parents but also the loss of her best friend, a character named Gabriel, to suicide. I chose this because suicide, and particularly the grief from the loss of suicide, was something I wanted to explore to help others understand the impact it has on loved ones. However, roughly halfway through writing the first draft I realised that as I was largely focussing on Elle grieving the death of her parents, I was not doing justice to the loss of Gabriel. I felt like there were too many things going on in the novel, and his suicide was getting lost in the narrative. I had already determined that Elle was experiencing suicidal ideation and preoccupation with death and she would eventually make a suicide attempt later in the narrative. Therefore, I chose to take Gabriel out of the story, as it would still be realistic that Elle would be experiencing grief and despair by having been orphaned, and at the same time I would not be doing injustice to such an important topic as losing someone to suicide. My research question was posed rhetorically about how best my novel could potentially contribute to the conversation around mental illness in New Zealand, as we have some of the highest, if not *the* highest statistics of youth suicide in the world. Hence my initial aim to have Gabriel's story as a part of the process. However, I also knew that I would still be able to show suicidal ideation in Elle while maintaining her story of loss and grief from the loss of her parents, which is enough to spur her varying symptoms of mental illness.

The Depiction of Sex in the Creative Component

As mentioned in the subsection titled Depiction of Sex in YA Literature, the depiction of sex in my creative component was of great importance to me as I thought it was an opportunity to explore several things. Firstly, it was an opportunity to look at how Elle (given the fact that prior to the start of the novel she was closed off emotionally to some degree to all people in her life) would react being in a type of relationship that allowed her the chance to be vulnerable emotionally and physically. I was additionally curious about how this would then affect her mental illness and emotional stability. Further, I was interested in how graphic depictions of sex would affect the tone of the novel in relation to how the scenes are described in a raw, honest way, i.e., does this also feel in line with a raw, honest depiction of mental illness? Lastly, I felt that by glossing over sex scenes, some young adult fiction books were missing out on the opportunity to teach readers things like communication during sex, as well as consent and what this could look like.

Before delving into the examples, I wanted to note that in the novel Elle sexually explores many different things with Jude, but she also has sex with her ex-boyfriend, Andy. I chose for this to happen because the sex with Andy makes Elle realise that she does not actually want to have casual sex with anyone she chooses; really the only person she wants to be intimate with is Jude. So, this is a turning point for her, as she previously thought she did not want to be in a secure relationship because she thought she wanted to have the opportunity to have sex with whomever she desired. I purposely chose to not describe the sex scene between her and Andy, because how she felt afterwards was more important. The sex was physically pleasurable for her, but she felt nothing positive beyond that. Elle felt that she had outgrown the relationship with Andy, and so this is part of the process of her realising she wants to have an exclusive relationship with Jude. I also chose to not depict the sex that occurred between Elle and Andy because I wanted the focal point of sexual intimacy within the novel to be between Elle and Jude.

As mentioned, there were several things I wanted to depict in these sex scenes. Firstly, I wanted there to be a focus on Elle's pleasure, as in many books I have read there is a predominant focus on male pleasure, and that imbalance disturbed me. Therefore, I began looking at sex-positive theorists in the hope that they could shape my depiction of sex, or at least influence the way I was thinking about these portrayals. This led to examining Simone de Beauvoir's and Julia Kristeva's works around how women's bodies have been, and still are, viewed.

Simone de Beauvoir has opened many realms of thought for feminist theory, including insights around the difference between sex and gender. In *The Second Sex* (1949; 2015), she argued that sex is the anatomy humans are born with and gender is the cultural associations one takes on as we develop and age (de Beauvoir, 1949, as cited in Butler, 1986). To achieve liberation, de Beauvoir suggested women overcome their gender and the constrictions associated with it, as our culturally determined gender ‘implies sacrifice of autonomy’ (Butler, 1986, p.43). Through this, women would also be free to embrace sexual liberation.

Kristeva also made significant contributions to feminist theory and sexuality. In *Women’s Time* (1981), she argued that women are subject to Jacques Lacan’s ‘symbolic’ order, which represents the structures around culture, language, and social norms that dictate how women should behave, which is in line with de Beauvoir’s rationale. Kristeva reasons that in order for women to achieve sexual liberation, the symbolic must be overcome and reclaimed in order to fully have individual sexual expression and freedom.

Kristeva stated this as:

Women’s desire to lift the weight of what is sacrificial in the social contract from their shoulders, to nourish our societies with a more flexible and free discourse, one able to name what has thus far never been an object of circulation in the community: the enigmas of the body, the dreams, secret joys, shames, hatreds of the second sex. (p.32)

Kristeva’s work has been criticised for being anti-feminist (Jardine, 1981; Jones, 1984) because of her emphasis on motherhood being an important part of a woman’s identity. However, it is clear in *Women’s Time* (1981) that Kristeva advanced an approach of how women could seek liberation, including their sexuality and the embracing of pleasure. This aspect of her work relates closely to my own in terms of portraying sexual pleasure as important for both sexes.

Helene Cixous’ essay titled *The Laugh of the Medusa* (1975) introduced the concept of *écriture féminine* (literally, feminine writing), which refers to a way of writing that challenges patriarchal language and literary structures. She argues that employing such non-traditional ways of writing could create space for women’s voices to be heard, so to speak. This could be done through various approaches, one of which was writing about the female body. Aneja (1992) wrote:

Cixous sees traditional writing as closely identified with a singular 'neutral' discourse which speaks about the female body but will not let it speak (for) itself. Thus Cixous tells women to 'write the body' (*écrire le corps*) and asks them to reclaim the 'dark continent' of their sexuality. Writing is never very far removed from desire, from sexuality. (p.17)

Kurvet-Käosaar (2005) argues that Anaïs Nin (author of many forms of writing, including fictional erotica), felt similarly to Cixous in embracing writing about the female sexual experience. Through writing about my protagonist's sexual experiences, and the pleasure she feels in them, I am connecting with this idea by producing my own form of *écriture féminine*. While Cixous' ideas were informative, it was not feasible to produce a (potentially) mass marketable work of YA fiction in this vein, therefore the influence of Cixous has been limited to what I thought was appropriate for the genre of my novel, while also taking into account what was discussed in this section as well as in the section titled *Depiction of Sex in YA Literature*.

The example below shows Jude giving Elle pleasure, as well as having clear representation for female anatomy which, as mentioned, I also felt was important to represent:

He puts in two [fingers] and I moan again, relishing the feeling of him sliding in and out of me. It hurts the tiniest bit, but only for a second as I adjust, and then it's perfect. I wish it were more than just his fingers, but they feel so fucking good that I'll take what I can get. He shifts between sliding them in and out of me and circling my clit. (p.114)

Another aspect I wanted to have in my depiction of sex was showing the connection between Elle and Jude being about more than physical pleasure; there was an emotional connection too, which made their sexual connection stronger. This was also reinforced by my aforementioned choice of not depicting her sexual interaction with Andy but instead her reflecting on it and describing it as 'good', whereas the descriptions of her encounters with Jude are much more in-depth. Regardless, I chose to have Jude pause at a point during sex when some men would just want to keep going with the action. It was important for him to stop and say how he felt, which helps reinforce Elle's belief that he does love her:

His cock nudges at the entrance of me but I pull him closer just to grind against him. He feels teasingly close to me, but he pauses.

His eyes are open, the brown warmer than I've ever seen. 'I love you,' he says. 'And it's not just this.' His hips push against me. (p.188)

One aspect of depicting sexual intercourse that I wanted to be wary of, yet still allude to, was the mention of practising 'safe sex' by using condoms. I decided to position this topic in a way that was bilateral, so yes, I was writing about safe sex, yet I was also implying that the already-open box of condoms is a reminder that Jude is having sex with someone else too. As this expressed multiple elements of nuance it felt like the pressure was taken away from what could have been taken as a safe sex sermon: 'He reaches over to his bedside table, fingers going right to the back to get out a condom. The twelve pack is already open, the box half-empty' (p.188).

Another facet of their sexual relationship I wanted to include in the novel was showing that sex is not always perfect (as it is sometimes presented in television and films), and I feel it is important to communicate what feels right and what doesn't, whether emotionally or physically. This was represented in showing consent:

'Is this okay?' he asks softly as his lips trail further and further south.

'Yes,' I breathe out. (pp. 173-174)

It was also depicted through bodily action, such as Elle wanting to move when something felt uncomfortable; another part of what I hope is a more realistic approach to representing sex scenes:

I spend a few moments shuffling to the right spot. He holds his cock up straight for me to come down on. And when I do, it doesn't feel quite right.

'Hang on,' he says as he pulls my hips slightly forward. I go down and then up again. He nods. 'Better.' (p.189)

While I did spend time and space in the novel showing the sexual development of Elle and Jude's relationship, I wanted it to be only one aspect of their connection, so I chose to have these scenes not very long in comparison to a book such as *A Court of Mist and Fury* (2016), where most of Chapter Fifty-five is dedicated to sex, spanning pages 529–542, with some conversations interspersed between sexual occurrences. Not to say that this book doesn't include deep connections; I just wanted somewhat less of a focus on sex scenes, yet they were still important to include for previously stated reasons.

Place and Space and the Importance of Photography

Place and space were always going to be an important aspect of *Under a Lonely Sky*. As a writer I often rely on description of the land or the spaces the characters occupy as a way to show their mood, the tone of the scene, or to foreshadow a later event. As mental illness is intangible in itself and changeable, I knew I was going to heavily rely on the description of place and space to show the emotional landscape of the protagonist.

The choice of photography being Elle's hobby, and what she ultimately chooses to take further into university studies, was intentional. Her obsession with capturing images of people is, perhaps unconsciously, motivated by her wanting to immortalise the ones she loves. This connects with Roland Barthe's theory of a 'punctum' within photography, which essentially is a specific element within a photograph that pierces or 'wounds' the viewer, evoking some kind of emotional response. The detail that elicits this emotion is typically one that is elusive and also subjective (Fried, 2005). Some of the images that Elle captures are described in the novel, and while they may not be particularly arresting to everyone who would view her work, because this desire of Elle's behind taking photos of the people in her life, the photographs wound her all the same.

Even though she was interested in photography before the death of her parents, when she rediscovers her joy for it in the present tense of the novel she is much more connected to it. The novel shows through conversations that Elle was always good at, and interested in, photography, but she really begins thriving in regard to it when she begins to work with Jude as her model. This reawakening of her passion for photography is also mirrored by her reawakening of interest in a longer-term relationship, and also her capacity to feel emotions as well as participate in life more generally. This is also the beginning of when Elle is able to take photos of something and someone who is living and not be in anguish because of it.

In the beginning of the novel Elle has no interest in photography as she is depressed. As the novel progresses she becomes reinterested in it, and this shows some momentum to her healing process. Disinterest in activities that once brought joy is a symptom of MDD (APA, 2013), and therefore her re-engaging with this activity suggests progress. Photography was also an opportunity to show how Elle viewed the world; what she chose to focus on, metaphorically and also literally with the camera lens. Even while in the phase of being uninterested in photography Elle still views the world in a very artistic way – she notices nature, the colours around her, and the way things interact with each other. She talks about them as if they are subjects in a picture rather than just nature

existing around her. This helped me to develop her inner voice and therefore have a stronger character identity:

The trees lurch in the wind, losing some of their leaves, little parts of themselves. I know that the wind must be roaring but stuck inside this building with the industrial thick glass, I can't hear a thing. Except for the jarringly loud tick of the red-faced clock, standing out like a crimson poppy in a bed of snow-coloured Azaleas. (p.36)

In regard to place and space, there were a few sub-categories at work in my novel. They include the East and West Coast, the seasons, Jim and Nancy's house, and Jude's house. All these places and spaces were important to reflect Elle's emotional landscape, or her relationship to the spaces.

East and West Coast

As was discussed in the section titled Māori Mythology, the representation of the East and West Coasts was important to set the tone of the story, and having Elle being drawn to the West Coast, which in Māori mythology represents death, was an integral part of showing the ups and downs of her mental health.

There is only one scene that is actually set at a West Coast beach. I specifically chose to not name particular places in Auckland that exist as I wanted the reader to have no prior associations with these places. While only one scene takes place at a West Coast beach, I showed that the drive back to where Elle lives is quite short, so this implies that she lives closer to the west than the east, which symbolises she spends more time closer to death: 'The waves of the ocean on the West Coast beach crash onto the shore, spreading across like a blanket, making the black sand even darker. The sea, which is sometimes frighteningly rough here, is calm today' (p.46). In this example I also wanted to show the changeability of the West Coast beach concerned, which is also a metaphor for Elle's moods. (Physically, these beaches have black sand, glowering cliffs, and dense bush fringes, and are renowned for their deadly riptides and treacherous potholes). As was discussed earlier, 'irritable behaviour and angry outbursts (with little or no provocation)' (APA, 2013, p.272) is a symptom of PTSD that Elle struggles with, and I felt this could also be symbolised by the mercurial nature of the West Coast beach.

The connection Elle has to the West Coast is mentioned further throughout the text, typically when she is experiencing symptoms of her mental illness/es. In one

example, when Elle feels uncertain about where she stands in regard to her relationship with Jude, the uncertainty leads her to feeling scared and overwhelmed, and so she uses a DBT technique that was mentioned in the Depiction of Mental Illness section. This is where she puts her face into a bowl of water and ice. She feels better after this, but when she receives a text from Jude that leads her to feel anxious again, her thoughts lead her to the West Coast: ‘The text makes me want to go downstairs and plunge my face back into the icy water, maybe even submerge my entire body in the cold of the West Coast sea’ (p.202).

Eventually, when Elle gets to a breaking point and comes extremely close to a suicide attempt, she envisions the West Coast being a part of her death:

I imagine how it’s going to feel, slipping away from life. Like the West Coast sea taking me out into the deep. Rough, wild, and scary at first, but once I’m pulled under it’ll be soothing, cold, and quiet, the force of the waves pushing my body to the depths, resting my face on the black sand permanently. (p.239)

In the final chapter I wanted to have a reminder that while Elle does choose to continue with her life, that does not mean she does not feel the loss of her parents. I represented this through her saying: ‘The west wind whispers to me to keep going,’ (p.260). This shows that Elle recognises her parents would want her to continue her life, yet it also shows her awareness of death, represented by the wind that is blowing, the foreboding West Coast landscape, or the symbolism attached to it, relating in Māori myth to death and departure.

Seasons

The seasons played a crucial role in setting the tone for *Under a Lonely Sky*. While the novel opens in the late summer, most of it takes place in autumn and winter. Elle states that autumn: ‘reminds me of death and the representation of the end of summer; no more carefree days. When I think of my childhood, I always think of summer. Autumn embodies so many things I hate – change, decay, cold,’ (p.4). As the novel begins at the end of summer, this also represents the end of Elle’s childhood, which she associates summer with. This is further mirrored by the loss of her parents, which represents an end of childhood too.

The first line of Chapter One is: ‘He was born on the last day of summer’ (p.4). This refers to Jude, as the reader later finds out. The choice of him being born on the last

day of summer was intentional to show that he brings some joy and life to Elle, as this is what Elle associates with summer. However, his birthday is also on the very last day, which also suggests that while he does bring positive feelings to Elle's life, he does not stop the symptoms of her mental illness, just as Elle cannot stop the seasons from changing from summer to autumn.

Elle frequently notices the seasons, particularly in the beginning of the novel.

I used this device to emulate how she feels about different facets of life, such as her parents' untimely death:

In the daylight I can see some of the leaves have begun to yellow at the edges. A big oak at the edge of the property has already dropped some. That seems early for late February. Maybe autumn just can't wait, shoving summer out of the way before it's ready to go. (p.18)

In this case, autumn represents death, and summer her parents' lives. This is reinforced throughout the early chapters by Elle saying: 'I'm not ready to say goodbye to the warm weather yet' (p.61), which is really a metaphor for her not being ready for her childhood to end.

Another reason I set a large portion of the novel in autumn was to show the changeability of the temperature, ranging from hot at times to quite cold. The oscillation between hot and cold is a metaphor for Elle's changeable mood: 'In an hour or so when the sun disappears I know I'll need another layer on, and it'll feel like we've skipped autumn altogether and plunged straight into the beginning of winter' (p.79). The last scene of the novel (which is set three months after the previous scene) takes place in spring, for a number of reasons. Firstly, to show time has passed and that Elle has progressed and gathered strength to do things she was not able to before, such as catching the bus (which she was not in fact allowed to do after her near-suicide attempt), and applying to a university overseas. I also wanted the setting of spring to reflect new growth in Elle, and represent a new beginning and chapter, so to speak, of her life, especially with her university programme application – something that she was so unsure about for most of the novel.

Jim and Nancy's house

Another intention was to be very specific about how Elle felt about living in Jim and Nancy's house. For most of the novel Elle rarely refers to this house as her home, and indeed not until further on in the novel. This is because Elle had no choice in the death of her parents, and even though she loves Jim and Nancy she would not choose to live with them because it means living without her parents. By being unwilling to call this place her home, she is refusing to accept her parents' deaths. She consciously knows they are dead, but there is some part of her that will not accept it, at least early in the novel. This is shown by Elle saying things like: 'So, this is where I live' (p.82), and her having very few things in her room that represent her. Her walls are white with nothing on them; her duvet cover is a colour she hates. However, as the novel progresses and she begins to heal and grow in different aspects of her life, she is able to come to a place of accepting that she does live with Jim and Nancy. Gradually, Elle comes to call their house her home more and more often. Her full acceptance is symbolised in Chapter Twelve, when her grandad and Nancy are going to be painting the lounge blue, and Elle asks if they can paint her room too. By personalising her room, she is achieving acceptance but also gaining agency, as she has taken control of the internal narrative of this being her home, so that she can have her room how she likes it.

Jude's house

Another space that was constructed intentionally, especially in the way the characters interact within it, was Jude's house. Many scenes take place there, or more specifically, in his bedroom. There is only one scene that occurs in his backyard, and even then it is only brief, before he and Elle shift into his bedroom. Whenever Elle arrives at Jude's house and goes to his room, she notes that all the doors in the hallways are shut, and they remain this way with each of her visits: 'All the doors in the hallway generally remain shut, but the odd time I can hear the sounds of a TV coming from what I can only assume is the lounge' (p.126). This is to represent two things. Firstly, always shutting Elle away in Jude's room mirrors their relationship in real life. Jude hides his relationship with Elle because he is already in a committed relationship, and he does not want anyone to find out about him and Elle. Secondly, Elle never seeing the other parts of his house parallels how Jude only shows Elle specific parts of himself. It also signifies that Elle often doesn't know how he feels, as he keeps a lot hidden metaphorically and literally. All the doors in his house appear to remain closed most of the time, alluding to Jude's family not being

communicative and him and his learning this strategy of managing relationships through them.

These are just a few examples of how I've mobilised place and space within the novel; there are many more examples throughout. However, these are the most potent examples that use locations to allow the reader to gather further information about Elle's emotional landscape. The land is so much more to her than simply the earth she places her feet on. Her subject matter in photography is the way humans interact with nature. What she notices when she's distressed is typically nature-centric. She often thinks about her parents being in the ground and how part of her longs to be with them. While she is in some ways a normal teenager, she is deeply connected with the earth, and I wanted to reinforce this in many different ways, as shown.

A Note on the Choice of Chapter Titles

From the beginning of my PhD journey I knew I wanted the chapter titles in my creative component to be song titles. I have always found that the music in films and television shows are an excellent addition to show the tone of the scene, as well as adding another layer of depth to them. As books are unable to do that, adding song titles as chapter titles was my way of adding an additional dimension to the chapter. I chose songs that I thought connected with the chapter in some way. The song choice was also reflective of when the novel is set (2012), which helps create the mood of this period. Music is also something that Elle and Jude bond over right away in the story, so it connected in this way too. While of course the songs are optional to listen to, when they are listened to (before or after the chapter) I do believe that they add another level of emotion to the novel, though it is of course up to the reader to decide if they want to engage with this aspect or not.

CONCLUSION

Under a Lonely Sky is a young adult fiction novel about Elle, a seventeen-year-old girl suffering from mental illnesses while also experiencing grief over the loss of her parents. Elle finds ways to learn to live and love again in the wake of her losses, yet through a newfound love she also encounters abandonment again, and she must choose whether to continue in life. The novel explores what it is like to live with mental illnesses while navigating challenging circumstances such as first love and death.

Through the research process outlined in this exegesis, I believe I was able to provide tentative answers to my research question:

How might a novelistic treatment in the young adult (YA) fiction genre, informed by my own experience and wider critical reading, potentially contribute in a sensitive and supportive way to the conversation around mental illness, and in particular clinical depression and youth suicide in New Zealand, a country that has some of the worst statistics in this regard in the developed world?

My research in both critical and novelistic modes suggests that portraying mental illness honestly is important, while also avoiding depicting topics such as self-harm or suicide graphically, as this might trigger at-risk readers. However, what readers will find triggering is very individual, so it is difficult to second-guess how each reader will respond, despite the undeniable need to be aware when navigating sensitive topics.

Literature from empirical medical research, as well as fictional texts and many other bodies of work have informed my depiction of a young woman suffering from at least elements of major depressive disorder, borderline personality disorder and post-traumatic stress disorder. While these diagnoses are not meant to be definitive, and the critical theory around limitations to medical authority – especially in relation to female experience – needs to be taken into account, the result is a novel that strives to engage with these topics in a realistic manner yet not unnecessarily trigger those who may have experienced similar issues.

I also wrestled with how best to depict sex in a YA fiction novel, bearing in mind what had been published in the last several years within the genre. Exposure to feminist literary and theoretical texts arguing the importance of women's pleasure, which I consequently gravitated toward in portraying sexual activity in a generally frank and graphic manner, was a guiding light. This was undertaken both in the interests of verisimilitude and in the hope that people see pleasure is important for its own sake irrelevant of their sex or gender. In some small way, in narrating my protagonist's coming of age I would like to respectfully suggest that it is time for the YA genre to come of age too.

I hope that my novel, should it be published, can be both enjoyed for aesthetic purposes and also used as one tool for those suffering from similar situations and conditions to that of the protagonist, and who may be identifying with her, to feel less

alone in their struggles. Or at least, for those who know someone going through these issues to gain a greater understanding by reading of Elle's experience.

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