

Depression in adolescence and its visibility  
in literature

ELENA CABRERA TORAL

TUTOR(A): Dr(a). Anna Singla

UNIVERSITAT ROVIRA I VIRGILI  
DEPARTAMENT D'ESTUDIS ANGLESES I ALEMANYS

2021

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## **1. INTRODUCTION**

Mental health and mental illness continue to be a taboo topic in society as people think that mental illnesses are not as important as any other physical illness and that it is a minor issue as most people believe that is something temporary or that people who suffer from them are ‘crazy’ making people who suffer from mental illness keep their feelings and thoughts for themselves. They don’t ask for help as they think that people would think bad things about them.

That is why I chose this topic for my TFG. My project is called Depression in adolescence and its visibility in literature. First, I thought on doing it about depression in literature and how it is represented but it’s a wide term so after giving it some thinking and doing some research, I came to the conclusion on doing it about depression on adolescence and how it is represented in literature, if authors give a good visibility of it and if they give a good or bad representation of the mental illness. I chose depression in the teenage years because first of all, it is closer to me as I was a teenager a few years ago and second, because I think that depression in adolescences or teenagers is not taken as important as adult depression as people believe that teenagers have minor problems or that the problems that they have are foolish, adults underestimate their feelings and issues while teenagers are suffering more and more from mental illness and they can’t ask for help because people believe that they are just being dramatic. I chose three books which will be talked about later on this work to see if they give a good visibility and if they represent this mental illness in the best way possible.

## **2. LITERATURE REVIEW**

In the literature review, it will be briefly explained what depression is, the diagnostic criteria, some of the most typical symptoms that people with depression show, the different risk factors that can increase the chance of suffering from depression and how it can be treated. Some background on how this mental health illness is portrayed in prose fiction will then be provided, as well as previous analysis of the novels to be discussed in this paper in relation to this illness.

### **2.1. Depression on adolescence**

As NIMH (National Institute of Mental Health) remark “depression is a medical illness that can interfere with your ability to handle your daily activities”. Depression is ageless but symptoms appear more often in the teenage years or in the early 20s.

### **2.2. Diagnostic criteria**

Depression is different than sadness; it is not different in how much a person is feeling down but in the mix of aspects that are related to this emotion and how it influences a person’s life. While sadness is a feeling that can be normal in life due to different moments that can make this emotion flourish, depression is a disorder that affects how people live their life, making it hard or impossible to accomplish simple daily tasks.

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, 2013) notes that the “*individual must be experiencing five or more symptoms during the same*

*2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure".* These are the items that the DSM-5 takes as criteria of depression:

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement.
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

### **2.3. Symptoms**

Symptoms can differ in each person and they also differ in severity. NHS (National Health Service in England) states that symptoms can intrude in your normal life. NHS also declares that symptoms can be divided into psychological, physical and social

symptoms. Psychological symptoms such as ceaseless low mood, feelings of hopelessness, low self-esteem, feelings of tearfulness, feelings of irritability and intolerance towards other people, being unmotivated by things the person used to enjoy, not having enjoyment in life, anxiety or suicidal thoughts. Physical symptoms such as having a slower speech or movement, having no appetite or changes in a person's weight, constipation, aches and pains that the person does not know where they come from, lack of energy, and changes in sleep cycle can also appear. Social symptoms such as evading social life and having less contact with friends, loss of interest in hobbies and difficulties in the person's home or family life are associated with depression too. (NHS, 2019, December 10. NHS Choices)

#### **2.4. Risk factors**

As Debra Fulghum notes in WebMD (Bruce, D. F. (2008, June 4). *Teen Depression*. WebMD.) "*There are multiple reasons why a teenager might become depressed*". There are different factors that can increase the risk of a teenager suffering from depression, Fulghum, D. also says that "*school performance, social status with peers, sexual orientation or family life*" may be some of the risk factors that can impact the life of a teenager and how they feel.

Discovery Mood and Anxiety Program (A. (2019, May 8). *Risk Factors and Warning Signs: Is Your Teenager Depressed?* Discovery Mood & Anxiety Program) note that there are factors that can increase the risk of suffering from depression. These risk factors are relevant because teenagers who find themselves in that situation may be on a high level of suffering from depression or other mental illnesses. Factors such as:

- *Psychological issues*
- *Substance abuse*
- *Social issues*
- *Low self-esteem*
- *Teens lacking social and family support*
- *Family history of depression.*
- *Stress.*
- *Life changes. Sometimes teens are more prone to depression during a major life change, like parents' divorce or move to a new home or school.*
- *Grief. When someone close to the teen dies, it is normal and natural to feel sad but if the grief persists for too long, it could be a risk factor for depression.*

In the book *Depresión en niños y adolescentes (Depresión en niños y adolescentes. Síntesis. Gándara, M. V. D. B., Ortíz, M. Á. C., Barrio, M. V., Carrasco, M. Á., & Ortiz, M. Á. C. (2013))* the authors remark that there are two different kinds of risk factors: intra-subject factors and social factors. Intra-subject factors may be temperament, personality, self-esteem, self-efficacy and cognitive styles; social factors may be family, depressive mother, social support, social class and negative events.

## **2.5. Treatment**

Treatment can be different for every person as the type and severity of depression can vary. The most common one among teenagers is psychotherapy and medication.

Mayo Clinic notes out (*Teen depression - Symptoms and causes*. (2018, November 16). Mayo Clinic.) that there are different treatment options which are:

**Medications:** As Mayo Clinic states “*The Food and Drug Administration (FDA) has approved two medications for teen depression which are fluoxetine (Prozac) and escitalopram (Lexapro).*”

**Psychotherapy:** Psychotherapy is a treatment in which the patient talks about their feelings and problems with a psychologist or a mental health professional. There are different types of psychotherapy, for example: one-on-one therapy, therapy with the family members of the patient or therapy with a group of people who are dealing with the same mental illness as them.

**Hospitalization:** In extreme cases where depression is severe, the patient may need to be hospitalized to prevent “*self-harm or hurting someone else*” (*Teen depression - Symptoms and causes*. (2018, 16 November). Mayo Clinic.)

## **2.6. Articles about depression in literature**

Rebecca Kelley in her article “*11 of the Most Realistic Novels on Mental Illness*” (Kelley, R. (2014, 13 May). *11 of the Most Realistic Portrayals of Mental Illness in Novels*. Bustle.) states that “*there is a great tradition of mental illness in fiction*”. Kelley says that in the Victorian Era, authors loved to write about crazy women who were abandoned, and

who went insane as a result of that event. She also points that later on, authors introduced in their books different items that are related to mental health such as “*evil nurses, forced lobotomies, and botched attempts at electro- shock therapy.*” Kelley says that “*mental illness was less understood in the past than it is today*” but over the last years, mental illness is treated differently in books; there has been an improvement in the way authors write about mental illness, there are even writers who talk about their own stories in books to inspire other people or just to explain and share their experience. The author of the article comments that writing about fiction allows them to explain truer stories, and that “*they can write without worrying about their own reputations or the reactions from their family members. Their books give us a deeper understanding of mental illness and the way we deal with mental illness in our culture*”.

## Article 2

Raifa Rafiq on her article “*Just how helpful is reading for depression?*”, (Reporter, G. S. (2019, 21 August). *Just how helpful is reading for depression?* The Guardian.)

written for the newspaper The Guardian, explains that she was diagnosed with a form of depression called SAD which is Seasonal Affective Disorder, she informs “*that the NHS estimates to affect approximately one in 15 people between September and April*”. During that period of time, Rafiq sees herself immersed in the ocean of literature and as she says “*I sought solace in books*”

Rafiq states that “*books have been used by many as a form of therapeutic relief*”, books for her are like the morning coffee, she needs them when she wants to escape from reality. She confesses that by reading books she can run from the sadness in her life to focus on the lives of others, in this case, the characters of the different books she read. She says that art and fiction are “*to let you feel the timbers of life shake but also to broaden the*

*imagination so widely that you temporarily forget the banality of everyday life.”. What a person feels when they read a book is a feeling of fellowship and a feeling of company due to the “narrative voice or the characters” and cause a possible “tackle of one symptom and possible cause of depression – loneliness”. Rafiq marks that there is another feeling of community in libraries as “shown by Arts Council England’s 2015 research that found that regular library use saves the NHS a little under 30m pounds a year and that those who regularly used the library were more satisfied with their lives than those who didn’t”.*

Rafiq remarks that “*reading certainly can be therapeutic*”. Writers who suffer from depression disorder try to write what is on their minds to express their feelings, “*transcribe the messiness in their minds*” or they write just to distract themselves from reality and escape to a new world where they can be whoever they want to be. She confesses that depending on the book she chooses, it can rise her mood or it can low it but at the same time when she reads a sad book, she remembers that she is not alone and that there are other people who feel like her, even though that person is a character on a book, she knows that the author wrote it for a specific purpose.

Even though Rafiq explains that books are a way of escape for her, she also declares that books “*are not antidepressants*”. Rafiq states that “*Literature is, at best, a complement to professional medical helps*” as not only the souls need to nurture but also the body and the mind. Books are not medicine and they are also not any type of therapy, Rafiq marks that a person need to know “*what we read, when we read and what we get from reading*”. At the end of the article, she says that it is important for her to know what she reads and that is okay if she cannot read one day or for a couple of days. She ends up saying that “*while I am concentrating on feeding my soul, I cannot let my mind and body run amok*

*without ensuring they both get the best possible care also*”, confessing to the reader that even though she loves to read and she escapes from her reality by knowing other people’s lives, she also knows that she has to take care of her mind and body and that books are not going to help her with that.

### Article 3

Melissa Saryazdi on her article “*What Ned Vizzini’s ‘It’s Kind of a Funny Story’ taught me about mental health*” (Saryazdi, M. (2018, 11 September). *What Ned Vizzini’s «It’s Kind of a Funny Story» Taught Me About Mental Health*. Falmouth University English & Creative Writing.)

states that this book changed the way she felt. She confesses that she was suffering from depression when she bought the novel, she also confesses that her environment did not help her or support her and that the only person who could help her because they were struggling from the same disorder, told her that “*at least you are not as bad as I am*”, she always felt as she was not understood.

Saryazdi does a very brief summary of the book explaining in three lines what the book is about, after that she states that she does not like Craig which is the main character as he is “*obsessed with the idea of sex, ignorant in all kinds of way even though he’s academically gifted*”, but even though she does not like the main character, she likes that the novel helps “*with mental health awareness*” especially with depression disorder as it is the disorder that Craig’s struggles with. She explains that as Craig’s dad, there were people who turned what she was struggling into a joke, that there were other people who felt like they could not recount to her anymore and there were others like Craig’s best friend who started to make questions about their own mental health. She marks that she

does not feel okay to say that people who commit suicide are selfish as she thinks that *“it’s plain guilt-tripping. It doesn’t help”*.

Saryazdi mentions again that there are things that she does not like about Craig and points out that one of them is the idea of the Anchors as she believes that *“he wants to base his happiness on other people, like they can ‘save him’* and she says that even though she does not like this idea, she has found herself on the same position of thinking that someone could actually save her. She shares an interesting thought that says that *“we need to build our lives around ourselves, not around others”*. She ends up confessing that *“I thought that if Craig could get through it, then maybe I could to. And I did.”* She does not say that it was thanks to the book but it gave her something to keep up with.

Paige Beresford on her article *“Kathleen Glasgow tackles the stigma of self-harm and mental health with a real, positive message in “Girl in Pieces”* starts by explaining that there are a lot of books that focus on mental disorders but that there are not so many that handles it in the way that Glasgow does. Beresford says that *“Girl in Pieces is different”*, she states that because it starts in a way that readers are not used to, the main character *“has already taken drastic measures and finds herself at the edge”*.

She remarks that the novel is also different because it is not telling the reader that at the end everything will be alright and they will be stronger and cured from everything that they struggled with. Beresford explains that there are incredible messages in the novel but the one that she was more invested in was *“just because you think you are damaged, it does not mean that you’re broken, it just takes a little bit of time and self-love to find some strength.”* She states that what Glasgow try to tell us in the book is that *“what hurts us is cumulative. It happens over time.”*

She explains that even though people take all the pain and try to fix it, that does not mean that everything can be fixed because there are things that cannot be fixed even though a person tries really hard to. She states that *“in order to survive we have to acknowledge and believe that even if something seems like it cannot be fixed it doesn’t mean it’s broken”*.

She ends the article saying that the main message of the novel is *“It is ok to be yourself, no matter what you have been through or done no one is going to care about the past. If you just be yourself, that’s what people are going to love.”*

### 3.METHODOLOGY

The hypothesis on this work is to see how teenage depression is represented in literature, if authors give a good visibility of it and if they give a good or bad representation of the mental disorder.

First of all, research of the book was done to see which novels dealt with depression especially on the teenage years, this research included the reading of the synopsis of the different novels to see which of them had depression as their main topic and if they talked about that. Three books were chosen after that research which were "*It's kind of a funny story*", "*Girl in Pieces*" and "*Looking for Alaska*", they were the ones that dealt with depression as one of their main topics.

After that, the books were read and the analysis was started, an analysis based on the main characters of each novel and how it is related to the literature review and to see that relation it will be analyzed how the book portray each character, if it is explicitly told that they suffer from the disorder and how the novels were written.

Once the analysis is done, a discussion will be held on which it will be seen if the authors give a good or bad representation, if it is written in a faithful way and some interviews and articles will be looked to know how the authors were influenced to write these stories.

#### 4. ANALYSIS

To do the analysis, three different novels will be chosen which talk about depression in different ways. They are different stories but with one thing in common: at least one of their characters suffer from depression. The novels I will be analyzing are “*It’s kind of a funny story*” by Ned Vizzini, “*Girl in Pieces*” by Kathleen Glasgow and “*Looking for Alaska*” by John Green. The characteristics of the characters of each novel will be analyzed and linked it to the literature review part, that is to say, how the authors represent depression on each book, and if they show the symptoms, risk factors, diagnostic criteria and treatment in their writing. To see this relation, it will be looked how the authors portray each character, if it can be seen that the characters struggle from this disorder, if it is explicitly told and how the authors wrote the different novels, that is to say, the narrator voice and vocabulary will be analyzed to see how the characters express their feelings.

“*It’s kind of a funny story*” is about a fifteen-year-old boy named Craig Gilner who suffers from depression. Craig is studying in a prestigious school in New York called the executive pre-professional high school, which is the beginning of the end for him. He is under much pressure in his studies, which makes him lose his friends and leads him into a permanent feeling of stress. This grows and evolves into an anxiety and depression disorder.

“*Girl in Pieces*” is a story about a seventeen-year-old girl called Charlotte Davis even though people call her “Charlie”. She suffers from depression, self-harm and a post-traumatic stress disorder. Charlotte has to experience a process of grief due to his father’s death who committed suicide while she also has to experience the physical abuse her

mother her. The story begins with Charlotte in a mental hospital as she tried to commit suicide.

*“Looking for Alaska”* is a story about Miles Halter which is the main character. He left his house to go to “Culver Creek” as he does not feel good in his home place and he feels lonely as he does not have any friends. Once he arrives to Culver Creek, he starts making friends as Chip, Takumi and Alaska. Alaska dies in a mysterious way through the middle of the novel; Miles and Chip start to investigate if it was an accident or if she committed suicide. Even though Miles is the main character, in this paper the character analyzed will be Alaska as she is the character who suffer from depression, even the story is around Alaska as the chapters are divided before and after her death.

The different narrators and type of narration give an idea of what the author want the reader to expect from the distinct novels. Both *“It’s kind of a funny story”* and *“Girl in Pieces”* present a 1<sup>st</sup> person protagonist narrator letting the reader get into their thoughts and feelings and making the reader feel closer to them. On the other hand, *“Looking for Alaska”* also presents a 1<sup>st</sup> person protagonist but as the story goes around Alaska, the reader cannot know what she feels or thinks, they just know what the narrator tells them, so Alaska is also a mystery for the reader as it is for the narrator. So, if the focus is in Alaska, the narrator would be a 3<sup>rd</sup> person subjective narrator. Regarding the type of narration, *“It’s kind of a funny story”* and *“Girl in Pieces”* are both non-linear and viewpoint narrative while *“Looking for Alaska”* is also viewpoint but it is a linear narrative. The use of flashbacks makes *“It’s kind of a funny story”* and *“Girl in Pieces”* a non-linear narrative as it gives the reader an understanding of what happened before they started suffering from depression and how they were “fine” when they were kids. *“Looking for Alaska”* is chronological and it explains what happen to their characters day

by day that is what it makes it a linear narrative. Regarding the viewpoint narrative, the three of them tell the stories through the point of view of the different narrators and it makes the reader grow closer with them and feel what they are feeling in the novel.

The first novel that will be analyzed is *"It's kind of a funny story"* by Ned Vizzini. The author starts the novel with a shocking quote that prepares the reader on what is coming in the following pages, the novel starts saying *"It's so hard to talk when you want to kill yourself (p.2)"*. It can be seen throughout the novel that Craig suffers from depression disorder, he even says it himself through the novel, *"I wanted to tell people, 'My depression is acting up today' as an excuse for not seeing them, but I never managed to pull it off"*, he says that he does not know how he got there in an interesting literature device called authorial intrusion where the author writes as if Craig was talking to the reader, *"So why am I depressed? That's the million-dollar question, baby, the Tootsie Roll question; not even the owl knows the answer to that one. I don't know either. All I know is the chronology"*. As mentioned previously, it can be seen that he suffers from depression, not only because he mentions it but also through the different symptoms that Craig experiences, symptoms that the author captures and write perfectly for the reader to understand what is going on in Craig's mind. He has no appetite at all, every time he has to eat, he ends up throwing up the food making him lose weight and feeling sick as he has no food in his stomach and when he does eat, it is just a small amount of food to not worry his mom. An example of this changes in his appetite is when he says *"I hadn't eaten the night before. I went to bed exhausted from homework and knew as I hit the pillow that I would pay for it in the morning, that I would wake up really hungry, that I would cross the line where my stomach gets so needy that I can't eat anything. I woke up and my stomach was screaming, hollowing itself out under my little chest. I didn't want*

*to do anything about it. I didn't want to eat. The idea of eating made me hurt more."*

Another symptom that the author makes clear on the novel is the changing cycle of sleep, there were days on which he could spend the entire day on bed while there were other days on which he could no sleep at all, Craig makes it clear through the novel *"It's tough to get out of bed; I know that myself"*, *"I didn't want to wake up. I was having a much better time asleep."* while he also says that *"I can't eat. I can't sleep. I'm not doing well in terms of being a functional human"*.

Due to studying into the prestigious high school, he loses interest in the activities he used to enjoy, he used to draw maps with his father or by himself, he used to ride a bicycle because he liked to do it and not because he had to and he used to play videogames. He feels guilty because he thinks that he is a burden for his and he does not let them enjoy what they used to because they have to take care of him and worry about him. He also feels guilty about his studies as he thinks that he is going to be a failure as he says *"I wasn't gifted. Mom was wrong. I was just smart and I worked hard. I had fooled myself into thinking that was something important to the rest of the world"* and he is going to be homeless if he does not pass and has a perfect future. Later on in the novel, when he is on the hospital, he feels guilty because he believes that he is wasting everybody's time and money. He says that he is okay and he has never had depression even though that is not right. He says that he has nothing wrong with him, that this was all an excuse and that he has done that just because he wanted to be the center of attention and now, he is surrounded by people that think that he has a disease when that is not true because he had good friends and a loving family and he was doing fine with studies. He also says that depression is not a disease, that it is just a pretext for being a prima donna. His brain is

making him think that as he is having a panic attack, he thinks that he is just being over dramatic and that there is no reason for him to be in the hospital.

It is clear that he has recurrent thoughts of death and suicidal ideation as the novel as it was previously mentioned starts with the following quote *“It’s so hard to talk when you want to kill yourself”*, the night he plans on doing it he says to himself *“I’m going to kill myself. I’m going to do it tonight. I thought I was better and I’m not better. I tried to get stable and I can’t get stable. I tried to turn the corner and there are not any corners; I can’t eat; I can’t sleep; I’m just wasting resources”*.

The author does not give us a specific moment where everything clicked, Craig says that it could be when the pressure on high school hit him or it could be before, he even wants to have a big reason to be dealing with that as he says *“Of course I wasn’t abused. If I were, things would be so simple. I’d have a justification and something that I could work on. The world wasn’t going to give me something that tidy.”*. The author gives different risk factors that increased Craig’s risk on suffering from depression but at the same time, he does not give an explicit reason so he could have different risk factors as school performance and stress due to studies and the different life changes, he suffered of.

He experiences the three different types of treatment that were discussed in the literature review part, he takes medication, he starts taking Zoloft which helps him for a while and makes him believe that he is doing fine again and that his mind is feeling alive but once he ends with the medication, he believes that he does not need more pills and he ends up in the starting point. He also goes to therapy; he has a doctor called Dr. Minerva; he says by the end of the novel that Dr. Minerva only causes him more stress even though she wants to help him to do better in his life, she is the one who advises him to change to a

different school. When he tries to commit suicide, he ends up calling the Suicide Hotline, and what they recommend is going to the nearest hospital and that is how he ends up in Six North, which is the psychiatry ward of the hospital.

The author writes colloquially making that the reader understands everything that goes on through Craig's mind, he even makes the reader be a part of what is happening in Craig's life as it was mentioned before by making questions that can be addressed to the reader as if they were asking why he is struggling from depression. The reader can see clear through Craig's mind, he expresses all his feelings and thoughts in the book and that makes that the reader sympathize with him as they know with what he is dealing and what is feeling in every single moment of the novel.

The second novel that will be analyzed is "*Girl in Pieces*" by Kathleen Glasgow. "Girl in pieces" is a story about a seventeen-year-old girl called Charlotte Davis even though people call her "Charlie" who suffers from depression, self-harm and a post-traumatic stress disorder. Charlotte has to experience a process of grief due to his father's death who committed suicide while she also has to experience the physical abuse her mother gives her. The story begins with Charlotte in a hospital as she tried to commit suicide.

The author starts in a different way from what other novels may start, the novel starts with Charlie in a center so it is a turning point from other novels as it was seen in "*It's kind of a funny story*", Craig getting into the psychiatric ward happened in the middle of the novel.

Charlie struggles with depression at the same time she is struggling with post-traumatic disorder and self-harm. She feels good in the hospital even though at the beginning she does not talk because of the trauma as she says "*The girls here, they try to get me to talk.*"

[...] *I cut all my words out. My heart was full of them (p.22)*". She knows that she is waking up from something that happened to her but she still does not know what that is as post-traumatic disorder made her forget part of the thoughts of how she got in there. Even though she feels safe in the hospital, she has a feeling of loneliness and emptiness that had been around here for more time that she could even remember as she says in page 47 "*while I say sadness what I really mean in black hole inside me filled with nails and rocks and broken glass and the words I don't have anymore.*" and in page 60 "*What I don't write is: I'm so lonely in the world I want to peel all of my flesh off and walk, just bone and gristle, straight to the river, to be swallowed, just like my father*". The author let the reader know the different factors that increased the risk that she had of suffering from depression disorder and the author also let them know what was the explosion that made her cut herself so deep that she almost died. One of the risk factors that the author make clear is grief, Charlie has to grief her father's death and what is even harder is that he committed suicide "*straight to the river, to be swallowed, just like my father (p.60)*" as he was also suffering from depression as she explains "*He was days of not getting out of that chair, of me on the floor by his feet, filling paper with suns, houses, cats' faces, in crayon and pencil and pen. He was days of not changing those T-shirts, of sometimes silence and sometimes too much laughter [...] as the world grew darker around us (p.63-64)*" which at the same time Glasgow make clear the family history of depression which is another risk factor. She was physical abused by her mother once her father died and she also kicked her out of the house which can be related to teens lacking family support. When she was on the street, a man who she calls F\*cking Frank picks her and her two friends up from the street and let them stay in his place, in where she is sexually abused by different men that pay for her services. Glasgow, the author, does not write explicit

the risk factors but the readers can assume that all these traumatic events had increased her risk of struggling from depression disorder.

Charlie feels guilty which is one of the diagnostic criteria and one of the symptoms at the same time, she feels that is her fault that her best friend Ellis cut herself so deep that is now in a coma state, she thinks that she led her to do it because Ellis saw her and thought it was something normal to do. She experiences feelings of irritability and anger mixed with feelings of hopelessness as she shows when she says “*OUT. CUT IT ALL OUT. Cut out my father. Cut out my mother. Cut out missing Ellis. Cut out the man in the underpass, cut out Fucking Frank, the men downstairs; the people on the street with too many people inside them, cut out hungry, and sad and tired, and being nobody and unpretty and unloved, just cut it all out, get smaller and smaller until I was nothing (p.80-81)*”. She experiences from changes in sleep cycle as she cannot sleep at night as she thinks that Frank would go there and hurt her “*The good doctor thinks you need something to do to curb your anger issues, of which there are apparently many, and also your weird habit of not sleeping. (p.55)*”.

Glasgow, as Vizzini, let the reader be part of the story making use of the literary device called authorial intrusion as Charlie says “*you don’t know what that feels like, probably, because you’re used to having friends. You probably have a mom and a dad, or at least one who’s not dead, and they don’t hit you. (p.131)*”, she is making them part as if Charlie were blaming them for not understanding what she is going through even though they are reading her thoughts, it is a way of telling them that they will never know what she had experience.

The novel is divided in three different parts; the first part is when she is on the rehab center, the second part is once she is out of the center after a few days in there and the third and last part is how Charlie's future will be. The author writes in a colloquial way, she even uses bad words "*Go be absolutely, positively, f\*cking angelic*", "*It's only a f\*cking box of cereal*" and vocabulary that is used especially by teenagers as Charlie is only seventeen-year-old.

Glasgow, as Vizzini, let the reader be part of the story as Charlie says "*you don't know how it is to don't have any friends*", she is making them part as if Charlie were blaming them for not understanding what she is going through even though they are reading her thoughts, it is a way of telling them that they will never know what she had experience.

"*Looking for Alaska*" by John Green is the last novel that will be analyzed. "*Looking for Alaska*" is a story about Miles Halter which is the main character. He left his house to go to "Culver Creek" as he does not feel good in his home place and he feels lonely as he does not have any friends. Once he arrives to Culver Creek, he starts making friends as Chip, Takumi and the girl of which the plot of the story is about and the character that suffers from depression, Alaska. Alaska dies in a mysterious way through the middle of the novel and Miles and Chip start to investigate if it was an accident or if she committed suicide.

The author makes the reader see Alaska as a mystery, in the same way Miles sees her. As it was previously mentioned, Green writes the story in first person but to analyze this character, the story is written in third person as the reader only know what Miles let them know about her or what she explains to them; the reader does not know how she feels or what she thinks and that makes her death also a mystery for them. This novel is the

trickiest to analyze as in the other two, the main character is the one who suffer from depression disorder and it is known her thoughts and feelings but in *“Looking for Alaska”* it is only known through Miles’ eyes and through the different dialogues. Green writes in a colloquial way make it understandable for the teenage reader as the novel is mainly focused on teenagers, he uses vocabulary that teenagers use and even though the reader cannot know the feelings and thoughts of Alaska, they know what is happening inside Miles’ brain and that makes them empathize with him and at the same time empathize with Alaska as Miles is in love with him and he idealizes her.

Alaska wants to *“escape the labyrinth of suffering”* as she has been suffering from depression since she saw her mother die in her presence and did not call 911 as she was a kid and did not know what she could do. The main factor that increase the risk of suffering from depression to Alaska is experiencing grief from a very young age and at the same time she feels guilty which is one of the symptoms of depression, she feels guilty because she could not helped her and she feels guilty because she forgot to visit her mother’s grave on the day of the anniversary of her death and that was the explosive that made her crash her car; that is what the author let the reader know as they cannot enter into Alaska’s mind, they have to suppose what Miles says that happened.

It can be seen that Alaska has recurrent thoughts of death as she wants to escape the labyrinth of suffering which means that she does not want to feel anything, she says *“Y’all smoke to enjoy it. I smoke to die. (p.79)”*. The only way she ends up doing it is by crashing her car. The main character, Miles and one of their friends Chip, found a note in one of Alaska’s books that said *“straight and fast”* which were the words or the phrase to find an exit to the labyrinth of suffering and which also lead them and also the reader to know that she committed suicide by crashing the car as she did it straight and fast.

Miles has to experience the grief of the person he loves and he also has to experience life changes as he moves to Alabama to attend a boarding school called “Culver Creek”, where he meets Alaska and some of his new friends. He had no friends back in his hometown which is also another risk factor called social issues and the lack from social support as he did not have anyone by his side apart from his family. Even though he experiences some risk factors that can lead him into a depression disorder, there is no sign in the book which let the readers believe that he is suffering from it. He did not want to escape from this labyrinth of suffering and that could be an indication that he is not suffering from depression but just experiencing a series of sad events as he knows it and wants to be better.

There are some things that the novels have in common regarding to literary devices and how the authors use these devices to represent depression on their novels. First of all, as it was mentioned previously there is the use of authorial intrusion in both “*It’s kind of a funny story*” and “*Girl in Pieces*”, the first novel use it to talk to the reader as if they were wondering why he is suffering from depression and the narrator answers to them that he does not know and nobody around him seems to know while the second novel use it as if the narrator was angry at the reader because they will never know how it is to be in her skin and to suffer what she suffered and what she is suffering through the novel.

Symbols are a literary device that the three novels share in common. In “*It’s kind of a funny story*” the symbols that are used are something that Craig call Tentacles, Anchors and The Shift; in “*Girl in Pieces*”, a symbol that is used is Casper’s turtle; and in “*Looking for Alaska*” the symbols that are used are, the Labyrinth and the Great Perhaps.

Craig says that he has many Tentacles which are the evil tasks that invade his life while *“Tentacles is my term – the Tentacles are the evil tasks that invade my life. Like, for example, my American History class last week “*. On the other hand, he has something called Anchors which were the things that occupied his mind temporarily but it does not mean that he enjoyed them, they made him feel like a “normal” human for a while as drawing maps or riding his bicycle. Once the novel advances, he just has one Anchor which is committing suicide. The Shift is what he thinks is a coming back to what he used to be before suffering from depression, he talks about Fake Shifts which are the ones that make him think that he would go back to normal but end up in the starting point; towards the end of the novel, in the psychiatric ward, Craig experiences this Shift making him get out of his school and wanting to get into art school.

When Charlie is in the rehab hospital, she has to talk to one of the doctors whose name is Casper. Casper has a turtle in her office and become a symbol through Charlie’s stay in the hospital. The turtle hides in the shell every time Charlie is in the office meeting her when she does not articulate a word; she says that it feels like the turtle can feel what she feels and that is why she hides in the shell. Once Charlie articulates some words, the turtle does not hide in the shell waiting for her to talk once she gets into Casper’s office as a way of telling her that she has to be brave and if she spoke hours ago even if it was some words, she could do it again *“The turtle has paused in the tank, like he’s waiting for me too. (p.101)”*. The author wants the reader to think that the turtle is just imitating what Charlie does and feels and she does it in an intelligent way.

The Labyrinth and the Great Perhaps are the two main things surrounding *“Looking for Alaska”*. She talks about the labyrinth with Miles and she tells him that his favorite last words are *“How will I ever get out of this labyrinth?”*. The labyrinth is a mystery through

the novel as Alaska never tells what it is but she knows that it is about suffering, that the Labyrinth only brings you suffering and she wants to know the way to escape from it because she does not feel as there is any way to escape it and that might be the answer as why she crashes the car, because she does not want to be trapped in the labyrinth her whole life. The Great Perhaps is what Miles is trying to look for, he says that the Great Perhaps is something away from the Labyrinth, a place where things could be good and better and he wants to find it to feel in peace and to feel alive as he would have found his purpose in life.

The turning point is an item that the three novels share, there is a point in the characters' life where they start suffering from the disorder. In Craig's case is the stress and the pressure of failure that his new high school gives him; in Charlie's is the suicide of his father which led her being kicked out of her house and abused by different men; and in Alaska's is the death of her mother and her not being able to do something to help her as she was just a kid.

Another thing that "*Girl in Pieces*" has in common with "*It's kind of a funny story*" is that Charlie feels that she has to be saved by others, in this case by Mikey and is not until she realizes that she does not need to be saved by others but by herself that what the other people need to do is help and support her that she starts to get better. She knows she is not broken; she is just damaged and even though there are some wounds that will never be fixed, she knows that she has to keep going with her life understanding who she is, what she had been through and knowing that her past does not define her as a person, what defines her as a person is what she does in the present. In Craig's case, it is felt that he constantly wants to be saved by others and not by himself, first by Aaron, then by Nia and then in the psychiatric ward by Noelle and the different patients.

The use of flashbacks as a literary device is a tool that both "*It's kind of a funny story*" and "*Girl in Pieces*" have as they are non-linear narrations and that makes the reader know what happened previously in their lives and to have an idea of why they are in the situation they find themselves through the novel. The use of humor or dark humor is something that "*Looking for Alaska*" and "*It's kind of a funny story*" have in common.

## 5. DISCUSSION

In the discussion part, it will be commented the representation that the authors give of the disorder in the different novels, discuss if they give a good or bad representation of it, if they wrote it in a realistic or faithful way and finally, look at some interviews or articles that the authors gave talking about the novels and how they were influenced on writing them, if they have gone to something similar in their lives, if they have suffered from depression or if they were inspired by someone else.

Ned Vizzini represents the depression disorder in a realistic and faithful way in the novel. Vizzini writes in a colloquial and understandable way, even giving it a humorous tone that makes a dark novel because of the subject matter and the topics it touches on such as depression, suicidal thoughts and entering a psychiatric hospital a light read for the reader. Vizzini tries to give those humorous touches to make the reader see that even if a person has mental disorders, he acts as a neurotypical person would act in his day-to-day life, so that people do not notice that something is wrong or that something is wrong with him, a person with suicidal thoughts or who has a plan to commit suicide does not give clear signs because he does not want people to know. According to David Colker and Carolyn Kellogg on an article in the “Los Angeles Times” called “*Ned Vizzini dies at 32; author wrote openly about his depression*”, they say that Vizzini on his website said that “*It’s kind of a funny story*” was based on an 85% on his real life which makes the novel more realistic as he has lived a situation almost similar to the one the character in the book is living.

It is felt like Craig constantly wants to be saved by others and not by himself, first by Aaron, then by Nia and then in the psychiatric ward by Noelle and the different patients.

It is not until he realizes that he has to change for himself and not for other or for what the others may think of him that the Shift appears in his life.

Although the novel has a happy ending as Craig gets his "shift" and can start a life away from those suicidal thoughts, it goes beyond a novel with a happy ending, it is a realistic novel that explains very well how the depression disorder is and that makes the reader understand what people who suffer from it go through as it explains well everything that the character is living and thinking, as it was mentioned previously the author wrote in first person allowing the reader to know what the main character was thinking and feeling in every moment and allowing them to know what suffers a person with depression disorder, it cannot be talked for all of them but they can get an idea of what it is and what they struggle with every day.

According to Harry Kimball on his article called "*On author Ned Vizzini, suicide, and learning to ask for help*", Vizzini said on an interview for strengthofus.org that "*If you're feeling suicidal, call a hotline. Suicidal ideation really is a medical emergency and if more people knew to call the suicide hotline, we'd have less suicides*". Upon further research, the novel has a bitter aftertaste because although Craig gradually manages to overcome his problems, Ned Vizzini did not. Vizzini committed suicide by throwing himself off the roof of his parents' house as he could not cope with the depression he was suffering. Years later, it makes the book have a bitter tone knowing that Vizzini wrote the book as a result of a personal experience and seeing that the main character was able to get out of the hole he was in, but he was not.

According to the article mentioned previously on the literature review, it is true that there are some attitudes from Craig that are questionable as his obsessed idea with sex but as

Saryazdi says, those attitudes are reasonable knowing that the book was written years ago and mentality has evolved. As Saryazdi states people have to build their lives around themselves and not around others and that is a message that the novel gives as even though Craig feels that he needs to be saved during part of the novel, at the end he knows that he could only heal if he is the one that saves himself. QUOTES

As Beresford explains on her article previously mentioned on the literature review "*Girl in pieces is different*" as it starts in a way that nobody would have guessed as most novels leave that part for the middle or for the end for it, the novel starts with the main character, Charlotte, taking drastic measures and being sent to a rehab center, that is what makes the novel different from the rest.

Kathleen Glasgow said in an interview to "*Pine Reads Review*" that the novel is "*a kind of long letter to a girl I sat next to a bus many years ago. She had fresh scars and I didn't say anything to her at the time, I should have*" and that is why the novel feels realistic because in some way, it is as it is the story of a girl she met on a bus. Glasgow also confessed that she suffers from anxiety and depression and that she was somehow as this girl she met on the bus that day and that is why she wrote that book. She represents depression disorder in a faithful way and that is because she lived with it and she suffers from it as Ned Vizzini. On an article she wrote called "*Autor Kathleen Glasgow Opens up about anxiety and depression*", she explains that her entire life she had to find how she wanted to be and that growing up in unwell circumstances made her an adult "*with anxiety and depression*". She thought that "*something was wrong with me. That I wasn't fit to be in the world. That my brokenness was somehow my fault.*". She also states that "*for the longest time, I thought I was wrong. For the longest time, I tried to die*". Glasgow knows how it is to deal with depression and suicidal thoughts and that makes the novel

more realistic not only because it is about a girl, she met but because there is also a bit of her on the novel because as she said on the interview done to *"Pine reads review"*, *"I should have said, Me too"*.

She knows what the characters suffer because she suffers from the same and she can show her experience in the books she wrote, to help other people or to help herself and let out all these feelings, emotions and thoughts she has.

Comparing to the other two novels, *"Looking for Alaska"* is the one that represents depression disorder in a poorest way and not because John Green romanticize it because as he wrote on an article on Medium *"I feel that romanticizing mental illness is dangerous and destructive just as stigmatizing it is"*, he also says that *"Mental illness is stigmatized, but it is also romanticized"*. It is written in the poorest way because the novel is not seen from the point of view of Alaska but from the point of view of Miles. The novel is well-written and it represents depression fine but not as realistic as the other two novels, one of the reasons is because John Green has not dealt with depression disorder but from anxiety and obsessive-compulsive disorder as Lindsay Holmes explains on her article called *"John Green has a message for anyone who romanticizes mental illness"*.

Green confirmed on a q&a that he did on the website Johngreenbooks that Alaska struggled from depression, he starts stating that *"I'm not a pshyciatrist, so I'm not going to take a guess at that"* that is why in the novel Miles describes Alaska as moody *"Like I said, she's moody (p.49)"* but then continues in the same answer *"the weird thing about depression is that it tends to further isolate you from people"*, he ends the answer saying that he does not want to diagnose Alaska but let the reader assumes that she is struggling from depression. Green answers in a vague way when he is asked about that as it is normal

that he does not want to diagnose somebody but at the same time Alaska is a character that he wrote and that he made up, it feels less represented than the other two books mentioned before.

The novel is well-written and even though it has a dark moment where Alaska dies, he represents it well letting the reader know that in books, as in life, sometimes life hits a person and it lets the reader see that no matter how hard you help someone, if the person does not want to be helped is impossible to do it, and people cannot blame themselves because they do not know what happens in someone's mind.

## 6. CONCLUSIONS

Once the analysis and discussion has been done, it has been obtained that while “*It’s kind of a funny story*” and “*Girl in Pieces*” represents depression disorder in a more faithful or realistic way; “*Looking for Alaska*” does not. One of the main reasons why Glasgow’s and Vizzini’s novels represents it better is because the reader know everything that is going on through their minds, they know their feelings and thoughts, both the novels are written on first person and that allows the reader to understand better what they are going through and to know a little more about depression disorder while Green’s novel it is not as realistic as even though the reader assumes and it is assumed through the novel that Alaska suffers from depression, the reader does not know explicitly as in the other two and that makes that “*Looking for Alaska*” is not as faithful. Another reason is that even though Green’s novel is written on first person, the character analyzed is Alaska and the reader knows about Miles’ thoughts and not about Alaska’s thoughts so the reader has to assume what is going on with her.

It has also been seen that the novels that better represent depression disorder on teenagers are also the novels in which both authors had struggle with the same disorders as the characters they wrote about, they wrote it in a more realistic way because they had experience it and they know how it is to struggle with this disorder; the authors who have suffered from depression as mentioned previously on the discussion part are Ned Vizzini and Kathleen Glasgow while Green’s does not say that he had struggle with depression disorder and that is why his representation is more vague.

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