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Depression and Anxiety in Current Middle Grade Fiction: Finding Quality, Authentic Portrayals for Use in Bibliotherapy

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Depression and Anxiety in Current Middle Grade Fiction: Finding Quality, Authentic Portrayals for Use in Bibliotherapy

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Abstract

Young adults need a safe environment to learn about mental illness, and librarians must ensure that books being recommended authentically and realistically portray mental illness. The purpose of this study is to analyze the authenticity of fiction titles for middle school students that include content related to depression and anxiety to support recommendations to school counselors for bibliotherapy. The research questions this study sought to address included the following: Do the plots and characters of young adult novels written for middle school students realistically and authentically portray mental illness, and what criteria can be used to determine a novel's quality as a bibliotherapy tool for school counselors to use with young adults dealing with or wanting to learn about mental illness? This study utilized qualitative content analysis to examine ten books that include content related to depression and anxiety published between 2008 and 2016. This researcher identified four criteria to determine a novel's authenticity in portraying anxiety and depression which include stereotypes, symptomology, diagnosis, and treatment. Criteria identified to determine a novel's quality as a bibliotherapy tool include the following eight areas: cognitive behavioral therapy qualities, themes to create personal change, education of readers, positive role model, positive coping skills, healthy relationships and environments, stigma addressed or dispelled, and developmental appropriateness. Nine of the ten novels analyzed were found to realistically portray depression and anxiety, and seven were found to be quality bibliotherapy tools. Therefore, seven of the ten novels studied are recommended to counselors for use in bibliotherapy.

DEPRESSION AND ANXIETY IN CURRENT MIDDLE GRADE FICTION:
FINDING QUALITY, AUTHENTIC PORTRAYALS FOR USE IN BIBLIOTHERAPY

A Graduate Research Paper
Submitted to the
Division of School Library Studies
Department of Curriculum and Instruction
In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts
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by
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This Research Paper by: Tonia Sandersfeld-Miller
Titled: Reducing Stigma: Depression and Anxiety in Current Middle Grade Fiction:
Finding Quality, Authentic Portrayals for Use in Bibliotherapy

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Degree of Master of Arts.

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ABSTRACT

Young adults need a safe environment to learn about mental illness, and librarians must ensure that books being recommended authentically and realistically portray mental illness. The purpose of this study is to analyze the authenticity of fiction titles for middle school students that include content related to depression and anxiety to support recommendations to school counselors for bibliotherapy. The research questions this study sought to address included the following: Do the plots and characters of young adult novels written for middle school students realistically and authentically portray mental illness, and what criteria can be used to determine a novel's quality as a bibliotherapy tool for school counselors to use with young adults dealing with or wanting to learn about mental illness? This study utilized qualitative content analysis to examine ten books that include content related to depression and anxiety published between 2008 and 2016. This researcher identified four criteria to determine a novel's authenticity in portraying anxiety and depression which include stereotypes, symptomology, diagnosis, and treatment. Criteria identified to determine a novel's quality as a bibliotherapy tool include the following eight areas: cognitive behavioral therapy qualities, themes to create personal change, education of readers, positive role model, positive coping skills, healthy relationships and environments, stigma addressed or dispelled, and developmental appropriateness. Nine of the ten novels analyzed were found to realistically portray depression and anxiety, and seven were found to be quality bibliotherapy tools. Therefore, seven of the ten novels studied are recommended to counselors for use in bibliotherapy.

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CHAPTER 1

INTRODUCTION

Fiction has a special magic to it—the ability to weave a world outside reality. To simulate experiences and outcomes. For someone who feels alone, a friend awaits within the pages—someone who says, “Yes, I’ve been there. Have gone through that. Am suffering along with you.” (Moulton, 2014, *The Promise of Bibliotherapy* section, para. 2)

For adolescent students, nothing is more isolating than feeling like an outsider, like someone who doesn’t belong. If students feel like no one else has ever felt the same way or that no one else could possibly understand what they’re going through, they won’t feel comfortable talking about what’s going on in their lives. By creating a safe environment, books can speak to adolescents about a variety of issues they experience without the fear of being judged by adults or peers. They offer a glimpse into fictional adolescents’ lives so the students reading about them can learn about new experiences or make connections by finding situations similar to their own experiences (Cart, 2008).

Sometimes it’s hard for adolescents to put a label on their experiences until they read a story with a situation similar to their own, especially when it comes to mental illness such as depression and anxiety. The Anxiety and Depression Association of America (ADAA, 2016a) identifies the symptoms of anxiety and depression in children: excessive worrying about grades, friendships, family relationships, and extracurricular activities; changes in grades, getting into trouble, or refusing to go to school; mood changes; excessive crying; and changes in eating and sleeping habits, just to name a few. These symptoms are typical of most adolescents, so at first, students might not feel like those experiences are anything to be concerned about. They may not understand these symptoms to be reasons to seek help. However, the ADAA warns that when these

symptoms continue for more than two weeks and begin to impact daily life, the situation becomes more serious.

Adolescents searching to understand what they're experiencing can find solace in fictional stories about anxiety and depression. These books not only help adolescents realize that they are not alone, but they can also encourage students to seek out the help they need (Jensen, 2015). Fictional books about depression and anxiety can help students start important conversations, but helping connect the right books to the right students is tricky. School counselors, teachers, and parents need the help of teacher librarians to find these books, and teacher librarians need to vet books about depression and anxiety to ensure they are of quality.

Problem Statement

Wei, McGrath, Hayden, and Kutcher (2015) determined that 70-80% of adolescents and adults worldwide do not receive the mental health support they need. They also found that 70-75% of adult mental health disorders emerge during adolescence or early adulthood, therefore, early education, awareness of how to seek help, and reduced stigma promote early intervention and lessen treatment delays. Some students may be searching for a book to learn about or make a connection to depression and anxiety. However, before teacher librarians make such an important readers' advisory suggestion, they must ensure the book being recommended is of a quality that authentically and realistically portrays mental illness.

Difficulty Diagnosing Teen Mental Illness

Researchers at the National Institute of Mental Health (2005) have found that over half of lifelong mental illness cases in the US begin before the age of 14. Most troubling

is the fact that treatment is often delayed after the onset of the first symptoms, sometimes for many years. This delay in treatment can cause an illness to grow even worse or it can contribute to the development of co-occurring mental illnesses. The Anxiety and Depression Association of America (2016b) states, “Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school” (para. 4). If a student is experiencing mental illness, it will have negative consequences on his or her education.

However, according to Mental Health America (2016), few adolescents experiencing symptoms of mental illness recognize their need for help. Many times friends, teachers, school counselors, or parents are first to recognize when these symptoms begin to impact a student’s daily life and recommend getting help from a professional therapist. By recommending quality books about depression and anxiety to students, teachers, school counselors, and parents of students experiencing symptoms of mental illness, teacher librarians can facilitate the spread of knowledge and awareness of depression and anxiety, which can result in a decrease in the negative stigma attached to mental illness. This can also improve adolescents’ willingness to seek help for themselves, and even more importantly, to seek help at a younger age. In a position statement for the Young Adult Library Services Association (Cart, 2008), Michael Cart asserts that Young Adult (YA) literature can foster empathy and understanding when teens read vivid depictions of lives unlike their own. “In this way young adult literature invites its readership to embrace the humanity it shares with those who — if not for the encounter in reading — might forever remain strangers or — worse — irredeemably ‘other’” (Cart, 2008, para. 14).

Importance of Reading in the Lives of Teens

Furthermore, Cart (2008) points out that adolescents are in a developmental stage of searching for identity and a sense of self. Cart asserts, “[One] of the chief values of young adult literature is its capacity to offer readers an opportunity to see themselves reflected in its pages” (para. 13). Teens are intrinsically unique, and it is those peculiarities that make them feel like an outcast when they are desperately longing to fit in. Cart concludes,

Thus, to see oneself in the pages of a young adult book is to receive the reassurance that one is not alone after all, not other, not alien but, instead, a viable part of a larger community of beings who share a common humanity. (para. 13)

The American Association of School Librarians (AASL, 2009) support that need to see oneself reflected in reading. One of their common beliefs states, “Reading is a window to the world” (p. 12). AASL’s (2017) *National School Library Standards for Learners, School Librarians, and School Libraries* state that learners develop and satisfy personal curiosity by “reading widely and deeply in multiple formats” (Explore A1, p. 104). AASL (2017) also illustrates the importance of a teacher librarian’s role to support students’ independent reading through “promoting the use of high-quality and high-interest literature in formats that reflect the diverse developmental, cultural, social, and linguistic needs of all learners and their communities” (Include C2, p. 77). Therefore, in order for students to successfully meet these standards, teacher librarians must help students find books they can learn from and connect to their own experiences.

School Librarians’ Collaboration with School Counselors

One way teacher librarians can help students learn from these books is through collaboration with a school counselor. School counselors can use recommendations from

teacher librarians to lessen stigma and help adolescents gain knowledge about depression and anxiety through bibliotherapy. The American Library Association refers to the *Online Dictionary for Library and Information Science* to define bibliotherapy as, “The use of books selected on the basis of content in a planned reading program designed to facilitate the recovery of patients suffering from mental illness or emotional disturbance” (Reitz, 2014, Bibliotherapy section, para. 1). Despite the promising benefits bibliotherapy offers, real professional help is still essential for students suffering from depression and anxiety (Pehrsson & McMillen, 2005). According to Moulton (2014), bibliotherapy should not be seen as a replacement for professional therapy, however, it “can be a beneficial part of the therapeutic process” (The Promise of Bibliotherapy section, para. 6).

This collaboration with other teachers, such as school counselors, is emphasized in *Empowering Learners* (AASL, 2009). Part of AASL’s mission of the school library program includes “collaborating with educators and students to design and teach engaging learning experiences that meet individual needs” (p. 8). This includes supporting teachers and school counselors by providing them with quality resources about depression and anxiety as tools to help their students. It also means that teacher librarians need to meet the individual reading and information searching needs of students who are hoping to learn more about depression and anxiety.

Rationale

According to a 2010 study at San Diego State University cited in *Psychology Today*, rates of anxiety and depression among adolescents have steadily increased in the past five to seven decades (Gray, 2010). Therefore, it is important for teacher librarians to

know quality novels which include representations of depression and anxiety to recommend to students, teachers, school counselors, and even parents. These novels should, however, be analyzed to ensure authenticity and quality in the representation of depression and anxiety, as well as for their effectiveness as a bibliotherapy tool in the hands of school counselors. Not all YA novels containing mental health issues are well written, nor do they all positively impact mental health issues for teens.

In her presentation for the Twin Cities Teen Lit Con, NerdCon, and the International Bipolar Foundation, *School Library Journal* contributor Amanda MacGregor (2017) lists some of her pet peeves about how mental health is sometimes negatively represented in YA literature. These include portrayals that being medicated is bad and that medications will make a person feel like a zombie, that love can fix mental health issues, that mental illness is a gift or is romanticized, and that treatment is a negative experience (e.g. therapists are awful or that there is only one way to be treated). Debut YA author Jennifer Yu adds to that sentiment in a *School Library Journal* interview. She explains how she felt pressure to write authentically about mental illness because she has experienced mental health issues herself, and she has “encountered as many books about mental illness that—quite frankly—somewhat enraged me, as I have books about mental illness that resonated with and moved me” (Diaz, 2017, para. 6). Therefore, this study will seek to find titles that resonate with young adults by authentically representing mental illness and avoiding the mistakes MacGregor listed.

Deficiencies in Past Studies

Past research on the topic of mental illness has included numerous studies about the effectiveness of educating adolescents about mental illness to reduce stigma (Del

Casale et al, 2013; Milin et al., 2016; Naylor, Cowie, Walters, Talamelli, & Dawkins, 2009; Wei, McGrath, Hayden, & Kutcher, 2015) and the qualities that make bibliotherapy effective (Levitt, Rattanasampan, Chaidaroon, Stanley, & Robinson, 2009; Montgomery & Maunders, 2015; Pehrsson & McMillen, 2005). Scholarly journal articles about young adult (YA) novels that include adolescent characters experiencing depression and anxiety provide bibliographies and book lists of recommended titles dealing with a variety of mental health disorders (Jensen, 2015; Moulton, 2014; Scrofano, 2015). However, most of these book lists are simply that, lists. There is no further information given about the novels; there is only a note about which mental disorder(s) is portrayed in the book.

Also, there is little discussion regarding the characteristics that make a book including depression or anxiety experienced by adolescent characters an authentic or quality one. The most closely related discussion to date is Tussing and Valentine's (2001) study of how the mental illness of a parent is portrayed in YA fiction. Another literature study (Miskec and McGee, 2007) was limited to a very specific type of mental illness, cutting.

Furthermore, most of the books suggested in the cited lists are older books and are also intended for an older YA audience, such as high school or college aged students. However, there is a need for books for a younger, middle school (5th grade to 8th grade) age reader and for a deeper analysis of how depression and anxiety are portrayed in these novels.

Summary of Problem Statement

Many bibliographies listing novels that include mental illness have been created, but few novels on these lists were written for middle school readers. Additionally, most bibliographies are simply lists with no analysis or elaboration about the books.

Purpose Statement

The purpose of this qualitative content analysis is to analyze the authenticity of fiction titles for middle school students that include content related to depression and anxiety to support recommendations to school counselors for conducting bibliotherapy.

Research Questions

1. Do the plots and characters of young adult novels written for middle school students realistically and authentically portray mental illness?
2. What criteria can be used to determine a novel's quality as a bibliotherapy tool for school counselors to use with young adults dealing with or wanting to learn about mental illness?

Assumptions

One assumption of this study is that teacher librarians, teachers, school counselors, and parents need help identifying quality realistic fiction novels dealing with themes of depression and anxiety in order to support middle school students. Another assumption is that teacher librarians can use this analysis to evaluate their own collections and improve their selection of novels that deal with depression and anxiety, in order to provide resources for counselors to support their curriculum. A third assumption is that depression and anxiety might be glossed over or offered easy resolutions in

realistic fiction written for middle school students, therefore not portraying the authentic struggle of real mental illness, which often has no easy answer or solution.

Limitations

This study will be limited to books recommended for middle school readers in grades 5-8. It will also be limited to recommended titles that include depression and anxiety within the plot. A final limitation will be the requirement that the books be closely available within the researcher's geographical location.

CHAPTER 2

LITERATURE REVIEW

The purpose of this descriptive study is to analyze the authenticity of fiction for middle school students that includes content related to depression and anxiety in order to support recommendations to school counselors for conducting bibliotherapy. Previous research relevant to the current study can be grouped into three subthemes: identifying and reducing stigma among adolescents related to mental illness, criteria used to evaluate a book's effectiveness as a bibliotherapy tool, and characteristics of authentic disorder portrayal in YA literature. These three topics are pertinent to the current study because they form the basis of the criteria that will be used to evaluate the novels selected for examination.

Evaluating and Reducing Stigma Among Adolescents Related to Mental Illness

Del Casale et al. (2013) define stigma as a “series of negative attitudes, beliefs, thoughts and behaviours leading people to fear, reject, and marginalize persons affected by mental disorders” (p. 208). Stereotypical and negative views about mental illness persist in society, and research indicates that many adolescents have a negative attitude towards their peers who are experiencing mental health issues (Naylor et al., 2009). Children learn from a very young age “that psychiatric problems are personal failures and that children who receive psychological treatment are to be despised” (p. 365).

Naylor et al. (2009) assessed the impact that a mental health literacy educational intervention would have on teens' personal attitudes about mental health and those with mental health difficulties. The authors list the use of “mockery, pejorative language, and social exclusion as ways adolescents attempt to reduce the perceived threat posed by

peers with mental health difficulties” (p. 365). The study’s hypothesis was that direct instruction on mental health would result in teens gaining and retaining knowledge about mental illness as well as developing empathy towards people experiencing mental health difficulties. Two groups of students 14-15 years old from two suburban London, England, schools were identified as the direct instruction school and the control school where students did not receive any instruction on mental health.

Responses over six months to a Mental Health Questionnaire (MHQ) and the Strengths and Difficulties Questionnaire (SDQ) showed that both schools had similar SDQ and MHQ scores prior to the intervention. After the intervention, the direct instruction school had a statistically significant reduction in self-reported conduct problems and gains in prosocial behavior; the school also had less use of pejoratives in MHQ responses. The findings of particular interest to this study include students being less likely to use pejorative words that would stigmatize people with mental illness after the intervention. Naylor et al. (2009) surmise this could lead to increased tolerance and acceptance among adolescents of those with mental health difficulties, and interventions could help to build positive relationships. The current study aims to find quality novels that could be used by school counselors for educational interventions to teach middle school students about mental health issues.

Del Casale et al. (2013) also studied the impact of increasing mental health knowledge among high school students, however, this study used a mental health literacy measure to assess the intervention’s impact on perceived public stigma, while Naylor et al. (2009) assessed personal stigma. The study investigated if knowledge reduced fear, negative stereotypes, and false beliefs about mental illness. The participants included 16-

18 year olds from three urban high schools in Rome, Italy, for a total of 44 students who were taught four 90 minute lessons. Data were collected using Haghghat's Standardized Stigmatization Questionnaire (SSQ) given before the first lesson and again after the last lesson. The pre-training mean score was 38.4, compared to the post-training mean score of 31.2, which shows a statistically significant reduction in stigma among participants. Del Casale et al. concluded that educating adolescents not only reduces stigma, but has the power to change public attitudes as well by teaching a younger population mental health facts to dispel stigma. The current study aims to find mental health literacy resources for younger students by analyzing books for middle school students. Of particular interest to the current study, Del Casale et al. used Haghghat's SSQ to measure stigma, which differentiated between self-stigma and public stigma, two areas of stigma the current study can use as categories of analysis in evaluating selected novels.

A third study also evaluated the effectiveness of a mental health literacy educational intervention on adolescents (Milin et al. 2016). The authors hypothesized that the selected mental health curriculum would increase mental health knowledge while also increasing positive attitudes towards mental illness and decreasing stigma, and third, that increasing knowledge would predict an increase in positive attitudes and decrease in stigma. This large randomized controlled trial included 24 high schools and 534 grade 11 and 12 students in the Ottawa, Ontario, Canada region, including urban, suburban, and rural schools. Each school was assigned to one of three groups: teaching as usual (TAU, or control), curriculum, and curriculum plus follow-up e-learning modules. Data were collected using pre- and posttest questionnaires designed for this study by the study's investigators, and multilevel model analyses were used to analyze the data between pre-

and posttest, curriculum and TAU schools, and the relationship between students' knowledge and stigma scores. The analysis showed an increase in knowledge and positive attitudes among the curriculum schools but no significant change in the TAU schools. Results also showed that an increase in knowledge scores corresponded to an increase in positive attitudes towards mental illness among participants. Also of importance to the current study, Milin et al. pointed out that mental health literacy should encompass knowledge about the biological and psychosocial aspects of mental illness, criteria that can inform the current study's evaluation of selected novels.

The final study examined the mental health literacy measures employed by studies similar to the three above, and includes a compiled list of examples and types of stigma associated with mental illness. Wei et al. (2015) cite mental health literacy as a "useful strategy to promote early identification of mental disorders, reduce stigma and enhance help-seeking behaviors" (p. 1). However, they noted a lack of comprehensive evaluations of the mental health literacy measures used in studies about the effectiveness of mental health literacy interventions. The study asked what measures have been developed to evaluate mental health knowledge, stigma, and help-seeking, and what aspects of these three elements the measures focused on. Researchers searched professional databases for quantitative studies that used, developed, or investigated measurements of mental health literacy, excluding non-peer reviewed materials. This review resulted in 307 studies containing 111 stigma measures. Four focus areas were identified in the stigma measures: stigma against the mental illness or mentally ill, self-stigma, stigma experienced by mental health service users, and stigma against treatment

and facilities or help-seeking. These findings are of importance to the current study because they provide categories of stigma with which to evaluate the selected novels.

Summary

The first three studies in this subtheme all point to the importance of mental health education in reducing negative stigma associated with mental illness (Del Casale et al., 2013; Milin et al., 2016; Naylor et al., 2009). A study by Milin et al. also found that improving mental health knowledge in adolescents predicted a corresponding reduction in negative stigma associated with mental illness. Thus, the current study will evaluate how thoroughly the selected novels educate readers about depression and anxiety. The studies also list certain types of stigma that the current study can identify and analyze in selected novels, including personal stigma (Naylor et al.), perceived stigma (Del Casale et al.), stigma against mental illness or the mentally ill, self-stigma, stigma experienced by mental health service users, stigma against mental health treatment and facilities, and stigma against help-seeking (Wei et al., 2015).

Criteria Used to Evaluate a Book's Effectiveness as a Creative Bibliotherapy Tool

One way school counselors can educate students about mental illness and decrease negative stigma is through bibliotherapy. Creative bibliotherapy is the use of fiction as a prevention or treatment for mental illnesses, such as depression and anxiety (Montgomery & Maunders, 2015). Bibliotherapy can be categorized even further as clinical, which is implemented by a certified counselor or therapist, or as developmental, which is used by teachers to facilitate normal development and self-awareness in the general education classroom (Pehrsson & McMillen, 2005). Bibliotherapy may also be named bibliocounseling, bibliopsychology, bookmatching, literatherapy, library

therapeutics, guided reading, and biblioguidance to reflect the level of formality (clinical bibliotherapy) or informality (developmental bibliotherapy) of the process (Pehrsson & McMillen, 2004).

School counselors have the unique position to be able to implement both types of bibliotherapy in individual, small, or large group settings, and teacher librarians have the unique opportunity to support this range of bibliotherapy with counselors and teachers. No matter what type of bibliotherapy is implemented, Montgomery and Maunders (2015) note that it should be anchored in best practice, cognitive behavioral therapy (CBT). The basis of CBT lies in the reframing of negative thoughts by “identifying unhelpful cognitions, challenging their meaning, and eliciting more realistic thoughts and assumptions” (Hunot et al. as cited in Montgomery & Maunders).

First, Montgomery and Maunders (2015) reviewed the potential of creative bibliotherapy interventions to prevent and treat internalizing behaviors, such as depression and anxiety, in children ages 5-16. They hypothesized that guided reading of fiction and poetry is a therapeutic process similar to CBT. To test their hypothesis, Montgomery and Maunders searched professional databases and key print journals and bibliographies for randomized and cluster-randomized trials, narrowing it down to the eight that best fit their study. Three of those eight studies focused on internalizing behaviors. These studies included mostly healthy or low-level internalizing disorders, and children with learning disabilities or autism spectrum disorder were excluded. The study found creative bibliotherapy to have a small to moderate positive effect on adjustment, anxiety, and fear versus a no treatment control group. Of importance to the current study, Montgomery and Maunders found that a few elements are critical to the success of

creative bibliotherapy: the selection of age and reading level appropriate materials as well as materials “conducive to the therapeutic objective,” and the bibliotherapeutic process should closely follow CBT mechanisms. The fictional stories used in the studies analyzed “provided opportunity for identification of unhelpful beliefs and behaviors, challenging of their meaning, and the development of new beliefs and behaviors” (p. 43).

One area of deficiency noted in Montgomery and Maunders’ (2015) study was the need for research on the change process that takes place when children read, however, Levitt et al. (2009) did study this process by interviewing adults. Noting a lack of research on the transformative processes of bibliotherapy, their qualitative study explored what processes, qualities, and factors of fictional narratives lead to the most significant personal changes. Six participants who credited a significant personal change to reading were recruited and interviewed. Participants included three men and three women and their ages ranged from 25-68 with an average age of 39. Interviews were analyzed using a grounded theory method to establish the factors that produced change. Categories were created from commonalities observed in interview notes. One core category was attributed to the change process: “Identification with characters’ experiences created a safe venue to consider threat and experiment with new possibilities and perspectives” (p. 344). Participants in the study noted behavioral, emotional, and attitude changes as well as changes to values and social connectedness, likely due to the reader’s ability to connect to personal issues in the narratives and explore these issues in a safe environment. This leads readers to contemplate new values, ideas, emotions, and possibilities from their reading experience. Also of importance to the current study, bibliotherapy that relates to readers’ lives appears to be most successful in creating

personal change in those with depression and anxiety compared to those with other disorders (Apodaca & Miller as cited in Levitt et al.) Also of note, participants indicated that simply being given a life-changing text by a counselor or teacher was itself very meaningful, lending importance to teacher librarians and school counselors making book recommendations to students who value their well-meaning intentions.

Giving students a book can show them that their teachers and counselors care, but choosing the right books to use for bibliotherapy can be difficult for librarians and counselors without guidance. Pehrsson and McMillen (2005) wanted to address the gap between research indicating bibliotherapy is effective and the absence of preparation to use bibliotherapy in counselor education programs. The purpose of their study was to develop a tool to evaluate literature for bibliotherapeutic use and incorporate that tool into a graduate level course for counseling students. They wanted to know how a counselor selects a book that is just right for each client and if practice using the tool would increase counseling students' confidence in utilizing bibliotherapy. The Bibliotherapy Evaluation Tool (BET) was created based on comprehensive research into mental health and education literature and the varied and extensive clinical experience of the study's authors. The major categories that make up the BET include general format/structure, subject matter, reading level/suitability, text and pictures, developmental level, context/environment or situation/use, and therapeutic use. The BET also asks for an overall impression, comments, and recommendations after the main categories have been assessed. Once books are analyzed, the evaluations are placed in the database for public use. The study found that the BET creates a framework for evaluating books and guides counselors to realize potential benefits and flaws in novels by

encouraging them to critically think about each element of a novel. Pehrsson and McMillen's study and the BET informs the current study of criteria to use when evaluating novels including depression and anxiety.

Summary

Altogether, these studies list the many benefits of bibliotherapy: increased self-awareness; clarification of values; increased empathy; increased appreciation of one's own identity as well as other cultures, values, and experiences; strengthened coping skills; and reduced anxiety (Levitt et al., 2009; Montgomery & Maunders, 2015; Pehrsson & McMillen, 2005). These are all themes the current study should look for in selected novels to be analyzed. Montgomery and Maunders found that the bibliotherapeutic process creates personal change by helping readers identify unhelpful thoughts and behaviors and subsequently replace them with beneficial, healthy thoughts and behaviors. This closely mimics the mechanisms of cognitive behavioral therapy, which is widely recognized as best practice for the treatment of internalizing behaviors such as depression and anxiety. The study by Levitt et al. provides the current study with a core category and subcategories of themes found to create the most transformative personal changes in readers. Finally, Pehrsson and McMillen's study provides the current study with an evaluation tool and criteria for evaluating a book's quality as a bibliotherapy tool.

Characteristics of Authentic Disorder Portrayal in Young Adult Literature

When books contain certain elements, bibliotherapy has been found to be effective, therefore, reading about others with mental illness or a disability can play an important role in bibliotherapy. Irwin, Goldsmith, and Applegate (2015) cite a study by

Emiliano Ayala and his four reasons for the importance of fiction that includes people with disabilities. Ayala contends that this type of fiction can help children understand and cope with difficult situations; the “relevant, authentic publications” can draw students to reading; they portray people with disabilities and students will interact with peers who have disabilities; and they can provide a mirror for those who have disabilities. The studies included here analyze the portrayal of a parent’s mental illness as well as self-injurious behavior and autism in adolescents.

While no research was found that analyzed how adolescents’ mental health issues are portrayed in YA fiction, Tussing and Valentine (2001) studied how a parent’s mental health issues are portrayed. They argued that these students need resources to help them cope with a mental illness in the family, as well as to decrease their own risks for developing mental illness. The purpose of this study was to highlight the needs of these students and examine possible YA titles to be used as a bibliotherapeutic tool. The descriptive document study analyzed 11 YA books to determine if they would be quality books to use in bibliotherapy. The books were selected from numerous sources, including the ERIC database for book reviews, the *Book Finder* series by the American Psychological Association, and subject indexes titled *Best Books for Junior High Readers and Best Books for Senior High Readers*. The novels had to be fiction; deal with the mental illness of a parent, excluding substance related disorders; be written for junior and senior high readers; and they had to have been published between 1985 and 1999.

Tussing and Valentine (2001) used a 1985 study by K.L. Sargent to create and elaborate on four main criteria for evaluating these novels. The criteria included:

- cognitive understanding and information about mental illness such as symptomology, and an accurate diagnosis, treatment, and portrayal of mental illness,
- surrogate parenting or the presence of a character in the book who provides a positive role model for the child,
- coping skills and ways to live with the mental illness of a parent,
- and last, healthy peer relationships and environments where adolescents can develop as an individual away from the family.

The 11 novels were read, notes were taken during and after reading, and a summary was written for each novel. To be recommended for bibliotherapy, the novels had to meet three of the four criteria, and ultimately seven of the 11 novels studied were recommended. Tussing and Valentine's study provides the current study with specific criteria to evaluate how mental illness is portrayed in YA novels.

Miskec and McGee (2007) focused their literature study on one specific type of mental illness depicted in YA novels, self-injurious behavior (SIB). Primarily an adolescent affliction, "cutting" is when an adolescent "purposely cut[s] themselves with sharp objects in order to feel pleasure, to deal with pain, or to feel release" (p. 163). Miskec and McGee state that a stereotype of the teenage cutter has been formed and the purpose of their study was to evaluate these stereotypes and identify the changing trends in the history of "cutting" literature. Nine novels (including one trilogy and one series, both evaluated as a whole) published from 1991 to 2006 were selected for their content dealing with cutting and to represent a historical sampling of the representation of cutters in YA fiction. The authors' findings of their descriptive study conclude that cutting is

dealt with in “increasingly productive ways” as YA literature on the subject has evolved (p. 164). The older novels portray cutting as part of a bigger, self-destructive pattern of behaviors that ultimately leads to a desire to die or attempt suicide. Newer novels portray cutting as a response to a traumatic trigger and a coping mechanism, not necessarily a step towards becoming suicidal. These novels attempt to help cutters stop their SIB as well as offer comfort to adolescents who may know someone who cuts. Overall, the study found that to portray cutting accurately and to avoid stereotypes, a variety of complex and diverse motivations for characters’ SIB must be included. They also suggest it is misleading to think of cutters simply as victims or as dangerous teens, but they also acknowledge that there are limits to how positively cutting was portrayed in the novels studied. Ultimately, cutting is portrayed as wrong and pathological, and the novels try to offer more acceptable ways to cope with life’s traumas and struggles. Miscec and McGee’s study informs the current study to be aware of stereotypes that might arise in the novels studied, as well as to analyze the selected novels’ diversity or lack thereof when representing causes of and reactions to depression and anxiety to avoid creating those stereotypes.

The final literature study moved away from mental illness to study YA novels with characters who have autism spectrum disorder (ASD), a disorder that does, however, have genetic links to depression and anxiety, according to the National Institute of Mental Health (2013). Irwin et al, (2015) cite the Centers for Disease Control’s findings that autism rates are on the rise, therefore, they wanted to know how accurately autism was depicted in YA literature and if YA literature could help readers understand more about ASD. To answer this question, Irwin et al. narrowed down a list of 100 novels to 58 that

were published between 1968 and 2013 and included a character with ASD between 11 and 19 years old. They quantitatively evaluated how the characters were treated, who their friends were, and their educational environments. Each novel was read and coded by two of the three researchers on a form developed for the study to minimize subjectivity of the coding, and extensive narrative notes were also taken. The information from the novels was compared to current research on actual adolescents with ASD to evaluate the accuracy of the portrayal of characters with ASD in the novels. Sixty characters were identified as having ASD in those 58 novels, with 34 being coded as mostly independent or having mild ASD, 16 were coded as moderate and required some assistance, and 10 were coded as severe and required full-time assistance.

Findings indicated that educational placement and the negative treatment of students with ASD was reasonably reflective of real life. About 45% of the characters in the novels were educated for at least part of the day in a regular education classroom, and students with ASD in the novels experience increased incidences of bullying. However, the novels depicted students with ASD as having fewer friends than research indicates in real life for those students. In the conclusion, Irwin et al. (2015) return to Ayala's reasons for the importance of including the disability perspective in YA fiction to offer what these findings mean for adolescents and librarians. Included are many ideas consistent with bibliotherapy, such as being a catalyst for discussion or reflection and getting students to think of peers with autism as kids with whom they may want to be friends. This study informs the current study to compare portrayals of depression and anxiety with real life statistics and characteristics of mental illness to determine the authenticity of selected novels.

Summary

These three studies by Tussing and Valentine (2001), Miskec and McGee (2007), and Irwin et al. (2015) provide qualitative and quantitative literature analysis models and methodologies to consider for use in the current study's research. Tussing and Valentine's study included criteria to evaluate how mental illness is portrayed in YA novels. Miskec and McGee's study encourages researchers to analyze if there are diverse perspectives present in the novels and cautions them to be aware of stereotypes when studying YA literature about mental illness. Last, the study by Irwin et al. illustrated the importance of the portrayal of disabilities in YA literature and informed the current study to compare fictional portrayals of depression and anxiety with real life statistics and characteristics in order to evaluate the authenticity of the novels.

Literature Review Summary

Overall, these studies have shown that educating adolescents about mental illness can reduce negative stigma attached to mental illness (Del Casale et al., 2013; Milin et al., 2016; Naylor et al., 2009), what categories of negative stigma exist (Wei et al., 2015), the effectiveness of bibliotherapy and criteria to evaluate a book as a bibliotherapy tool (Levitt et al., 2009; Montgomery & Maunders, 2015; Pehrsson & McMillen, 2005), and the characteristics of authentic disorder portrayal in YA literature (Irwin et al., 2015; Miskec & McGee, 2007; Tussing & Valentine, 2001). These studies provide this researcher with numerous criteria to evaluate novels for middle school students which include depression and anxiety, such as the following: how thoroughly the novel educates the reader about depression and anxiety (Milin et al., 2016), the categories of stigma to identify and evaluate (Del Casale et al., 2013; Naylor et al., 2009; Wei et al., 2015), the

ability of the plot and characters to lend itself towards a cognitive behavioral therapeutic process (Montgomery & Maunders, 2015), a core category and subcategories of themes found to create the most transformative personal changes in readers (Levitt et al., 2009), all the categories of the BET (Pehrsson & McMillen, 2005), and criteria to evaluate the portrayal of mental illness, including suggestions to make comparisons to real life statistics and characteristics of depression and anxiety, and the avoidance of stereotypes (Irwin et al., 2015; Miskec & McGee, 2007; Tussing & Valentine, 2001).

The current study will seek to bring these elements together to create an evaluation tool for use by school librarians recommending titles to school counselors to use for bibliotherapy in middle schools. From the research, a gap in deep analysis and bibliographies of YA novels for middle school students which include depression and anxiety has been noted, so the current study will also attempt to address this gap.

CHAPTER 3

METHODOLOGY

The purpose of this qualitative content analysis was to analyze the authenticity of fiction titles for middle school students that include content related to depression and anxiety to support recommendations to school counselors for bibliotherapy. This study evaluated if the plots and characters of positively reviewed young adult novels written for middle school students realistically and authentically portray mental illness by determining criteria to evaluate the portrayal of depression and anxiety in the selected novels. It also determined the criteria to be used in determining a novel's quality as a bibliotherapy tool that school counselors could use with young adults dealing with or wanting to learn about mental illness.

Research Design

This study used a qualitative content analysis approach to evaluate the selected novels. Zhang and Wildemuth (2009) define qualitative content analysis as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (p. 308). More specifically, this study used directed content analysis so “initial coding starts with... relevant research findings” using deductive reasoning (p. 309). “Then, during data analysis, the researchers immerse themselves in the data and allow themes to emerge from the data” thereby using inductive reasoning (p. 309). This research design fits the current study because the selected books written for middle school students that include depression and anxiety were examined to find themes and patterns in how mental illness is portrayed. Past research has developed criteria to identify categories of stigma, criteria

for evaluating a book to use for bibliotherapy, and criteria to evaluate the portrayal of mental illness in fiction, so the current study used that research to guide what data to gather and the research provided a starting point for criteria and themes that were evaluated in the selected novels.

Sample of Books

The sample of books (see Appendix A) evaluated for this study included fiction titles categorized as supplementary, core collection, and most highly recommended in *Wilson's Middle and Junior High Core* database for students in grades 5-8. Zhang and Wildemuth (2009) state that “samples for qualitative content analysis usually consist of purposively selected texts, which can inform the research questions being investigated” (p. 309). Therefore, the keywords “depression” and “anxiety” were used to search Wilson’s database. Results were limited to novels published between 2008-2016 and those available to the researcher in West Des Moines libraries, with the exception of two books. *Last December* and *Walkaway* both featured teen-aged male main characters who were experiencing depression and anxiety, but both books were found only on Amazon through third party sellers. The researcher felt it was important to include those novels despite their inaccessibility through the library in order to include male perspectives on mental illness.

Most novels used in this study were published before 2012. According to a CNN article (Strickland, 2014), the “John Green effect” began to swing YA fiction trends away from fantasy (*Harry Potter* and *Twilight*) and dystopian (*Hunger Games* and *Divergent*) novels after *The Fault in Our Stars*’ 2012 release. Therefore, the researcher thought there may be more realistic novels dealing with serious issues, such as mental illness,

published after 2012. The researcher has noted many YA novels released after the “John Green effect” that deal with mental illness, including John Green’s most recent novel, *Turtles All the Way Down*, which includes a character who experiences anxiety.

However, many of these novels are written for an older YA audience and are very new, therefore, these newly released novels did not appear in a search of *Wilson’s Middle and Junior High Core* database for students in grades 5-8 to be used in this study. Applying these criteria resulted in a list of 10 titles that were evaluated in the current study. These titles included depression and/or anxiety represented in diverse characters and situations, and their publishing dates ranged from 2008 to 2016.

Procedures

Data Sources

The selected novels were read and documented in the Book Evaluation Chart shown in Figure 1. Quotes and textual evidence were added in the evidence column to support whether the novel is realistic or not realistic for each of the four categories and whether the novel is or is not a quality bibliotherapy tool according to each of the eight categories. A coding manual for book evaluation (see Appendix B) based on the previous research in Chapter 2 of the current study explains each criteria of the Book Evaluation Chart, as well as how it was determined if a novel is realistic or not realistic overall, a quality or meritless bibliotherapy tool, and if the novel is recommended overall. This initial list of criteria was deductively adapted and combined from previous research. The researcher read the selected novels twice to allow for constant comparison. Zhang and Wildemuth (2009) state that “the adoption of coding schemes developed in previous

studies has the advantage of supporting the accumulation and comparison of research findings across multiple studies” (p. 311).

Book Evaluation Chart

Title: _____

Pages: _____

Author: _____

Reading Level: _____

Format and Structure:

Subject Matter/Summary:

Portrayals of Depression and Anxiety

Stereotypes	<input type="radio"/> Realistic <input type="radio"/> Not Realistic <input type="radio"/> N/A	<i>Evidence:</i>
Symptomology	<input type="radio"/> Realistic <input type="radio"/> Not Realistic <input type="radio"/> N/A	<i>Evidence:</i>
Diagnosis	<input type="radio"/> Realistic <input type="radio"/> Not Realistic <input type="radio"/> N/A	<i>Evidence:</i>
Treatment	<input type="radio"/> Realistic <input type="radio"/> Not Realistic <input type="radio"/> N/A	<i>Evidence:</i>

Realistic Total: _____

Not Realistic Total: _____

Quality as a Bibliotherapy Tool

CBT Qualities	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>
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Themes to Create Personal Change	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>
Educates Readers	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>
Positive Role Model	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>
Positive Coping Skills	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>
Healthy Relationships and Environments	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>
Stigma Addressed or Dispelled	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>
Developmentally Appropriate	<input type="radio"/> Yes <input type="radio"/> No	<i>Evidence:</i>

Total Yes: _____ **Total No:** _____

Overall, is this book recommended? Yes No

Figure 1. Book evaluation chart

Data Analysis

Zhang and Wildemuth explain that qualitative content analysis is used to “condense raw data into categories or themes based on valid inference and interpretation” (p. 309). However, they acknowledge that “generating concepts or variables from theory

or previous studies is also very useful...especially at the inception of data analysis” (p. 309). Through coding and constant comparison with the help of the Book Evaluation Chart, themes began to emerge. To make these themes more identifiable and to summarize the findings from all books into the same chart, the data from the coding in the Book Evaluation Chart in Figure 1 was used to fill out Figure 2. Patterns emerged in Figure 2 when determining the realism and authenticity of portrayals of depression and anxiety in the selected novels.

Book Title	Stereotypes Realistic	Symptomology Realistic	Diagnosis Realistic	Treatment Realistic	Overall Realistic
	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)

Figure 2. Portrayals of depression and anxiety summary chart

Patterns also emerged in Figure 3 when determining the quality of the selected novels as a bibliotherapy tool. Once again, data from Figure 1 was used to fill out Figure 3 so a comparison between novels made patterns more easily seen.

Book Title	CBT	Themes	Educate	Role Model	Coping Skills	Relation. and Environ.	Stigma	Develop. Fit	Overall Quality
	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)	(Yes or No)

Figure 3. Quality as a bibliotherapy tool summary chart

Figure 4 also used the data from Figure 1 to create a list of novels recommended through this qualitative content analysis for counselors to use with students.

Book Title	Overall Recommended

Figure 4. Recommended titles summary chart

Limitations

Only having one researcher read and code the selected novels is one limitation of the current study. Coding consistency cannot be checked with only one researcher, so there is a possibility that results could be biased. Also, the sample of books was limited to 10 novels recommended in *Wilson's Middle and Junior High Core* database that were available at libraries within 15 miles of the researcher's geographical location. Two books that were otherwise unavailable were purchased from a third party on Amazon so that the study would include novels with first person male perspectives.

CHAPTER 4

FINDINGS

This descriptive study utilized a qualitative content analysis method to examine ten fiction titles categorized as supplementary, core collection, or most highly recommended in *Wilson's Middle and Junior High Core* database for students in grades 5-8 (see Appendix A). The researcher read these novels twice for constant comparison and used the Book Evaluation Chart (see Figure 1) to note textual evidence and quotes in each thematic area. In response to the first research question, the researcher examined the novels' portrayals of depression and anxiety through four subcategories: a) stereotypes, b) symptomology, c) diagnosis, and d) treatment. In response to the second research question, the researcher examined the novels' quality as a bibliotherapy tool through eight subcategories: a) cognitive behavioral therapy qualities, b) themes to create personal change, c) educates readers, d) positive role model, e) positive coping skills, f) healthy relationships and environments, g) stigma addressed or dispelled, and h) developmentally appropriate.

Book Summaries

Due to the number of books read and their various characters and plots, this table provides a synopsis of each novel studied.

Table 1

Book Synopsis Chart

Book Title, Author, Published Date	Summary
<i>Wintergirls</i> by L. H. Anderson (2009)	Lia and her best friend Cassie make a New Year's resolution in 8 th grade to be the skinniest girls together. After Cassie's struggle with bulimia ends in her death, Lia struggles to reign in her eating disorder as Lia's inability to save her friend and Cassie herself haunts Lia.
<i>How I Made it to Eighteen: A Mostly True Story</i> by T. White (2010)	Stacy Black is depressed and she needs help. After having a breakdown, she checks herself into a mental hospital to get the help she needs. While in the hospital, it takes a while for her to open up and be truthful, but when she does, she admits to also having an eating disorder and doing drugs. Once she begins opening herself up to therapy, she starts to make positive changes that help her heal.
<i>The Whole Story of Half a Girl</i> by V. Hiranandani (2012)	Sonia's dad is from India and her mom is Jewish, something she's never thought much about before until she's thrown into a public school for 6 th grade. After Sonia's dad loses his job, the family can't afford to send Sonia and her sister to private school anymore. On top of Sonia's struggles to adjust to a new school, she starts to notice that her dad doesn't seem quite right. When her mom confirms that he is struggling with depression, it adds one more thing to Sonia's overwhelming list of problems to worry about.

<p><i>A Finders-Keepers Place</i> by A. Haywood (2010)</p>	<p>The story is set in the mid 1970's and it's about Esther, who is 11, and her 8½-year-old sister, Ruth. They are searching their town for their dad who disappeared around 1966, because their mother's mental illness is getting worse and she is neglecting them. Esther has to take care of herself and her younger sister while trying to hide their mother's illness from the teachers at school.</p>
<p><i>Black Box</i> by J. Schumacher (2008)</p>	<p>Lena's older sister, Dora, becomes depressed and then attempts suicide. She is placed in the psychiatric ward of the local hospital and comes home after 22 days. Lena is very worried about her sister, even when she does get to come home. She becomes friends with Jimmy, a troubled classmate who was held back a year, but has a brother who struggles with mental illness. She feels like she can talk to him about her sister and he understands. Her parents don't seem to have time for her lately. Later, Lena finds out that Jimmy was actually the one in the psychiatric ward, not his brother, and that's why he's repeating some freshman classes. Dora eventually attempts suicide a second time and is sent away to a residential facility. Lena finally opens up to Jimmy and lets out all her bottled up sadness and anger about her sister.</p>
<p><i>Sorta Like a Rock Star</i> by M. Quick (2010)</p>	<p>Amber and her mom have recently become homeless and they are living on the school bus her mom drives. Amber is typically a pretty upbeat person, but lately her life has been taking a turn for the worse, and when her mother is murdered by a mentally ill man who went off his medications, Amber herself falls into a deep depression.</p>

<p><i>Walkaway</i> by A. R. Carter (2008)</p>	<p>Fifteen-year-old Andy lives in Wisconsin with his family which consists of an alcoholic father, a less than compassionate mother, an older brother who is annoyed by Andy, and a younger sister who gets all the attention. Last summer, Andy had a mental breakdown and had to be hospitalized for most of the summer. This summer, he's decided that he doesn't want to take his medication anymore, and he slowly begins to backslide into mental illness. When he's had enough, he decides to do a walkaway and disappear into the woods surrounding his family's secluded cabin. When he's about to be caught at the end of the book, he contemplates suicide rather than deal with his messed up family any longer.</p>
<p><i>Last December</i> by M. Beam (2009)</p>	<p>It's December 1982 and high school freshman Steven is not excited about his mom being pregnant. He's trying to make new friends, but when he does, he realizes his friend Byron is very troubled. When Byron mentions that he used to take Lithium for depression but he has stopped, Steven gets worried for his friend. As if he didn't have enough to be worried about, he also has a girl on the brain. When everything blows up in his face, Steven contemplates suicide.</p>
<p><i>Silhouetted by the Blue</i> by T. L. Jones (2011)</p>	<p>An African American 7th grader named Serena lost her mom 18 months ago. She was killed in a car accident while away on a business trip. Her family was upset and mourned her loss, but they seemed to slowly begin to adjust. However, Serena's father stopped taking his medication and started slipping back into depression. Serena feels alone and is stressed out about taking care of her little brother, doing schoolwork, rehearsing for the lead in the school's musical, and keeping up with all the household chores. She's also missing her mom, but she gets things done. She wonders why her dad just can't move on too.</p>

<i>Some Kind of Happiness</i> by C. Legrand (2016)	Finley is 11 and her parents need some time to work on their marriage, so they take Finley to stay with her grandparents, aunts, and cousins at Hart house. At first, Finley is very unhappy, but as she gets to know her cousins more, she feels more at home. However, Finley has depression and anxiety, and no matter how happy she is, sometimes she just can't shake her darkness. When her blue days start to take over, Finley has to realize that she needs help, because even those who love her most can't help her until she's ready.
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Portrayals of Depression and Anxiety

Table 2 was created to summarize findings from all books in the same chart and to find patterns when determining the realism and authenticity of portrayals of depression and anxiety in the selected novels.

Table 2

Portrayals of Depression and Anxiety Summary Chart

Book Title	Stereotypes Realistic	Symptomology Realistic	Diagnosis Realistic	Treatment Realistic	Overall Realistic
<i>Wintergirls</i>	Yes	Yes	Yes	Yes	Yes
<i>How I Made it to Eighteen: A Mostly True Story</i>	Yes	Yes	Yes	Yes	Yes

<i>The Whole Story of Half a Girl</i>	Yes	Yes	Yes	Yes	Yes
<i>A Finders - Keepers Place</i>	Yes	Yes	N/A	N/A	Yes
<i>Black Box</i>	Yes	Yes	Yes	Yes	Yes
<i>Sorta Like a Rock Star</i>	No	Yes	No	No	No
<i>Walkaway</i>	Yes	Yes	Yes	Yes	Yes
<i>Last December</i>	Yes	Yes	N/A	Yes	Yes
<i>Silhouetted by the Blue</i>	Yes	Yes	N/A	Yes	Yes
<i>Some Kind of Happiness</i>	Yes	Yes	Yes	Yes	Yes
<i>Total</i>	9	10	6	8	9

Stereotypes

Under the subcategory of stereotypes, the researcher looked for examples in the texts that were either a stereotypical way of portraying mental illness, treatment, treatment facilities, or mental health care professionals, or a non-stereotypical, authentic portrayal. To be considered realistic, the researcher was looking for an absence of stereotypes in the text. Nine of the ten novels examined represented mental illness in a manner free of stereotypes and in a realistic way.

Nine of the novels studied avoided stereotypes by creating very complex, round, and dynamic characters. In *Wintergirls* (Anderson, 2009), Lia's thoughts are fully fleshed out through her first person narration. Her illness is not oversimplified and treatments aren't immediately and magically effective. Lia has already done an inpatient program twice, but she is constantly struggling with her eating disorder and anxiety. Even the title *Wintergirls* is a metaphor for how Lia's illness makes her feel frozen, and healing is like slowly thawing out. In the end, Lia states, "There is no magic cure, no making it all go away forever. There are only small steps upward" (p. 278). Lia, her family, and her doctors all realize that there is no curing her mental illness, only finding ways to cope and deal with her anxiety in a more appropriate and healthy way.

Many novels in this study described characters factually by explaining their symptoms without forming judgements about that character. For example, Steven in *Last December* (Beam, 2009) describes many of his friend, Byron's, symptoms to readers, but he is very factual about it and doesn't judge Byron based on his behavior. To Steven, Byron just is who he is. In *The Whole Story of Half a Girl* (Hiranandani, 2012), Sonia's mom explains her father's illness to her as her father having something physically and biologically wrong and that depression is a real illness; it's not just her father being lazy. Sonia explains, "it's sort of like having a flu in your mind, that he's been feeling down for a while, and when bad moods last too long it's called a depression" (p. 88). Later, when Sonia's family goes to visit her father in the psychiatric hospital, the hospital and doctor are described as being very normal. It is not a scary or evil place, and the doctors are caring physicians who want to help their patients and their families heal.

However, in *Sorta Like a Rock Star* (Quick, 2010), the characters are portrayed in a more stereotypical way. They are much more flat and static, and therefore less realistic. Private Jackson is a stereotypical Vietnam veteran who has PTSD, and he is portrayed as an eccentric recluse who is grouchy and wants nothing to do with Amber and her dog. He lives in a run-down house with an unkempt yard. The man who murders Amber's mother is also stereotypically described as a mentally ill man who went off his medication. He has a long criminal history and is a registered sex offender. When Amber visits him in jail, she describes an emptiness to his eyes that make him seem inhuman, despite the fact that he is back on his medication. This book's characters seem to portray the mentally ill as criminals who are less than human or are outcasts in society because of their illness.

When portraying the treatment of mental illness, the characters in *Sorta Like a Rock Star* (Quick, 2010) just avoid seeking treatment. Amber herself experiences depression after the death of her mother, but she avoids any help and refuses treatment. One day all on her own, she just decides to get better, and she is instantly able to leave the house and go back to her normal routine. Private Jackson's PTSD is never treated or discussed with any depth, and Amber's mother's murderer is sent to jail because he is criminally insane.

Symptomology

Common symptoms of depression and anxiety are explained by the Anxiety and Depression Association of America in the coding manual (see Appendix B). All ten novels in this study included realistic symptomology of anxiety and depression in the characters experiencing mental illness.

Five of the novels dealt with mental illness in the main character (four females and one male), so the symptoms are described by the character experiencing them firsthand. Lia in *Wintergirls* (Anderson, 2009) tells her dad that she's sad. She has no hope for the future and feels guilty about Cassie's death. Lia is anorexic because she doesn't feel like she is worth weighing more than zero pounds. She has dropped out of all her activities and experiences physical symptoms such as insomnia, trouble focusing, hallucinations, excessive fatigue, and irritability.

In *Walkaway* (Carter, 2008), Andy describes his symptoms as delusions and feeling like a "Gloom" settles over him, where everything loses color, voices are muffled, and he feels himself going away (pp. 93-94).

Stacy describes her depression in *How I Made it to Eighteen* (White, 2010) as a gradual loss of happiness. She feels distant from others, begins using drugs and alcohol to self-medicate, and develops an eating disorder. She is also angry and suicidal, she cries uncontrollably, has insomnia, and feels hopeless, helpless, and worthless.

Amber in *Sorta Like a Rock Star* (Quick, 2010) experiences a trauma induced depression when her mother is murdered. But even before that, Amber and her mom are homeless and she describes feeling hopeless. After her mother's death, Amber stops talking for three days, refuses to go to school, loses weight, becomes very jumpy, and she cuts herself off from all her friends.

Finley in *Some Kind of Happiness* (Legrand, 2016) is very vivid in her descriptions of her symptoms. Finley doesn't seem to understand what is happening to her when she experiences her symptoms, so she describes them with specific details. She explains that sometimes her body feels too heavy to move or that she's sinking into cold,

blue water and it feels difficult to breathe, like her skin is crawling with fear (p. 61). She has panic attacks where she feels hot and cold and itchy at the same time. At times she feels nauseous and has difficulty breathing. Finley describes feeling a sadness that's so terrible she can't sleep, then she can't wake up or get out of bed. Other times her body feels stretched tight and like it has to work extra hard to keep her all together. She has racing thoughts and her brain sometimes buzzes like static. Finley herself is only eleven, so she describes her symptoms in a less clinical manner and just explains how she's feeling and what she's experiencing through her eleven-year-old perspective.

Three novels explained symptoms of depression in one of the main character's parents (two dads and one mom) from the female main character's point of view. In *The Whole Story of Half a Girl* (Hiranandani, 2012), Sonia explains that her dad seems hopeless and persistently sad after losing his job. He seems to have less energy and sleeps a lot, he doesn't leave the house much or do anything around the house, and some days he has his pajamas on all day. Sonia also notices that her dad is irritable at times and has a short temper with her and her younger sister. She also says he seems to have trouble focusing and seems apathetic at times.

In *Silhouetted by the Blue* (Jones, 2011), Serena explains that her dad sleeps all day, has stopped working or doing any house chores, and he stopped taking care of Serena and her little brother. He's lost interest in his hobbies and begins exhibiting signs of suicidal thoughts when he gives away prized possessions and starts preparing legal paperwork. He has stopped eating and is irritable and has mood swings, too.

Ester's mom, Valley, is the sick parent in *A Finder's Keepers Place* (Leal, 2010). She explains that her mom has pills that she takes and she'll sleep for days, so Ester has

to take care of herself and her little sister. Valley gets really angry, she squeezes the girls' arms and twists really hard, uses half words, and kicks her truck when she gets worked up. Valley's behavior becomes erratic, and one of Valley's friends describes her moods as Valley going 100 miles per hour. But after her manic phases, Valley goes through blue periods when she can't get out of bed.

The final two novels described the symptoms of mental illness in a friend and a sister. In *Last December* (Beam, 2009), Steven describes meeting his friend, Byron, and how sad and empty he seems at times. When Steven notices Byron stops wanting to play Ms. Pac Man and becomes disheveled, restless, irritable, and cries a lot, Steven begins to feel worried about his friend.

Lena's older sister, Dora's, mental illness is described in *Black Box* (Schumacher, 2008). Dora's grades start slipping, she's not involved in any school activities like she used to be, and she has no hobbies. Dora is fired from a babysitting job when she starts behaving irrationally. She left the bathtub water running intentionally and left the house to take the kids to the park, flooding the house. Dora also loses weight, starts sleeping more along with having bouts of insomnia, and she picks up anxious ticks like picking at her cuticles until her fingers bleed. Eventually, Dora attempts suicide.

Diagnosis

The diagnostic process in real life is a lengthy and complicated one, detailed further in the coding manual (see Appendix B), and represented in six of the novels. Oversimplifying the process (as happens in one of the novels), finding a diagnosis easily or quickly, or not being diagnosed by a professional indicate an unrealistic portrayal of the diagnostic process. However, three novels didn't make any mention of a diagnosis or

diagnostic process at all, and those novels were marked with an n/a (not applicable) on the book evaluation chart.

Three of the novels were very upfront about the diagnostic process. *Wintergirls* (Anderson, 2009), *How I Made it to Eighteen* (White, 2010), and *Walkaway* (Carter, 2008) all talked explicitly about meeting with professionals and the lengthy process of being diagnosed. *How I Made it to Eighteen* had the most detailed diagnostic process because the book was all about Stacy's time in a treatment facility. The doctor explains to Stacy during one session that she has a chemical imbalance in her brain that likely contributed to her breakdown and insomnia. He explains that he's prescribing antidepressants to try to help balance her brain chemistry. However, Stacy's diagnosis also evolves. As she attends more therapy sessions, she's also diagnosed with personality disorder and developmental problems that contribute to her distancing others with her negative and angry attitude.

In *Wintergirls* (Anderson, 2009), Lia also has an evolving diagnosis. At first she does two stints in an inpatient facility for her anorexia after being forced there by her parents. By the third time she enters an inpatient facility for treatment, she is ready to ask for help herself and is also diagnosed with anxiety and depression. It took time to get to her full diagnosis and understand what the underlying cause of her anorexia actually was, and it was easier to make that diagnosis when she opened up to her therapists and was ready to get help.

In *Walkaway* (Carter, 2008), Andy is diagnosed with a nonspecific anxiety disorder while spending the entire summer in the hospital after his family finds him in a catatonic state under the family's summer cabin. His diagnosis came only after spending

lots of time in the hospital, and he briefly mentions the many tests his doctors did to help diagnose him.

Two novels describe the diagnosis, but the actual diagnostic process happens more behind the scenes. *The Whole Story of Half a Girl* (Hiranandani, 2012) is about Sonia's dad's mental illness from Sonia's point of view and *Black Box* is about Lena's sister's mental illness from Lena's point of view. Therefore, both girls are mostly left out of the diagnostic process. Sonia is only 12, and while Lena is in high school, it seems that both of their parents feel they should be sheltered from the gritty details of diagnosis. However, Sonia's father's diagnosis seems realistic because he has had bouts of depression in the past, so his diagnosis is an ongoing process. What readers know about Lena's sister's diagnosis seems realistic, because her symptoms match her diagnosis of depression and she's given antidepressants. When the medication isn't working and Lena's sister attempts suicide, she is admitted to a psychiatric ward so the doctors can continue to work on her diagnosis and determine the best course of treatment from there.

One novel started the diagnostic process but it was not complete by the end of the novel. In *Some Kind of Happiness* (Legrand, 2016), Finley just starts to explain her symptoms to her psychologist and she explains that, along with her parents, she has done some research and she thinks she has anxiety and depression (p. 369). However, the book ends before readers see more of the diagnostic process or learn a definitive diagnosis.

Three novels did not include the diagnostic process during the time frame of the novel's setting. *A Finders-Keepers Place* (Haywood, 2010), *Last December* (Bean, 2009), and *Silhouetted by the Blue* (Jones, 2011) all included characters with mental illness who were diagnosed prior to the start of the novel. In *A Finders-Keepers Place*,

characters who have known Valley for a while say she's been like this for a long time. She must have been diagnosed at some point (readers can infer she has bipolar disorder and depression), because she has been prescribed pills and her downward spiral in the book is due to Valley going off her medications. Byron in *Last December* was diagnosed (readers can infer he is depressed) before the book began, and even though Steven also shows symptoms of being depressed, he does not seek help and is not diagnosed. Serena's dad in *Silhouetted by the Blue* was also diagnosed with depression before the novel's time frame. Serena's mom was the person who made sure he made it to doctor's appointments and that he regularly took his medications, but after Serena's mom dies suddenly in a car accident, the trauma causes his mental health to deteriorate rapidly.

Finally, one novel did not portray an accurate diagnostic process. *Sorta Like a Rock Star* (Quick, 2010) oversimplified Amber's depression. Her guardian, Donna, thinks she is depressed after her mother's death, but Amber is never formally diagnosed by a professional because she refuses to see a therapist. In the end, Amber is almost magically cured when she wakes up one day and decides to return to her normal way of life.

Treatment

A realistic portrayal of treatment includes treatment plans, therapy, medications, and supplemental treatments such as support groups, relaxation techniques, or exercise. An unrealistic portrayal of treatment would oversimplify the process into a short amount of time or depict excessively positive results. Treatment should work to reduce the symptoms of the disorder, therefore easy answers and cures are not realistic in the treatment of depression and anxiety.

Eight novels portrayed a realistic treatment process. Most of the characters in the novels attend therapy sessions through inpatient and outpatient programs. Lia in *Wintergirls* (Anderson, 2009) attends an inpatient program multiple times, as does Andy in *Walkaway* (Carter, 2008). Lia also attends outpatient therapy sessions in between her stays at a clinic, but Andy doesn't seem to get any help between his initial hospital stay and his second breakdown. After his second inpatient stay, Andy transitions to a group home setting to continue his treatment. Byron in *Last December* (Beam, 2009) is placed in an inpatient treatment facility after his outpatient therapy stops being successful. Stacy in *How I Made it to Eighteen* (White, 2010) sought treatment in an inpatient facility also. After she spent time there, she transitioned to a group home setting, and at the end of the novel, she was applying to go off to college on her own. Lena's sister in *Black Box* (Schumacher, 2008) started off with outpatient treatment but was placed in an inpatient program after her suicide attempt. Sonia's dad in *The Whole Story of Half a Girl* (Hiranandani, 2012) attends an inpatient therapy program at the end of the book. Some of these programs isolate the patient from family and friends at first to help the patient focus on their own recovery. Sonia's dad, Stacy, Andy, and Lena's sister are all beginning the treatment process, either for the first time or for the first time in a long time, so their families and friends can't visit them right away. Finley and Serena's dad both go to outpatient therapy sessions at the end of *Some Kind of Happiness* (Legrand, 2016), and *Silhouetted by the Blue* (Jones, 2011).

All of these characters receive individual therapy while in treatment, but some also receive supplemental therapies. In *Wintergirls* (Anderson, 2009), Lia is also sent home with a meal plan and some cognitive behavior therapy strategies to try to help her

gain the weight she's lost during her battle with anorexia. The therapist also wants her to use CBT to replace her negative thoughts with daily affirmations and healthy thoughts about food. Andy in *Walkaway* (Carter, 2008) and Stacy in *How I Made it to Eighteen* (White, 2010) attend group therapy sessions while Stacy, Sonia in *The Whole Story of Half a Girl* (Hiranandani, 2012), Lena's sister in *Black Box* (Schumacher, 2008), and Finley in *Some Kind of Happiness* (Legrand, 2016) attend therapy sessions with members of their immediate families. Stacy also attends art therapy sessions.

Most characters are given medications during treatment to help alleviate some symptoms of their anxiety and depression including Lia in *Wintergirls* (Anderson, 2009), Serena's dad in *Silhouetted by the Blue* (Jones, 2011), Stacy in *How I Made it to Eighteen* (White, 2010) takes antidepressants, Byron in *Last December* (Beam, 2009) admits that he was on Lithium, and Andy in *Walkaway* (Carter, 2008) takes three different medications. Lena's sister in *Black Box* (Schumacher, 2008) is taking medications, but the types and dosages are still being constantly adjusted to try to find the right balance for her treatment.

During treatment, most characters experience successes and failures. Sonia's dad in the last chapter of *The Whole Story of Half a Girl* (Hiranandani, 2012) explains to Sonia and her little sister that he may have ups and downs with his depression and he may never fully be cured. It is a very long and difficult process, and the novels all end with the characters continuing to work on successfully coping with their mental illness. None of these characters are cured. Characters like Lia in *Wintergirls* (Anderson, 2009) and Andy in *Walkaway* (Carter, 2008) bounce back and forth from inpatient to outpatient treatment for many months, even years before their mental health starts to improve. Most

characters resist their treatment at first. Serena's dad in *Silhouetted by the Blue* (Jones, 2011), Lia in *Wintergirls*, Andy in *Walkaway*, Byron in *Last December* (Beam, 2009), and Lena's sister in *Black Box* (Schumacher, 2008) all stop taking their prescribed medications at one point. These characters feel like the medications make them feel zoned out or not like themselves, so they pretend to take their medications to fool their parents or doctors.

The turning point for all of these characters seems to be when they are ready to seek or accept help to get better. Their family members and friends can't make them want to get better. Stacy from *How I Made it to Eighteen* (White, 2010), Lia from *Wintergirls* (Anderson, 2009) and Finley from *Some Kind of Happiness* (Legrand, 2016) finally decide to accept that they have a mental illness and they need to truthfully open up to their therapists so the therapists can more effectively help them heal. In Finley's Everwood stories, the snake tells her she has to face and name the thing inside of her to take back its power (p. 50). Finley says, "Sometimes before you can give someone help, the person has to ask you for it, because they have gotten really good at hiding what hurts them" (p. 362). When these three girls start being honest during therapy sessions and they genuinely work at getting better, they start to see improvements in their depression and anxiety.

However, characters like Lena's sister in *Black Box* (Schumacher, 2008), Serena's dad in *Silhouetted by the Blue* (Jones, 2011), Byron in *Last December* (Beam, 2009), and Lia's friend, Cassie in *Wintergirls* (Anderson, 2009) are not ready to seek or accept help for their mental illnesses, therefore, their treatments are much less successful. Cassie's unwillingness to accept help results in her mental illness spiraling so out of control that

she loses her life as a result of her bulimia. All of the characters in these books have family members and friends who try to help them, but family and friends can't make these characters change until they make the change themselves. Characters like Andy in *Walkaway* (Carter, 2008), Lia in *Wintergirls*, Finley in *Some Kind of Happiness* (Legrand, 2016), Sonia's dad in *The Whole Story of Half a Girl* (Hiranandani, 2012), and Stacy in *How I Made it to Eighteen* (White, 2010) describe their progress as a small step in the right direction, and they all seem to understand that it will be a long and constant battle to cope with their mental illnesses.

A Finders-Keepers Place (Haywood, 2010) was given a not applicable (n/a) rating because Valley is not taking her medication or receiving any treatment during the novel. At the very end of the book it mentions that she has started taking her medication again, but it was only a few pages from the end, so there wasn't enough data to decide if Valley's treatment was realistic or not.

Sorta Like a Rock Star (Quick, 2010) did not realistically portray treatment of mental illness. Amber refuses to see a therapist, so she never receives any treatment for her depression after her mother was murdered. However, one day her dog gets sick and she just decides that she needs to snap out of it and get on with her life. She is immediately back to her old self, just because she decides to get better, which is unrealistic.

Overall Portrayal of Depression and Anxiety in Young Adult Fiction

The first research question for this study asked if the plots and characters of young adult novels written for middle school students realistically and authentically portray mental illness. In order for a novel to be recommended, the novel must receive

more *yes* responses than *no* responses in Table 2, meaning that it is realistic in more categories than it is unrealistic. Overall, nine of the ten novels studied realistically portray depression and anxiety.

The most realistic aspect of mental illness in the novels studied was symptomology. All ten novels described characters' symptoms in a way that was accurate for a person with depression or anxiety. Nine of the ten novels avoided using negative stereotypes when describing characters with mental illness, their treatments, treatment facilities, and mental health professionals. Eight of the ten novels described treatment in a realistic way, including realistic portrayals of treatment plans, therapies, and medications, and the novels did not oversimplify how difficult and non-linear the treatment process can be. The characters with mental illness do not start at point A and progress directly to point B where they are cured. The category with the fewest novels receiving a realistic rating was the diagnosis category. There were a few novels that did not include the diagnostic process because they were narrated from the point of view of a character who was not the person experiencing the mental illness. There was only one novel in the study that received unrealistic ratings in any of the categories, and that was *Sorta Like a Rock Star* (Quick, 2010). It received *no* responses in the stereotypes, diagnosis, and treatment columns, and the only *yes* it received was in the symptomology column.

Quality as a Bibliotherapy Tool

Table 3 was created to summarize findings from all books in the same chart and to find patterns when determining the quality of the selected novels as a bibliotherapy tool.

Table 3

Quality as a Bibliotherapy Tool Summary Chart

Book Title	CBT	Themes	Educate	Role Model	Coping Skills	Relation. and Environ.	Stigma	Develop. Fit	Overall Quality
<i>Wintergirls</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>How I Made it to Eighteen: A Mostly True Story</i>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>The Whole Story of Half a Girl</i>	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
<i>A Finders-Keepers Place</i>	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Black Box</i>	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
<i>Sorta Like a Rock Star</i>	No	No	No	Yes	No	Yes	No	No	No
<i>Walkaway</i>	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes
<i>Last December</i>	No	Yes	No	No	No	No	No	Yes	No
<i>Silhouetted by the Blue</i>	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Some Kind of Happiness</i>	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<i>Total</i>	4	9	8	8	7	9	5	9	8

Cognitive Behavior Therapy Qualities

Only four novels included cognitive behavior therapy (CBT), the lowest of any criteria in this study. CBT is when a therapist helps a person identify and challenge unhelpful beliefs and behaviors and develop new, healthier beliefs and behaviors (Montgomery & Maunder, 2015). Montgomery and Maunder note that bibliotherapy

should be rooted in best practice, which is CBT therapy, and the characters who engage in CBT do make the most progress in coping with their depression and anxiety.

Stacy's CBT in *How I Made it to 18* (White, 2010) is the most explicit of the novels studied. While she's in treatment, Stacy's therapists identify many negative behaviors and help Stacy change. Stacy is constantly changing her looks, dying her hair and trying out different styles, and she uses this along with her sarcasm and hostility to distance herself from others because of her fear of rejection. In group therapy, they learn to "breathe in the good and exhale the bad" (p. 111). This helps Stacy be a more positive person. Stacy also realizes that bouncing around from one bad relationship to another keeps her focused on finding the right guy to be happy. CBT helps her realize that only she can make herself happy, so she dumps her boyfriend and chooses to focus on herself instead of another boy. Dr. Ross also helps Stacy realize that she focuses on what happens around her, not how she feels about it. CBT helps her to focus on those feelings and learn how to express them in a healthier way than using anger to shield her from those emotions. By the end of the book, CBT has helped Stacy recognize some negative behaviors and attitudes and replace them with healthier ways to cope with her depression. By utilizing those strategies, Stacy finally starts to get better.

Lia in *Wintergirls* (Anderson, 2009) works with Dr. Parker to identify her negative thoughts, especially about food due to her initial diagnosis of anorexia. Lia's therapist gave her rules for the times when she starts having rambling thoughts about how stupid, ugly, fat, etc. she is. "1. Identify the feeling. 2. Recite ~~magic incantations~~ affirmations, reread Life Goals, meditate on positive thoughts. 3. Call therapist if negative self-talk continues" (p. 103). Lia's use of strikethroughs demonstrates her

attempts at using CBT to strike out her negative thoughts and replace them with beneficial ones. By the end of the novel, Lia replaces any negative thoughts about food with a deep breath and the affirmation that “Food is life,” and she focuses on eating healthy foods to nourish her body (p. 275). She also learns to replace her need to repress emotions with a willingness to share her feelings with her parents and therapists.

Lena learns a similar lesson about opening up in *Black Box* (Schumacher, 2008). Lena’s sister, Dora’s treatment is not described because Lena’s parents do not want her to be bothered by the gritty details of her sister’s illness. However, Lena begins therapy herself because her parents are worried about her and how she’s dealing with Dora’s mental illness. Using CBT, Lena’s therapist helps her realize that one of her unhealthy behaviors that is causing her stress during Dora’s illness is that Lena keeps her emotions bottled up. When Lena tells her therapist that she doesn’t know what she’s supposed to do with her sadness and asks her what other people do with their sadness, her therapist says,

Sometimes they carry it with them...because they aren’t sure what else to do....

But sometimes they open it up like a package in the presence of a person they can talk to.... Someone they can trust.... Any person who is carrying a lot of sadness...needs to be able to rest sometimes, and to put it down. (p. 128)

In the end, Lena realizes that Jimmy is a person who can understand her feelings, so she opens up to him and finally allows herself to cry. This helps Lena cope, and it reduces her anxiety about her sister’s illness.

One of the unhealthy thoughts Andy has in *Walkaway* (Carter, 2008) is that all his mental problems are his family’s fault because his dad drinks too much and his mom neglects him. However, during his second hospital stay, doctors help Andy realize that this is just a trigger for him and that he can control these triggers with the help of

medication to balance his brain chemicals. However, Andy is reluctant to take medication because he doesn't like how they make him feel. His doctor uses CBT to help him think of his medicine as something that helps him cope with his family issues instead of hating how it makes him feel. Andy is also able to accept that his family issues aren't the cause of his breakdowns, but by learning to control the things that trigger him with the help of medicine, he can control his emotions about his family and cope more easily.

Themes to Create Personal Change

In their study, Levitt et al. (2009) established a core category based on themes in novels that created the most personal change in readers. That core category theme is: "Identification with characters' experiences created a safe venue to consider threat and experiment with new possibilities and perspectives" (p.344). Nine of the ten novels studied included themes that fall into this core category. They do so without being pushy, preachy, or judgmental about mental illness and the life lessons it teaches characters and, therefore, readers. The novels include characters readers could identify with or connect to, and they help readers consider new perspectives on depression and anxiety. These novels create a safe way for readers to explore and learn about depression and anxiety.

Teens with depression, anxiety, or eating disorders or teens with friends who are experiencing these illnesses can identify with Lia and Cassie's struggles in *Wintergirls* (Anderson, 2009). Because Lia's struggle lands her in the hospital multiple times and Cassie's struggle ends in her death, the novel urges teens to seek help for themselves or their friends before it's too late. Similarly, in *Walkaway* (Carter, 2008), readers can identify with Andy or his friend, Dick, and realize that help is necessary, but also that mental illness can be overcome. By getting professional help, Andy and Lia find ways to

minimize their symptoms and cope with anxiety and depression. Steven in *Last December* (Beam, 2009) is another character readers can identify with as he becomes very worried for his friend, Byron. When Steven sees Byron in the hospital after what appears to be a suicide attempt, Steven is relieved Byron is getting mental health care.

The stories of Sonia's dad in *The Whole Story of Half a Girl* (Hiranandani, 2012), Serena's dad in *Silhouetted by the Blue* (Jones, 2011), Esther's mom in *A Finders-Keepers Place* (Haywood, 2010), and Lena's sister in *Black Box* (Schumacher, 2008) will resonate with young readers who have a family member dealing with mental illness. It also gives readers a new perspective on what children like Sonia, Serena, and Esther are dealing with. Sonia does have her mother and grandparents to support her and her younger sister, but Serena and Esther were left on their own to take care of their younger sibling while trying to hide a parent's mental illness from their teachers and friends. Both girls were afraid of being removed from their home and having nowhere to go. Readers can empathize with children in those situations and how hard it must be to deal with the mental illness of a loved one. Serena tried so hard to balance all of her responsibilities and to become the adult of the household, but when it all was too much, she had to call her uncle who was out of the country on business to come home and help her. Esther finally confides in her friend, Ford, and he helps take care of them. Serena and Esther's situations show readers that mental illness only gets worse, and it won't just get better when it's hidden. Lena's story also helps readers realize they shouldn't bottle up their emotions; it's important to share their feelings about a loved one's illness with someone they trust.

How I Made it to 18 (White, 2010) could help readers connect with some of Stacy's symptoms and realize their own need to seek help. Reading about Stacy's struggles and how she overcame them gives readers a positive example of seeking mental health treatment. Most importantly, Stacy's story can help readers overcome their own stereotypical ideas about mental health treatment, facilities, and professionals and lesson the negative stigma attached to mental health. Readers realize that it was very brave of Stacy to admit that she needed help and the hospital seemed like a very normal place where other normal teens who needed help sought treatment. Those teens worked on their issues and helped each other out so they could move on with their lives after treatment.

Finley in *Some Kind of Happiness* (Legrand, 2016) seemed the most accessible for middle grade readers to identify with because of how she describes her feelings and physical symptoms and struggles. Readers might learn about depression and anxiety and recognize those symptoms in themselves or friends or family members. Reading Finley's story could lead to readers having greater empathy towards people experiencing mental illness. The ending of the novel could also help readers realize that sharing their feelings with others and asking for help is a great step towards getting better. Finley only felt isolated and more anxious when she kept her feelings all to herself.

Educates Readers

Eight of the novels studied educated readers about various aspects of mental illness such as the symptomology, diagnosis, and treatment of depression and anxiety, as well as providing an explanation of the biological and psychosocial (psychological and social) factors that can contribute to mental illness. Overall, these novels educated readers about mental illness and how to get help and treatment for depression and anxiety. Many

also educated readers about the consequences of not following treatment and how not taking medications or not being willing to work on negative thoughts or behaviors will lead to a regression.

Walkaway (Carter, 2008) is surprisingly detailed about Andy's symptomology, diagnosis, and treatment despite being a fairly short novel, and Finley in *Some Kind of Happiness* (Legrand, 2016) describes her symptoms in vivid detail. Examples from the texts are already detailed above in the Symptomology, Diagnosis, and Treatment sections of Chapter 4. Some of the novels are more explicit while others are more limited in their explanations of these three aspects. *The Whole Story of Half a Girl* (Hiranandani, 2012) is an example of a book narrated from a 6th grader's point of view, so readers only learn what Sonia observes and what she learns from the short and simple explanations her mother gives her about her father's depression. In *Silhouetted by the Blue* (Jones, 2011), Serena researches depression after her uncle tells her that her dad has been depressed in the past. When she finds the symptoms of depression on a website, they match her father's symptoms and Serena realizes that she has to get her father help. Similarly, Lena in *Black Box* (Schumacher, 2008) notices a poster outside the school nurse's office with a list of symptoms of depression, and Lena recognizes many of those symptoms in her sister's recent behavior.

How I Made it to 18 (White, 2010) and *Black Box* (Schumacher, 2008) explain mental health treatment facilities. Stacy's stay allows readers to see what daily life is like in an inpatient program as well as some of the structures and rules, like how Stacy can earn privileges according to her progress. Lena also describes some of the rules in her sister's treatment facility. There are certain items Dora can and can't have and certain

people who can visit her at specific points in her treatment. When Lena notices how zoned out Dora's medications sometimes make her, she researches them, educating readers about the dangerous side effects they can have on teens. Lena questions if psychiatric medications really are safe for teens, reminding readers of the importance of patients being supervised while trying out new medications and dosages.

Some novels educate readers about the biological aspects of depression and anxiety and how important balanced brain chemistry is to mental health. Stacy's doctors in *How I Made it to 18* (White, 2010) explain to her that she has a chemical imbalance in her brain that causes her insomnia, which, in turn, exacerbates her mood swings. Her doctors explain that certain medications can help balance her brain chemistry and ease the symptoms of her insomnia, therefore easing her symptoms of depression and anxiety. Andy's doctor in *Walkaway* (Carter, 2008) describes how the combination of his family issues and chemical imbalances in his brain contributed to his mental breakdown. "No one knows how all the psychological and environmental stuff fits together....Let's just say you're more susceptible to external pressures because you've got some imbalances in your brain chemicals." He further explains that the medications won't make Andy turn into someone else, rather they will allow him to "be more of who you really are" and "handle your problems better" (p. 197). Sometimes genetics can play a role in the biological factors that contribute to mental illness, such as in *Silhouetted by the Blue* (Jones, 2011) and *Black Box* (Schumacher, 2008). In *Black Box*, Lena's therapist wants her to know that her sister's illness is biological and not anyone's fault. She explains that depression can sometimes run in the family, and Lena remembers that they had an uncle who also suffered from depression. In *Silhouetted by the Blue*, Serena's uncle explains

that her father's illness is likely genetic because depression seems to run in their family. Her uncle says that because it's biological, he will need medicine to get better and he can't just snap out of it on his own. Perhaps Finley in *Some Kind of Happiness* (Legrand, 2016) describes it best when she asks her teenage cousin, Gretchen, if she ever feels sad. Gretchen says yes, but then she just plays outside or does something fun and she feels better. That's when Finley knows she's more than just sad, because her sadness won't instantly go away like Gretchen's does (p. 190).

Some novels educate readers about the psychosocial factors that can contribute to mental illness including psychological factors and social factors. *How I Made it to 18* (White, 2010) educates readers on the psychological factors including Stacy's personality and way of thinking and coping with stressful situations. Stacy slowly becomes more self-aware and realizes her negative attitude and sarcasm hurt the people who love her. When she changes her attitude and behaviors to be more positive, she starts to feel better. Some social factors that can contribute to mental illness include family, relationships, employment, life events, and trauma. In *The Whole Story of Half a Girl* (Hiranandani, 2012), Sonia's dad loses his job, and his struggle to find work triggers his depression. Finley is worried that her parents will get a divorce in *Some Kind of Happiness* (Legrand, 2016), Lia's mental health issues in *Wintergirls* (Anderson, 2009) seem to start after her parents' divorce, and Andy in *Walkaway* (Carter, 2008) has to deal with his father's alcoholism and his mother's neglect. Serena's dad's mental health declines sharply after the trauma of losing his wife in a car accident in *Silhouetted by the Blue* (Jones, 2011). He had been successfully living with depression until the trauma caused him to skip doctor appointments and not take his medication. Similarly, Lia's mental illness regresses

after Cassie's death in *Wintergirls* (Anderson, 2009). However, the novels do not imply that these factors cause depression or anxiety, only that they contribute to the characters' mental illness.

Positive Role Model

Eight novels included a positive role model for the young adults in the story. Half of the novels included role models who were parents or family members, and the other half included role models who were surrogate parents, teachers, or the doctors, nurses, therapists, and fellow patients at treatment facilities.

Parents and families support the main character in *Wintergirls* (Anderson, 2009), *The Whole Story of Half a Girl* (Hiranandani, 2012), *Some Kind of Happiness* (Legrand, 2016), and *Silhouetted by the Blue* (Jones, 2011). Lia in *Wintergirls* lives with her dad and new stepmom and step sister, Emma. She also has visits with her mother. All of her parents are very supportive and they are the ones who put her in an inpatient treatment program twice. They monitor her medicine, weight, and eating, and even though there are times when they get wrapped up in their own lives, they are trying to be there for Lia and stay positive. In *The Whole Story of Half a Girl*, Sonia has her mom and grandparents to support her and truthfully answer her questions about her dad's depression. They take care of Sonia and her little sister and are concerned about helping Sonia deal with her dad's depression. When Finley arrives at Hart house in *Some Kind of Happiness*, she is surrounded by positive role models in her grandparents, aunts, cousins, and her friends, the Bailey boys. They provide Finley with support and advice, and they try to get her help when she needs it. Serena's uncle is a positive role model in *Silhouetted by the Blue*. He

explains things to Serena and eventually does come to stay with them and take care of Serena and her brother. He also gets Serena's dad to see his doctor.

Other role models appear in *Silhouetted by the Blue* (Jones, 2011), *How I Made it to 18* (White, 2010), *Black Box* (Schumacher, 2008), *A Finders-Keepers Place* (Haywood, 2010), and *Sorta Like a Rock Star* (Quick, 2010). In *Silhouetted by the Blue*, Serena's musical director at school encourages her talent and seems concerned when she struggles to make practices because he senses something is going on with her. Her friend, Elijah, is another positive role model because he has a positive attitude that helps cheer Serena up, and he helps Serena out with taking care of her little brother. In *How I Made it to 18*, Stacy doesn't have any positive role models until she enters treatment. Her doctors, nurses, and therapists are positive role models who help her realize negative habits and give her the support she needs to replace them with positive ones. Ashley and Dean are fellow patients at Golden Meadows, and they encourage Stacy to participate and talk more during group therapy and to work on her weaknesses so she can get better. Their positive attitude about therapy helps Stacy open up. In *Black Box*, Jimmy becomes Lena's role model who explains things about mental illness for her and gives her advice about how to handle everything she's going through with her sister's mental illness. Lena feels like she can talk candidly with Jimmy and he won't judge her, because he's been through a similar experience with his brother (even though readers later find out Jimmy was really the one in the hospital, not his brother). Esther has a teacher and her friend, Ford, as role models in *A Finders-Keepers Place*. (Esther finds out that Ford is really her older half-brother at the end of the novel.) They both try to take care of Esther and her younger sister by giving them food, and Esther's teacher tries to get Valley to meet her at

school to discuss her concerns. Ford gives the girls rides when they get stranded around town, and in the end, he's the one who cleans up the mess Valley has caused. He convinces her to take her medicine again and take better care of herself for the girls' sake. In *Sorta Like a Rock Star*, Amber's main positive role model becomes a surrogate parent after Amber's mother is murdered. Donna is a successful lawyer, and she invites Amber and her dog to live with her and her son, who has Autism. She realizes Amber needs help after her mother's death, and she encourages her to see a therapist.

There are also a few bad role models in the novels studied. In *How I Made it to 18* (White, 2010), most of the people in Stacy's life before she enters treatment are negative role models. Her boyfriend, Eric, is a cutter; her friend, Violet, was an alcoholic and used to do drugs with Stacy; and Stacy's mother mostly just wants to control her. Andy in *Walkaway* (Carter, 2008) doesn't feel like he has anybody in his life to look up to or love him. His dad's an alcoholic, his mom is not very caring and she doesn't pay attention to him, his older brother is mostly annoyed by him, and his younger sister is too young to know what's going on. Andy does have a good friend, Dick, who sticks by him even after his hospitalization. He goes with Andy to the cabin again, but when Andy stops taking his medicine and starts regressing, Dick calls his parents and goes home, abandoning Andy at the cabin with his alcoholic dad. In *Last December* (Beam, 2009), Steven doesn't feel like he has anyone in his life that he can count on, and Byron doesn't mention any role models either. They have each other, but both are depressed and neither is in a position mentally to help the other out.

Positive Coping Skills

Positive coping skills were demonstrated in seven novels. Coping skills included characters utilizing cognitive behavior therapy to replace negative thoughts and behaviors with positive ones, participating in activities and having a healthy outlet to relieve stress, and creating an identity separate from mental illness. These novels include concrete examples of coping strategies and ways that people can live with depression and anxiety.

Lia in *Wintergirls* (Anderson, 2009) uses her doctor's affirmations to replace her negative thoughts about food with more positive ones to cope with her anxiety surrounding food. Throughout the novel, Lia strikes out her negative thoughts and replaces them with more positive, less sarcastic thoughts until there are fewer and fewer words being stricken. At the end, Lia explains that every time she eats she repeats the affirmation, "Food is life," to remind herself that food helps her live and it is not her enemy (p. 275). Lena's parents aren't great listeners in *Black Box* (Schumacher, 2008), and they seem to not really have time to make sure Lena is dealing with her sister's mental illness in a positive way, so Lena bottles up her emotions. Her therapist and friend Jimmy both help her realize that they are two people who are there for her, and it's unhealthy to feel like she has to keep her feelings to herself. Lena finds that opening up more to her therapist and trusting Jimmy with her thoughts and feelings helps her cope better with her sister's illness.

Other characters find activities or positive outlets to cope with their own mental illness or a parent's mental illness. To cope with their fathers' depression, Sonia in *The Whole Story of Half a Girl* (Hiranandani, 2012) and Serena in *Silhouetted by the Blue* (Jones, 2011) get involved in school activities. Sonia is a cheerleader and Serena is busy

with the lead in her school's musical. Esther in *A Finders-Keepers Place* (Haywood, 2010) is more interested in helping her little sister cope with their mother's illness, but their finders-keepers missions help distract her too. They collect junk and look through dumpsters to find little treasures others have thrown out. They are also distracted by the search for their father, because they think he will be able to help them get help for their mother. Finley in *Some Kind of Happiness* (Legrand, 2016) and Stacy in *How I Made it to 18* (White, 2010) both cope with their own depression and anxiety through different activities. When Finley starts to feel overwhelmed, she writes stories about Everwood (the name she's given the woods behind her grandparents' house) and creates an allegory to express her emotions. She also has her cousins and the Bailey boys to play with and explore Everwood. Stacy earns privileges at her treatment facility, and she soon finds that playing games, watching movies, and doing arts and crafts with her friends all help her cope with her depression by relieving some of the stress she feels.

Sonia in *Whole Story of Half a Girl* (Hiranandani, 2012) and Stacy in *How I Made it to 18* (White, 2010) also strive to create an identity for themselves that will separate them from mental illness. In Sonia's case, she struggles with her identity because her mom is Jewish and her dad is Indian, but navigating through new friendships at a new school helps her realize who she wants to be. She tries to be someone she's not to impress Kate (a Caucasian, popular cheerleader), but in the end she realizes that she can just be herself with Alisha (an African American girl who is bused to the school from a different part of town). Sonia likes how easily Alisha embraces her identity, and Sonia realizes that she's not her dad (with his depression) or her mom or even Kate; she is her own unique person. In *How I Made it to 18*, Stacy uses therapy to develop her own identity away

from her mother, boyfriend, and friends. She tends to think that the people and situations around her are what define her, but when Stacy starts using therapy to be her own person, she begins making progress in coping with her depression.

Three novels demonstrated only negative coping strategies. Andy in *Walkaway* (Carter, 2008) hides and walks away from his family, and he continues to isolate himself from them at the end of the novel, which is similar to what Amber in *Sorta Like a Rock Star* (Quick, 2010) does after her mother's murder. She refuses to talk to a therapist and even stops speaking to anyone for days as she shuts herself up in her room. Byron and Steven in *Last December* (Beam, 2009) exhibit the most negative and destructive coping skills. They use drugs and alcohol to self-medicate their depression, and they use avoidance, girls, and video games to cope. All of these negative ways of coping cause things to get much worse for both boys.

Healthy Relationships and Environments

Nine of the novels studied included healthy relationships and/or environments for the main characters. Healthy relationships included having supportive and positive peers, family members, and adults in the young adults' lives. Healthy environments included a loving and stable home, feeling cared about by teachers and adults in school, and environments that are conducive to recovery. Some of the novels also have negative relationships that contribute to characters' regressions, but the characters who begin to lean more heavily on their positive relationships make the most progress in their treatment for depression and anxiety.

Lia in *Wintergirls* (Anderson, 2009) does not have any healthy peer relationships; Cassie and Lia enabled and encouraged each other's eating disorders. However, Lia's

home life and relationship with her parents, even her new stepmom and stepsister, Emma, are healthy. Her parents' divorce did cause issues in the past, but now things have settled down in her family and her parents love and care for her. Lia's most healthy relationship is with Emma, and Lia strives to be her best self when she's around Emma. In the end, Lia decides that she has to get better for Emma's sake after Emma is the one to discover Lia bloody in the bathroom after a suicide attempt. Lia doesn't want to put Emma through anything like that again, and she starts taking her treatment seriously.

Like Lia, Sonia in *The Whole Story of Half a Girl* (Hiranandani, 2012) is another character who has to sort out her peer relationships and ditch the unhealthy ones while she's dealing with her dad's depression. In the end, she decides that Kate and Kate's friend Jess are negative people in her life, so she reconnects with her friend Sam from her old school and builds a relationship with Alisha at her new school. Sonia also has a positive relationship with her family, and even though her dad is missing for a while and then goes away for treatment, her grandparents are there for her. She also has her mom who works hard to be present for Sonia and her little sister when she's home, despite having to work more hours to make up for the lost income when Sonia's dad loses his job. Sonia also feels supported by teachers at her new school, which helps her transition from her old private school to the new public one.

Serena in *Silhouetted by the Blue* (Jones, 2011) also sorts out friends at school when she realizes that some, like Elijah, are really there for her. Others, like her two best friends Nikka and Kat, not only aren't there for her, but they are negative influences. Serena feels happiest at rehearsals for her school's musical and when her uncle shows up to help her and her little brother with their father's depression.

Stacy in *How I Made it to 18* (White, 2010) has to sort out her negative relationships too, and she ends up making some positive friends at Golden Meadows, Ashley and Dean. She also has great adult support there with all her doctors and nurses. They encourage Stacy to use positive coping strategies to deal with her depression. The environment at Golden Meadows is carefully planned out so that it is a healing and helpful place for young adults with mental illness to rest, recover, and rebuild their lives.

Finley in *Some Kind of Happiness* (Legrand, 2016) has a very supportive family, but they give off a vibe that makes Finley feel like she can't open up to them about how she's feeling. She thinks she needs to be perfect and happy around them, a feeling that is reinforced when Finley finds out that her grandmother has cancer and is going through treatment. Her grandmother hides her illness from everyone except Finley's grandfather because she wants it to appear like everything is fine. However, her parents and grandparents eventually do see that she needs help and that her depression and anxiety is not something they can just hide away. Finley feels the most comfortable with her friend Jack. At the end of the book, he's the first friend she tells about her mental illness. Jack encourages her treatment and recovery when he says, "if you're sad even when you're happy, even when you're doing stuff you like doing, maybe you can't just ignore it forever" (p.367). He encourages her to trust someone to help her figure it out, and then reassures her by saying that asking for help is no big deal.

Like Finley, Lena in *Black Box* (Schumacher, 2008) has one friend that she feels she can fully trust, Jimmy. He's had experience in the past with mental illness and his mom is a psychotherapist, so he gives Lena advice and offers up pieces of wisdom from his mom.

For Esther in *A Finders-Keepers Place* (Haywood, 2010), her relationship with her sister is the most important to her, but she also has Ford, who is an adult, to trust and rely on. She also tries to scare away Gull, who wants to be Esther's friend, because she is afraid Gull will find out how sick her mother is. But Gull is very persistent and wants to help, so she becomes a good friend to Esther as well. Esther also has a teacher who is there for her and can sense that something is wrong. However, Esther is afraid to open up to her, because she doesn't want her mom to get in trouble or for her and her little sister to be removed from their home.

Amber in *Sorta Like a Rock Star* (Quick, 2010) has a life filled with people who love and support her, despite her environment not being a good one at the beginning of the novel when she is homeless and living in a bus. Amber visits many groups around the community and loves being the center of attention at a nursing home and a Korean church. Before that, she and her mom would bounce around from place to place, living with her mom's various boyfriends. However, after her mother's murder, she moves in with Donna and her son Ricky, who has Autism and is Amber's friend at school. Even before Amber moved in, she would go to Donna's house before school to shower. Donna would buy her toiletries, food, and clothes and take care of her dog for her. She also has a great group of friends at school self-titled "Frank's Freak Force Federation". They all help Amber out in the end when she needs help raising money for her dog's surgery.

However, Andy in *Walkaway* (Carter, 2008) does not have any healthy relationships or environments until he enters treatment the second time. He describes his group home as being a good place for him to recover. Byron and Steven in *Last December* (Beam, 2009) do not have any parents or adults in their lives to support them.

They both seem isolated from everyone and they negatively feed off of each other's depression. When Steven is worried about Byron and suspects he's been off his medications, Steven doesn't get Byron help. He figures it's best to stay out of it, and Byron ends up in the hospital after attempting suicide.

Stigma Addressed or Dispelled

Stigma about mental illness is defined by Del Casale et al. (2013) as "a series of negative attitudes, beliefs, thoughts, and behaviors leading people to fear, reject, and marginalize persons affected by mental disorders" (p. 208). Some types of stigma observed in the novels in this study include self-stigma, personal stigma, and perceived stigma (see Appendix B for definitions). This stigma was attached to mental illness, the mentally ill, treatment, seeking help, mental health care facilities, and mental health care professionals. All ten novels studied contained stigma about depression and anxiety, but only five of them addressed those stigmas to dispel them by the end of the novel.

Lia in *Wintergirls* (Anderson, 2009) experiences self-stigma and perceived stigma about treatment. Lia is deeply ashamed of her behavior, has very low self-esteem, and she has no hope for the future. These feelings keep her from opening up to anyone, and her self-stigma along with her perceived stigma about treatment prevent her from seeking help. Lia calls the hospital a nuthouse and says she doesn't want help. She is finally able to get over her ideas about stigmas and her negative images of treatment, and by the end of the novel she is working to build her self-esteem. Lia realizes that she is worth getting better and treatment will help her get there. By the final page she has hope that, little by little, she will get better.

Finley expresses self-stigma many times in *Some Kind of Happiness* (Legrand, 2016). She describes always feeling wrong, like everything she is and does is wrong (p. 23). Finley feels like she has so many things to be happy about, so she doesn't have the right to feel sad because other people have bigger problems (pp. 63, 132). At night when she's having a panic attack, Finley says she doesn't want to tell her parents because "I don't want them to look at me like I am broken in a way they don't know how to fix" (p. 24). She has perceived stigma in her assumption that her parents won't understand and she feels like her grandma is ashamed of her when she starts seeing a psychologist (p. 213). She's also nervous about telling her friend, Jack, what's going on, because she's worried he will think differently of her (p. 327). However, Finley starts to overcome her self-stigma once she tells her psychologist that she thinks she has anxiety and depression. Finley thinks, "They are only words. They are only a part of me, and I am still here" (p. 369). Finley likes to make lists throughout the book, and in her final list she writes, "...the world is full of people who get scared and lie and are sad and happy. That is how it is supposed to be" (p. 372). This helps Finley normalize her anxiety and depression, and she realizes that her mental illness is not a defect, and it's only one part of who she is. It is simply something with which she will have to learn to cope.

Stacy also mainly deals with self-stigma in *How I Made it to 18* (White, 2010). She feels she is worthless because of her depression and she has no hope of getting better. She refuses to express her feelings and delays seeking treatment for a long time because of this. However, at Golden Meadows, she sees a lot of other teens also dealing with mental illness and she starts to feel less isolated and hopeless. Her self-stigma begins to lessen as she gains confidence in herself and works to be more positive.

Serena's personal stigma leads her to be frustrated with her dad in *Silhouetted by the Blue* (Jones, 2011). She doesn't understand why he can't just snap out of his mood. Her mom died in a car accident and she was sad about it too, but she's moving on, so why can't he? Serena is ashamed of her dad's behavior and is afraid he'll be sent off (pp. 43-44) to the "nuthouse" (p. 129) if others find out he "flipped" (p. 87). This also shows her perceived stigma about mental illness and treatment. In the end, however, Serena tells her uncle and friend, Elijah, everything. She can trust them, so she doesn't worry about what they will think of her dad's depression. Serena realizes that it's more important to overcome the stigma and get her dad help.

Esther's perceived stigma stands in the way of getting her mother the help she needs in *A Finders-Keepers Place* (Haywood, 2010). She doesn't think other adults, like her teacher and Ford, will understand what is going on with her mother's mental illness, and she's afraid that her mom would get in trouble. Worse, Esther is afraid that she and her little sister would get in trouble for hiding it. Esther is ashamed of and embarrassed by her mother's erratic and dangerous behaviors. In the end, however, Ford helps Esther see that asking for help and telling the truth are good. Like Serena in *Silhouetted by the Blue* (Jones, 2011), Esther overcomes her fears and the stigma surrounding her mother's mental illness so she can get her the help she needs before things get even worse.

Black Box (Schumacher, 2008) fails to dispel the stigma that exists in the novel, but there is an Author's Note that addresses the negativity surrounding mental illness. The stigma against mental health treatment facilities and staff is created through a psychiatric ward that seems like a cruel place where patients are screaming and making noises, and one nurse even tells Dora that she's being selfish and self-indulgent because

of her depression. Lena's parents have perceived stigma and they worry about what other people will think of Dora or their family if they know about Dora's depression. They tell Lena not to tell anyone about Dora, and they even choose to not tell the girls' grandparents or teachers. Lena and her parents have personal stigma because they constantly try to downplay Dora's illness by using euphemisms and saying Dora's not mentally ill or crazy, she's just feeling down or experiencing the blues. It's hard for them to admit that Dora is depressed and has a serious problem. Even Jimmy experiences stigma, despite his character seeming so acclimated to mental health issues. His self-stigma is so strong that he feels ashamed of the fact that he missed a year of school to go away to pursue treatment for his depression. When he meets Lena, he tells her it was his brother who was in treatment. He does later feel more comfortable with Lena and admits to her that he had been depressed. The Author's Note encourages anyone who experiences mental health issues to seek help, and it even includes a few resources to assist readers in doing so. However, the plot of the novel itself did not dispel the stigma, and sometimes readers (especially young adult readers) skip over bonus material at the back of a book. They would miss this valuable information attempting to dispel the stigma of mental illness, therefore, it was categorized as not addressing or dispelling stigma.

Walkaway (Carter, 2008) contains numerous examples of stigma that is neither discussed nor dispelled. Andy's family's personal stigma causes them to belittle Andy and downplay his breakdown. Andy's older brother, Rodge, tells him not to go "bat-shit crazy" again, and he whines about having to do all the chores because he didn't get all that "time off" last summer like Andy did when he was at a psychiatric hospital (p. 25).

Andy's dad and his dad's friend, Ned, talk and laugh about Andy's mental illness and make fun of him (pp. 106-108). Andy has self-stigma and personal stigma about his illness due to this. He calls himself crazy and thinks he is a loser because of his mental illness. His personal stigma about treatment and mental health facilities contribute to his second breakdown. Andy describes the doctors as pumping him full of medications and heavily sedating him to keep him "dull and fuzzy" for most of his first stay (pp. 131-132). He stops taking his medications because he doesn't like how they make him feel. Andy is also afraid of going back to the hospital a second time because they would get out the straightjacket and attach electrodes and bake his brain like a loaf of bread (pp.133 & 139). In the end, Andy and his dad's mental illnesses get them both in trouble with the law, and they are both sentenced to residential treatment facilities. This adds to the stigma that treatment is a punishment.

In *The Whole Story of Half a Girl* (Hiranandani, 2012), one of the first things Sonia's mom tells the girls is to not tell anyone else about their dad's depression. She said their dad needed his privacy, but readers can infer that Sonia's parents are ashamed of her dad's depression. They have perceived stigma about what others would think of him. Sonia's dad experiences such negative self-stigma that he runs away and hides from his family for a while. When Sonia finally gets to see him in treatment after he is found, she is reluctant to reconnect with him, indicating some personal stigma about her dad. The novel does address this stigma when Sonia's dad explains that he's the same father who loves her, and he is not any different simply because he's dealing with depression right now. However, the other stigmas in the novel are not addressed, and readers are left with the stigma that mental illness is something to be ashamed of and hidden.

Last December (Beam, 2009) includes personal stigma when Byron mentions that his mom is a “nagging, alcoholic manic-depressive” (p. 57) and a pill popping mental case (p. 98), and Steven calls Byron’s mom crazy and avoids talking to her because of this (p. 111). Byron also has self-stigma about his depression and he constantly puts himself down and talks about what a loser he is. No characters in *Last December* really make a big deal about mental illness, but all the small references negatively alluding to mental illness stack up, and they are never discussed or dispelled.

Sorta Like a Rock Star (Quick, 2010) contained some of the worst stigma. There was stigma that mental illness creates criminals, that people with mental illness are hermits and can’t interact socially and be a regular part of society, and that people with mental illness don’t seek out professional help. The man who murdered Amber’s mom was a mentally ill man who went off his medicine, and Amber describes him in a way that made him seem inhuman. Private Jackson, a Vietnam veteran, suffers from PTSD and lives a reclusive life, only leaving his house at times of the day when he won’t see other people. When Amber is depressed after her mother’s death, Donna begs her to go see a therapist but she refuses. This could lead readers to fear the mentally ill or see them as abnormal, and to reject treatment, because it must be negative if Amber refused. Also, Amber got better despite not receiving any treatment, so as a result, readers might think treatment isn’t necessary.

Developmentally Appropriate

Within the perimeters of this study, for a novel to be developmentally appropriate, the subject matter and content must be fitting for students in grades five through eight. It should also be easily relatable for students and written at a fifth to eighth grade reading

level. Nine of the ten novels studied were developmentally appropriate for middle school readers, however, they do exist on a continuum where some novels are more appropriate for younger middle school readers and some are more appropriate for older and more mature middle school readers due to language, subject matter, and content. *A Finders-Keepers Place* (Haywood, 2010), *The Whole Story of Half a Girl* (Hiranandani, 2012), *Silhouetted by the Blue* (Jones, 2011), and *Some Kind of Happiness* (Legrand, 2016) are appropriate for younger middle school readers, while older readers might find them somewhat childish. *Walkaway* (Carter, 2008) is more appropriate for seventh and eighth graders, along with *How I Made it to 18* (White, 2010) and *Black Box* (Schumacher, 2008). *Wintergirls* (Anderson, 2009) and *Last December* (Beam, 2009) are appropriate for mature, older readers in eighth grade. *Sorta Like a Rock Star* (Quick, 2010) was the only novel found to be inappropriate for middle school readers, due to content.

A Finders-Keepers Place (Haywood, 2010) is listed for grades four through six by *Booklist* and grades four to seven by *School Library Journal*. The story is told from 11-year-old Esther's point of view, so her mom, Valley's, illness and Esther and her sister, Ruth's, struggles are portrayed in a way that is appropriate for younger, middle grade readers. Being told from a child's perspective makes the story one with which middle grade students can relate. However, older middle grade readers might find it childish.

The Whole Story of Half a Girl (Hiranandani, 2012) is listed for grades four through six by *Booklist* and was given a 730 Lexile, so it is an easy read. The plot follows a typical sixth grade girl and her struggle to make friends and fit in, a situation with which many middle grade readers can relate. Sonia's dad's mental illness is explained to the extent that younger readers get a basic level of understanding about depression, which

is appropriate. However, it might be too oversimplified for older or more mature middle grade readers.

Silhouetted by the Blue (Jones, 2011) has a Lexile rating of 720L and is rated at a 4.6 grade level by Accelerated Reader, classifying it as an easy read also. Like Sonia in *The Whole Story of Half a Girl* (Hiranandani, 2012), Serena is a typical seventh grader trying to navigate friendships and school activities. Some middle grade readers may also be able to empathize with Serena's struggle after losing her mom and having a dad who is sick, leaving her in charge of the household.

Some Kind of Happiness (Legrand, 2016) is listed for fourth through seventh grade readers by *School Library Journal*. The main character and most minor characters are adolescents, so readers can relate to their lives and interests. The way Finley describes how she's feeling makes her mental illness the most relatable for middle grade readers. Also, any higher level vocabulary words are explained as part of Finley's word list, making it more accessible to struggling readers. At the same time, the allegory created with Finley's Everwood stories adds symbolism and depth to the story for older middle grade readers too.

Walkaway (Carter, 2008) is listed for sixth through tenth grade readers by *School Library Journal*, and it is a short, easy read. Andy uses frequent flashbacks to give readers backstory about his family's troubles, so this adds some complexity. The last half of the novel is about Andy's survival skills while he's on his walkaway, which adds adventure as Andy's describing his mental illness. Readers experience all of Andy's thoughts and emotions, making it easier for middle grade readers to identify with him.

How I Made it to 18 (White, 2010) is listed for grades nine and up by *Booklist*, but its graphic novel structure and simplistic style make it more accessible to older, mature middle grade readers. There are many flashbacks in the beginning that some readers may struggle to recognize as flashbacks. Also, the book's language includes some profanity and Stacy reveals she was sexually assaulted as a child. However, Stacy's struggles are relatable for middle grade readers because they might recognize some of her symptoms of depression and anxiety in their own lives and realize they aren't alone. It might also help middle grade readers feel more comfortable asking for help and less afraid of treatment after they see Stacy's positive experience in a treatment facility.

Black Box (Schumacher, 2008) is listed for grades seven and up by *School Library Journal* and grades nine through twelve by *Booklist*. The novel is narrated from Lena's point of view, and because she is a high schooler and it's her sister who is mentally ill, the more adult aspects of Dora's mental illness aren't shared with Lena. However, she still has to cope with her sister's depression and suicide attempt, and middle grade readers will be able to relate to Lena's struggles, especially if they know someone who struggles with mental illness.

Wintergirls (Anderson, 2009) is listed for grades eight and up by *School Library Journal* and grades nine and up by *Booklist*, and it has a Lexile rating of 730, so it's at an easy reading level for middle grade readers. However, the subject matter and content of *Wintergirls* makes this book a very hard one to read. Lia's struggles with an eating disorder and cutting and Cassie's death are described graphically and may be too disturbing for younger middle grade readers. On the other hand, because Lia's thoughts are so detailed, readers can understand what Lia is dealing with and could identify with

her struggles. It would be important for a counselor to follow up with students and discuss what happens to Lia and Cassie when using this novel for bibliotherapy.

Last December (Beam, 2009) is listed for grades nine and up by its publisher, and it would be appropriate for older, mature middle grade readers. The novel is written from Steven's point of view in the form of a suicide note, and it includes drugs, alcohol, and some sexual content. Also, Steven and Byron are not great role models for readers because they do not cope with their depression in healthy ways, and it would be important for readers to recognize this. Therefore, the subject matter and content are appropriate for older readers.

Sorta Like a Rock Star (Quick, 2010) is the only novel not recommended, despite being listed for grades eight and up by *School Library Journal* and grades nine through twelve by *Booklist*. It would be recommended more for high school readers. The reading level is appropriate for middle grade readers, but the subject matter, including how Amber's mom is murdered, is for more mature readers. Also, the way mental illness is depicted through many characters in the novel is not appropriate for middle grade readers. Older readers might be able to realize the stereotypical way these characters are portrayed, but younger readers might get an inaccurate picture of the mentally ill.

Overall Quality as a Bibliotherapy Tool

The second research question for this study asked what criteria can be used to determine a novel's quality as a bibliotherapy tool for school counselors to use with young adults dealing with or wanting to learn about mental illness. In order for a novel to be recommended as a quality bibliotherapy tool, the novel must receive a minimum of six out of eight *yes* responses (75%) in Table 3, meaning it does meet most of the criteria

established to determine a novel's quality as a bibliotherapy tool. This is based on Tussing and Valentine's (2001) study and their requirement that 75%, or three out of four, of their criteria were met in order for a novel to be recommended.

The criteria met by the most books were the following: themes to create personal change, healthy relationships and/or environments, and developmental appropriateness. Nine of the ten novels studied included these criteria. Eight of the ten novels met the criteria to educate readers about depression and anxiety and provide a positive role model for the young adults in the novel. Seven novels included positive coping skills. Only five novels addressed or dispelled stigma. The criteria met by the fewest novels was the inclusion of qualities of cognitive behavioral therapy. Only *Wintergirls* (Anderson, 2009) and *How I Made it to 18* (White, 2010) included all eight criteria.

Overall Young Adult Fiction Titles Recommended

Table 4 was created to summarize the findings from Table 2 and Table 3 and illustrates which novels are recommended by this study overall. Seven of the ten novels studied are recommended for use as bibliotherapy tools by counselors.

Table 4

Recommended Titles Summary Chart

Book Title	Overall Recommended
<i>Some Kind of Happiness</i>	Yes—Most Highly Recommended
<i>How I Made it to Eighteen: A Mostly True Story</i>	Yes
<i>The Whole Story of Half a Girl</i>	Yes
<i>A Finders-Keepers Place</i>	Yes
<i>Black Box</i>	Yes
<i>Silhouetted by the Blue</i>	Yes
<i>Sorta Like a Rock Star</i>	No
<i>Walkaway</i>	No
<i>Last December</i>	No

Some Kind of Happiness (Legrand, 2016) is listed as the most highly recommended title for middle grade readers, despite *Wintergirls* (Anderson, 2009) and *How I Made it to 18* (White, 2010) receiving the highest scores overall on the Book Evaluation Charts, due to its appropriateness and superior accessibility for middle grade readers. Because Finley doesn't really understand what is happening to her when she experiences her depression and anxiety, she describes how she's feeling in a way that middle grade readers can easily understand and possibly even relate to. It's not as graphic and doesn't include the gritty details of *Wintergirls* or *How I Made it to 18*, but it is still thematically deep enough for older middle grade readers to be interested in reading about an eleven-year-old's struggles.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Young adults need a safe environment to learn about mental illness, and librarians must ensure that the books being recommended authentically and realistically portray mental illness. The purpose of this study is to analyze the authenticity of fiction titles for middle school students that include content related to depression and anxiety to support recommendations to school counselors for bibliotherapy. The research questions this study sought to address included the following: Do the plots and characters of young adult novels written for middle school students realistically and authentically portray mental illness, and what criteria can be used to determine a novel's quality as a bibliotherapy tool for school counselors to use with young adults dealing with or wanting to learn about mental illness? This study utilized qualitative content analysis to examine ten books that include content related to depression and anxiety published between 2008 and 2016.

Conclusions

This researcher identified four criteria to determine a novel's authenticity in portraying anxiety and depression which include stereotypes, symptomology, diagnosis, and treatment. Criteria identified to determine a novel's quality as a bibliotherapy tool include the following eight areas: cognitive behavioral therapy qualities, themes to create personal change, education of readers, positive role model, positive coping skills, healthy relationships and environments, stigma addressed or dispelled, and developmental appropriateness. Nine of the ten novels analyzed were found to realistically portray depression and anxiety, and seven were found to be quality bibliotherapy tools.

Therefore, seven of the ten novels studied are recommended to counselors for use in bibliotherapy.

Overall Portrayal of Depression and Anxiety in Young Adult Fiction

Overall, this researcher was impressed by the authentic portrayals of depression and anxiety in nine of the ten selected novels. The characters are described with such detail that they are humanized for readers, who can then empathize with the characters' struggles with mental illness. The accurate portrayal of symptoms of depression and anxiety could be an example of the authors' research in their hopes to create authentic characters and to present factual experiences to their readers. This could also help readers identify symptoms in themselves or others, realize their seriousness, and give encouragement to those experiencing depression and anxiety to get the help they need, as referenced in Jensen's (2015) article.

As for the mental illness diagnostic process, all of the novels allude to the fact that it should be handled by a professional, that it is a lengthy and complicated process, and that diagnoses can evolve. This helps readers realize that mental illness isn't easily labeled or categorized, and each person has a unique, individual experience when it comes to depression and anxiety. It could also help readers realize that there are no simple cures. Also educating readers about the treatment process could reduce stigma about treatment and seeking help, as noted in studies by Milin et al. (2016) and Wei et al. (2015).

Through these authentic portrayals, readers might identify their own misguided ideas about depression and anxiety and replace them with a more accurate understanding. Having more realistic depictions of mental illness in YA fiction could help reduce

negative stigma about depression and anxiety and lead to more young adults seeking mental health services.

Only one novel, *Sorta Like a Rock Star* (Quick, 2010), did not depict mental illness in a realistic way. This could be due to Amber's depression being a result of the trauma of her mother's murder, therefore her depression is possibly grief or the grieving process mislabeled as depression by *Wilson's Middle and Junior High Core* database for students in grades 5-8. However, two other mentally ill characters in the book are portrayed in a negative, stereotypical way.

Overall Quality as a Bibliotherapy Tool

Seven of the novels studied are recommended as a bibliotherapy tool overall. Only *Walkaway* (Carter, 2008), *Last December* (Beam, 2009), and *Sorta Like a Rock Star* (Quick, 2010) are not recommended.

Eight of the ten novels educated readers about depression and anxiety. When readers learn about the symptomology, diagnosis, and treatment of depression and anxiety, as well as the biological and psychosocial (psychological and social) factors that can contribute to mental illness, it can reduce the readers' stigma about those aspects of mental illness (Milin et al., 2016). Also, readers might develop empathy towards people experiencing depression and anxiety because they are more knowledgeable (Naylor et al., 2009).

Positive role models were also present in eight of the ten novels studied. Readers realize how important it is for characters to have a positive role model. These characters provide support, advice, and any help needed while going through a tough time, as is

noted in a study by Tussing and Valentine (2001). This could also encourage readers to seek out a trusted person to confide in.

The areas in need of improvement in YA fiction for middle grade readers include addressing and dispelling stigma (only identified in five novels) and cognitive behavior therapy (only noted in four novels). When CBT is present, it could encourage readers to identify their own negative thoughts and behaviors and give them ideas about how to change them and be more positive. More basic coping skills, however, are present in seven of the novels studied.

By identifying the various types of stigma surrounding mental illness and discussing them, the novels work to lessen the power of stigma. Readers realize that negative stigmas about depression and anxiety get in the way of many characters seeking lifesaving help, because they are afraid what others will think of them, their family, and their friends. However, the fact that 100% of the novels studied contained stigma but only 50% of them worked to dispel stigma relates to the fact that stigma about depression and anxiety and their treatment is still strong in our society (Del Casale et al., 2013; Wei et al., 2015).

Nonetheless, two prevalent issues surrounding mental illness in society today remain underrepresented in YA fiction for middle grade readers. Reducing stigma and learning cognitive behavior therapy strategies to better cope and live with depression and anxiety are important themes that should be included in YA fiction about mental illness.

Young Adult Fiction Recommended Overall

Seven of the ten novels studied are recommended overall as both realistically portraying depression and anxiety and being quality bibliotherapy tools. The most highly

recommended book for middle grade readers is *Some Kind of Happiness* (Legrand, 2016). This novel is appropriate for and accessible to all middle grade readers and would be a good introduction to depression and anxiety for them. The two books with the highest scores overall are *Wintergirls* (Anderson, 2009) and *How I Made it to 18* (White, 2010), however, these are more appropriate for older, mature middle grade readers. The main characters in these novels deal with severe cases of mental illness, and they are much more graphic in their explanation of depression and anxiety.

Three novels are not recommended. *Walkaway* (Carter, 2008) and *Last December* (Beam, 2009) are realistic in their portrayal of depression and anxiety, but they are not recommended for bibliotherapy due to receiving three and six *no* responses respectively in the *Quality as a Bibliotherapy Tool* area on the Book Evaluation Chart. *Sorta Like a Rock Star* received three out of four not realistic ratings and six *no* responses under Quality as a Bibliotherapy Tool on the Book Evaluation Chart.

Additionally, the researcher noted that eight of the novels in the study were about depression and anxiety in female characters or were narrated by female characters who had a dad experiencing depression. Only three novels were written by male authors. One of those three was about a female character with depression and anxiety, and two of those novels were about male characters experiencing depression and anxiety themselves. Neither were easily accessible at local libraries, as ebooks, or for sale online. The researcher found numerous novels featuring female characters dealing either directly or indirectly with depression and anxiety, but struggled to find novels to include male perspectives in this study. The researcher concluded that this could be due to the persistent stigma about males and mental illness. It seems that YA fiction for middle

grade readers is more open to having female characters candidly discuss mental illness, but that having males discuss their mental illness is not yet as widely accepted. This persistent stigma causes males to feel pressure to be strong, masculine figures. Showing vulnerability by discussing feelings and emotions or crying could be seen as weakness in males, therefore, it is important to include male perspectives on mental illness in YA fiction for middle grade readers in order to dispel this stigma.

Recommendations

Throughout this study, the researcher noted some overlap in criteria on the Book Evaluation Chart, therefore the evaluation tool could combine a few categories to further simplify it. Some areas that overlapped included stereotypes and stigma, cognitive behavior therapy and positive coping skills, and positive role models and healthy relationships. Perhaps if stereotypes and stigma were combined, the question asking if the stigma is addressed or dispelled could still be a separate criteria. Similarly, if the positive role model and healthy relationships were combined, healthy environments could remain a separate criteria. The evaluation tool could be considered too lengthy for librarians and counselors, and it may need to be simplified.

One question raised by this study's findings is what is appropriate for middle school readers to learn about depression and anxiety? This study noted a gap between books that were definitely aimed at younger middle grade readers, with their simplistic explanations and sparse details about anxiety and depression, and books aimed at mature, older middle grade readers, with their graphic, gritty details about anxiety and depression. There was only one novel that seemed to bridge that gap, *Some Kind of Happiness* (Legrand, 2016). It is possible that any novel is appropriate for any reader, as long as a

counselor or another adult is there to guide the reader and discuss the more disturbing or upsetting scenes with students. In order for a novel to resonate with a reader, he or she has to be able to understand it, connect to it, and learn from it. Some of the novels would require more guidance during reading to ensure the student is understanding the themes and lessons the authors include. It would also be important for any counselor to be familiar with the student's maturity level and reading ability in order to select appropriate novels.

Ideas for future studies include the study of newer titles. Two recently published novels this researcher would like to evaluate include *Turtles All the Way Down* (Green, 2017), a novel about a female with mental illness but written by a male author, and 2018-2019 Iowa Teen Award Book *Still a Work in Progress* (Knowles, 2016), a novel from a male perspective as he deals with his sister's mental illness.

Further research could be done by changing the reading level or age group, studying other mental illnesses and disorders (obsessive compulsive disorder, bipolar disorder, eating disorders, etc.), or using selection tools other than *Wilson's Middle and Junior High Core* database for students in grades 5-8. For example, Barnes and Noble recently released an interesting list titled "Eight Middle Grade Books with Families Touched by Mental Illness" (Harper, 2017) that includes many titles this researcher would like to evaluate.

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APPENDIX A
TITLES USED IN STUDY

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APPENDIX B

CODING MANUAL

Portrayals of Depression and Anxiety

Stereotypes

- **Realistic** = no stereotyping in the novel
- **Not Realistic** = unrealistic stereotype(s) about those experiencing mental illness, treatment, facilities, or mental health care professionals

Symptomology

- **Depression** = The Anxiety and Depression Association of America (2016c) lists the following symptoms of depression:
 - Persistent sad, anxious or "empty" mood
 - Feelings of hopelessness, pessimism
 - Feelings of guilt, worthlessness, helplessness
 - Loss of interest or pleasure in hobbies and activities, including sex
 - Decreased energy, fatigue, feeling "slowed down"
 - Difficulty concentrating, remembering, making decisions
 - Insomnia, early-morning awakening, or oversleeping
 - Low appetite and weight loss or overeating and weight gain
 - Thoughts of death or suicide, suicide attempts
 - Restlessness, irritability
 - Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and pain for which no other cause can be diagnosed.

- **Anxiety** = The Anxiety and Depression Association of America (2016e) lists the following symptoms of generalized anxiety disorder (GAD):
 - Experience excessive anxiety and worry, often about health, family, money, or work.
 - Worrying goes on every day, possibly all day; it disrupts social activities and interferes with work, school, or family.
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension

- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

Diagnosis

- **Realistic** = preliminary screenings, the sufferer asks for help or someone close to the sufferer suggests they seek help, diagnosed by a professional, likely a delay to see a mental health professional unless it's an emergency case, diagnosis fits with the symptomology
 - The Mayo Clinic (2016) explains the steps in a diagnosis process, which might include physical exams, lab tests, psychological evaluations, and doctors may consult “the criteria for depression listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association” (para. 5).
- **Not Realistic** = oversimplified, easily/quickly diagnosed, not diagnosed by a professional, diagnosis and symptomology don't match

Treatment

- **Realistic** = The Anxiety and Depression Association of America (2016d) lists the following possible aspects of treatment:
 - Treatment plan designed to manage and reduce symptoms of the disorder
 - Psychotherapy (using CBT)
 - Medications
 - Other supplemental treatments that could be helpful include: support group, relaxation techniques such as meditation or breathing exercises, asking family members for help, therapist recommended self-help materials, and regular exercise
- **Not Realistic** = treatment is oversimplified or takes place in a very short amount of time with excessively positive results, the answers are too easy, or the disorder is “cured”

Quality Needed to be Recommended as a Realistic Portrayal of Depression and Anxiety

- In order for a novel to be recommended as a realistic portrayal of depression and anxiety, the total number of realistic check marks should be higher than the total number of not realistic checkmarks. Not all novels will have evidence of each of these four categories, therefore, a percentage cannot be established. A higher number of realistic check marks than not realistic check marks would indicate that

the book is more realistic in its portrayal of depression and anxiety than it is unrealistic.

Criteria to Determine a Novel's Quality as a Bibliotherapy Tool

Cognitive Behavioral Therapy (CBT) Qualities

- Identifies unhelpful beliefs and behaviors, challenges those beliefs and behaviors, and helps to develop new beliefs and behaviors (Montgomery & Maunders, 2015)
- Some examples of changes includes: increased self-awareness; clarified issues; increased empathy; increased appreciation of one's own identity; increased appreciation of others' cultures, values, and experiences; strengthened coping skills; and reduced anxiety. (Levitt et al., 2009; Montgomery & Maunders, 2015; Pehrsson & McMillen, 2005)

Themes to Create Personal Change

- A study by Levitt et al. (2009) lists the following clusters as themes that create the most transformative personal change:
 - "Identification with the characters in the stories is utilized to create attitudinal changes by increasing self-awareness and inspiring a greater dedication to values" (p. 333).
 - "Stories can be transformational as they bring artistic joy and interpersonal connections" (p. 338).
 - "People use stories to give them hope to deal with frightening problems; they broaden one's sense of possibility in a safe venue" (p. 340).
 - "Insights arose from adopting new perspectives and evaluating one's beliefs" (p. 342).
 - "Communication changes in relationships to be more honest, as you learn what you want and better appreciate what you have" (p. 343).
 - **CORE CATEGORY:** "Identification with characters' experiences created a safe venue to consider threat and experiment with new possibilities and perspectives" (p. 344).

Educate Readers About Depression and Anxiety

- A study by Tussing and Valentine (2001) further defined criteria from a 1985 study by Sargent that evaluated if a book "presents information on mental illness that aids in cognitive understanding including:
 - the symptomology indicative of the mental illness;
 - information on an explanation of the behavior of the person with the mental illness, such as the diagnosis and an accurate portrayal of the diagnosis and the behavior; and

- information on treatment” (p. 460).
- A study by Milin et al. (2016) also suggests addressing the biological and psychosocial aspects of mental illness and its causes.
 - **Biological:** a biological imbalance neurotransmitters in the brain (Syvälahti, 1994)
 - **Psychosocial:**
 - **Psychological factors:** thinking, personality, coping style
 - **Social factors:** family, relationships, employment, life events, trauma (Jarrett, 1990)

Positive Role Model for the Young Adults in the Novel

- A study by Tussing and Valentine (2001) further defined criteria from a 1985 study by Sargent that evaluated if a book provides young adult characters with a surrogate parent, if the parent is the character experiencing mental illness. Or, if a book contains young adult characters who are experiencing depression or anxiety, the book should provide that adolescent with a positive adult role model.
 - **Surrogate parent:**
 - “an adult living outside the family that provides positive role modeling to the adolescent and/or support; and/or
 - An expanded notion of family may include living arrangements with foster home, adoptive home, or relative’s home” (p. 460).
 - **Role Model:**
 - Could be a teacher, school or other type of counselor, principal, religious leader, parents or friend’s parents, other family members, neighbors, etc.
 - Provide support, positive advice, and any help the teen might need

Positive Coping Skills

- A study by Tussing and Valentine (2001) further defined criteria from a 1985 study by Sargent that evaluated if a book “presents coping skills and other ways to live with the stigma and uncertainty surrounding...mental illness. These coping skills should be realistic and may include by not be limited to:
 - involvement in activities outside the home;
 - involvement in healthy peer and adult relationships;
 - development of an identity separate from the...mental illness; and
 - healthy outlets by which to relieve stress” (p. 460).

Healthy Relationships and/or Environments

- A study by Tussing and Valentine (2001) further defined criteria from a 1985 study by Sargent that evaluated if a book “portrays healthy peer relationships and descriptions of environments in which children can develop and appropriately individuate from the family. This may include but is not limited to:
 - healthy friendships with peers;
 - positive relationships with...[parents]; and
 - development of an identity separate from the...mental illness” (pp. 460-461).

Stigma is Addressed or Dispelled

- Del Casale et al. (2013) define stigma as “a series of negative attitudes, beliefs, thoughts and behaviours leading people to fear, reject, and marginalize persons affected by mental disorders” (p. 208).
- Del Casale et al. (2013) describe “common stigmatizing prejudices” including the “belief that people with mental disorders are responsible for their disease because of their behavior, that they are violent and unpredictable, that communication with them is difficult, and that their treatments are dangerous” (p. 209).
- Del Casale et al. (2013) state that stigma can lead to “exclusion, refusal, shame, loneliness, pain, anger and loss of self-esteem” for those with a mental disorder (p. 209).
- A study by Del Casale et al. (2013) identifies and defines the following types of stigma:
 - **Self-stigma:** “... feelings of shame, low self-esteem, and hopelessness with the expectation of discriminative attitudes towards themselves. These prevent people from verbalizing their emotions and experiences, and hinder seeking for help” (p. 209).
 - **Public stigma:** “...documentable discrimination by other people, which causes suffering to the patient” (p. 209).
- A study by Wei et al. (2015) identifies and defines the following types of stigma that are typically assessed in stigma measures:
 - **Personal stigma:** “participants’ personal attitudes toward people with mental illness” (p. 9)
 - **Perceived stigma:** “participant’s beliefs about others’ attitudes about mental illness” (p. 9)
- A study by Wei et al. (2015) identifies and defines the following categories of stigma:
 - “stigma against mental illness or the mentally ill, such as social distance;
 - experienced stigma by mental health service users; and

- stigma against mental health treatment, psychiatry, help-seeking, or mental health care facilities” (pp. 9 & 11).

Developmentally Appropriate

- Subject matter and content is fitting for students in grades 5-8 and is easily relatable for those students. The students are developmentally ready to read this novel. Also, it is written at a 5th-8th grade reading level. (Adapted from a PowerPoint presentation by Pehrsson & McMillen, 2004)

Quality Needed to be Recommended as a Quality Bibliotherapy Tool

- In order for a novel to be recommended as a quality bibliotherapy tool, there must be a minimum of 75%, or six out of eight, *yes* responses checked. This means that a novel meets 75% of the criteria established to determine a novel’s quality as a bibliotherapy tool. This is based on Tussing and Valentine’s 2001 study and their requirement that 75%, or three out of four, of their criteria were met in order for a novel to be recommended.

Criteria to be Recommended Overall

- In order for a novel to be recommended overall as a quality resource to recommend to school counselors for bibliotherapy, the novel must have been found to both realistically portray mental illness and be a quality bibliotherapy tool, according to the above criteria.