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It's Kind of a Curious Incident in the Bell Jar: Using Literature and Discussion to Advocate for
Mental Health Education in the High School English Classroom

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Commonwealth Interdisciplinary Honors in English and
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Abstract

Literature has served as an outlet for those who have both written and read it, powerfully describing all aspects of the human condition—even the mental disorders we suffer from. Language Arts classrooms provide students with the ability to access and critically analyze this unique outlet for expression and understanding. Given the high rate of mental disorders among young adults and students, this often stigmatized issue cannot be ignored inside or outside the classroom. The purpose of this project is to analyze how texts which discuss mental disorders might be taught in the high school English classroom. This will include not only the critical reading and analysis of literature which depicts mental disorders, but the creation of lesson plans and reading lists. This project seeks to equip teachers with knowledge to not only support struggling students academically, but to encourage them to potentially seek the mental health care they deserve.

Introduction

When you live with an anxiety disorder, fear is your normal. It used to be my normal. I spent most of my high school years in a seemingly unending panic attack, battling social anxiety disorder. My fear of social situations made the American education system, which valued the extroverted and talkative, into an abject nightmare. I constantly feared my peers or teachers' silent judgement that I was stupid or worthless. In addition to my suffocating anxiety, I felt—as I described it in my writings at the time—'dead behind the eyes.' I distinctly remembering my eyelids feeling heavy, constantly weighed down with emotional fatigue. I either felt nothing or was inundated with unbearable emotions of anxiety, guilt, or self-loathing. I hated myself for having these feelings, too; I had a good family, friends, and decent grades—I told myself other people had real problems, worse problems. Unable to cope with these emotions, I self-harmed frequently, often to get rid of the overwhelming feelings that I thought I didn't deserve to have. All of these feelings took a backseat to my anxiety, though, which consumed most of my day, twisted my stomach, crushed my chest, and soaked my shirts with sweat.

It wasn't until my sophomore year in high school, when I became interested in psychology and began researching the subject as a potential major, that I realized my fear and pain—my normal—wasn't so normal. It was a disorder, and, more than that, I didn't have to live like this. I could be free from the endless anxiety and self-loathing and the tiny cuts I made on my hips. I convinced my parents to take me to my pediatrician, who recommended a psychologist and Cognitive Behavioral Therapy for my anxiety and depression. After a year of therapy, I went on medication, and my world changed. My anxiety started to abate, and I finally felt *happy*—an emotion I didn't even realize I wasn't feeling. I felt color seep into my brain, slowly but surely, and I became less afraid of social situations and people. I could finally use my

voice, and eventually, I realized I could use this newfound strength to talk about mental disorders.

It is a particularly salient time to discuss mental health. According to the National Institute of Mental Health, the Centers for Disease Control and Prevention, and the National Research Council and Institute of Medicine, between 14 and 20 percent of young adults will suffer from a mental disorder in any given year (NRCIM, 2009). Furthermore, the American Psychiatric Association asserts that 50% of chronic mental disorders begin by age 14 and 75% by age 24 (Kessler, 2005).

The prevalence of mental disorders among teenagers puts schools—particularly high schools—in a unique position. Given the extensive time students spend in school, and the age group of high schoolers, high schools provide a valuable site for students to learn and talk about mental disorders. Thus far, only one state has perceived the gravity of this topic; in fall of 2018, New York students finally began compulsory mental health education in schools. According to *The Buffalo Times*, this law "does not mandate a specific curriculum" either (Kim, 2018). However, for all too many states, districts, schools, and students, mental health education is not incorporated into the curriculum, and students are not given access to this critical information.

In pop culture, the importance of this topic has manifested in young adult book turned Netflix series, *Thirteen Reasons Why* by Jay Asher. Following its publishing in 2007, the book became a bestseller. *Thirteen Reasons Why* tells the story of Hannah Baker, a junior in high school who, after dying by suicide, leaves behind 7 cassette tapes, with 13 recorded sides. Asher tells Hannah's story through Clay, using his experience of listening to the tapes as the frame story. Each side of a tape focuses on a different person who Hannah knew and who she blames for her suicide. Each person, one by one, receives these tapes and then passes them onto the next

person. These tapes discuss extremely difficult topics, including suicide, mental health issues, bullying, sexual assault, alcohol and drug use, stalking, and death.

In 2017, Netflix decided to adapt the bestseller and turned *Thirteen Reasons Why* into a phenomenon. Writer Brian Yorkey not only follows the source texts, but depicts the aftermath of the tapes and the larger community. Straying from the source text, Netflix's adaptation focuses heavily on a lawsuit which Hannah Baker's parents filed following her death. In the lawsuit, the Baker family accuses the school of knowing about Hannah's suicide ideation and neglecting their duty to help her.

The most disturbing departure from the source text, though, lies in Hannah's suicide death. In the book, Hannah completes suicide by overdosing on medicine; in the series, she slits both her wrists in a bathtub. This scene is deeply triggering and disturbing. One of the show's writers, Nic Sheff, argued that his desire to change Hannah's came from one woman's attempt, which haunted him and saved his own life (2017). He claims he wanted to show people "what an actual suicide really looks like—to dispel the myth of the quiet drifting off, and to make viewers face the reality of what happens when you jump from a burning building into something much, much worse" (Sheff, 2017). Yet the show's depiction of suicide death does not provide evidence for his defense. Hannah's suicide scene shows her wearing a white dress, with her hair down as she steps into an all-white tub in an all-white bathroom. The camera remains on Hannah and her wrists the entire time she cuts them open. She barely whimpers in pain as she slices her wrists, failing to illustrate the physical agony of this method of suicide, and slides quickly into unconsciousness. Hannah's death does not accurately depict the desperate and chaotic nightmare of a true suicide attempt. It *does not* depict the mental and physical anguish of ending one's life.

This change is not simply unnecessary; its romanticized depiction of a traumatic event strays from the source text in order to prioritize drama and shock for its viewers.

The first season of *13 Reasons Why* was met with massive viewership. It was praised by *The Boston Globe* as an "extraordinarily mature—and extraordinary—drama," and named by *Variety* as the "Most Tweeted Show of 2017" (Gilbert, 2017; Wagmeister, 2017). Most critics perceived the show positively; Rotten Tomatoes, which aggregates critical reviews for television shows and movies, rated the first season at 81%. However, *The Washington Post* and *The New York Times* critiqued the show. *The Washington Post's* Hank Stuever noted that the show was "implausibly meandering, poorly written and awkwardly acted effort that is mainly about miscommunication, delivering no more wisdom or insight about depression, bullying and suicide than one of those old 'ABC Afterschool Specials' people now mock" (2017). Similarly, *The New York Times*' Mike Hale berated the show as a "morbid teen melodrama" and an "excessively convoluted, repetitive and unlikely story" (2017). However, a critique of the show's production quality is not nearly as important as the critique of the way it depicts mental disorders and suicide—and this is where the show has garnered its most deserved and vehement disapproval.

Experts have criticized the show's depiction of matters such as self-harm, sexual assault, and suicide. After the first season was released, Sansea L. Jacobson, MD, director of the Child and Adolescent Psychiatry Residency Training Program at Western Psychiatric Institute, wrote an article entitled "Thirteen Reasons to Be Concerned About "13 Reasons Why". In this piece, which was originally published in *The Brown University Child and Adolescent Behavior Letter* and *The Pittsburgh Post-Gazette*, and republished by a variety of psychiatric hospitals, Jacobson outlines 13 main concerns with the show. She contends that the show "romanticizes suicide…focuses on blaming others…downplays the cognitive distortions of

depression…portrays school leadership as villains…mocks the role of the counselor...[and] undermines the role of the concerned parent" (Jacobson, 2017). She also adds that the series discusses "too dangerous a topic to use for entertainment, and yet, that is its primary purpose" (Jacobson, 2017). Jacobson censures the show for not talking about mental health issues along with suicide, for its unnecessarily graphic and gratuitous depictions of sexual assault and violence, and warns of the possibility of "suicide contagion," a phenomenon where a highly publicized suicide encourages others to attempt or complete suicide (2017). Furthermore, the show's pathetic depictions of counsellors, evil school administrators, and oblivious parents is detrimental; it makes these vital resources seem inevitably ineffective, and implies that seeking help from these professionals should be avoided. This show implies that suicide, not treatment and help-seeking, are the solution to Hannah's distress, and psychological distress in general. As a result, this show could be—and has been—devastating for the mental health of vulnerable viewers.

Jacobson is not the only—or the first—professional to criticize the show's first season. In an *Atlantic* article, "What Went Wrong With *13 Reasons Why*?" Dr. Dan Reidenberg, the director of Suicide Awareness Voices of Education, who reviewed the show before its release, "had a number of concerns about it: 'the glamorizing, sensationalizing, memorializing aspects of the series; the violence and brutality; the rape; the failure of reaching out for help; the lack of options and alternatives to Hannah's suicide; the revenge plot'" (Gilbert, 2017). Reidenberg also advised Netflix to not release the show. Thus, professionals raised concerns about the show even *before* the series was even released, but they were largely ignored. This highlights how Netflix and the producers of *13 Reasons Why* dismiss expert advice, and therefore jeopardize the health of viewers, in order to bolster their profit.

Criticism of the show is also shared by the public. School officials across the country have warned parents about the show, both after the first season's release and ahead of the release of the second season (Strauss, 2017; Kamentez, 2018). Multiple Change.org petitions have garnered thousands of signatures to cancel the show due to its triggering material (Horn, 2017; Contrades-Lacy, 2017). Alexandra Contrades-Lacy, who created one of the aforementioned petitions, discusses how "after finishing the series, [she] became depressed and was suicidal for the first time in a year. This show was a trigger" (2017). These testimonies highlight the ways in which the show endangers the mental health of vulnerable viewers due to its unnecessarily graphic content.

It was only after this continued backlash from viewers, educators, and psychologists that Netflix added additional warnings to the beginning of the first episode in the season. By the release of the second season, the first episode of each season began with a message from the cast, who assert that *13 Reasons Why* is a "fictional series that tackles tough, real-world issues, taking a look at sexual assault, substance abuse, suicide, and more. By shedding a light on these difficult topics, we hope our show can help viewers start a conversation" (Yorkey, 2017). The cast adds that the show "might not be right" for vulnerable parties, and encourages those parties to watch the series with a "trusted adult" (Yorkey, 2017). This statement, which contends that *13 Reasons Why* can create important educational conversations on these issues, blatantly contradicts the opinions of experts, who assert that the show is intended to glamorize these issues for entertainment value alone. The continually distressing and triggering depictions of suicide and other issues in the show reveal that the producers, who may believe they are "shedding a light" on these topics, do not understand how sensitively these topics must be handled. Shock value, high viewership, and violent depictions of these issues *do not* equal powerful, insightful,

or significant portrayal, especially when these portrayals have the capacity to trigger and deeply destress others. "Shedding a light" on these issues should not push people suffering from these issues further into the darkness this issues create. Therefore, *13 Reasons Why*, in spite of its intentions, is an irresponsible and dangerous portrayal of suicide, mental health, sexual assault, and other issues.

The show, since its release, has had a devastating effect on viewers and their families. Since the show's release, three families from Alabama and California have implicated *13 Reasons Why* in the suicides of their teenage daughters (Grigley, 2018; Kindelan and Ghebremedhin, 2017). In Florida, another mother implicates the show in a suicide pact her daughter made with friends. As her daughter sliced open her arms, she texted her friends that it "it's taking too long … it's not like on 13 Reasons" (Eslken, 2018). While her daughter survived the attempt, the impact of *13 Reasons Why* on her actions, and her reference to it in her texts, underscores the affect the book and series is having on teens and those who suffer from mental illness.

I experienced, first hand, the negative ways this book and show can impact young viewers. I first encountered *Thirteen Reasons Why* as a junior in high school—a friend was reading the book. I asked to borrow it. Given my mental health issues at the time, this book fascinated me. I was thinking a lot about death, and remember hoping that *Thirteen Reasons Why* would make suicide seem like more of an enticing possibility.

I never got my hands on the book, thankfully, and my mental health stabilized through therapy and medication. However, even when I tried to start watching the first season of series my sophomore year of college, I found myself starting to ruminate on the same destructive thoughts that I had worked so hard to diminish. As a result, I stopped watching the show, and

refrained from doing so until it became an interest within my research. Even as I finally read the book and watched the series, I found myself pausing the show frequently, especially during Hannah's suicide, to gather my thoughts.

If anything good has come from this show, it is the way it has thrust discussions mental health portrayal and education into the fore. The popularity of *13 Reasons Why* suggests that there is space—and even eagerness—among teens and society to talk about mental health issues. The troubling depiction of the series only highlights the need to discuss mental health—deeply and with nuance—in schools.

This is where literature—responsible, carefully written literature—should come in. Literature has provided readers with an emotional outlet for centuries, and offers a powerful vehicle for discussing mental health. Furthermore, in reading literature which depicts mental disorders, English teachers can use their curriculum to start positive and education conversations on mental health. I am not asking teachers, who are already stretched thin and drowning in other responsibilities, to take on the role of the therapist or mental health professional for their students. Instead, I am asking them to use their expertise in literature to humanize mental disorders, with texts that are already used in the classroom, and provide at-risk students with the knowledge that there at resources available to improve their mental health.

In tweaking English curriculum in minor ways and using the public resources, research, and lesson plans included in this thesis, teachers can ensure all students become aware of mental disorders, and become more empathetic to the experiences of those suffering from such disorders. Texts already used in the classroom, such as Sylvia Plath's *The Bell Jar*, J.D. Salinger's *The Catcher in the Rye*, and Mark Haddon's *The Curious Incident of the Dog in the Night-time*, can be used to promote important discussions on mental health. Instead, the mental

health issues in these texts are often dismissed, ignored completely, or discussed only to facilitate literary analysis—not to promote personal understanding around these disorders. In ignoring mental health, teachers do a disservice to their students, and fail to explore a vital part of these texts.

The mental disorders depicted in these texts are not hidden: in *The Bell Jar*, Esther clearly describes her feelings of depression, suicide ideation, suicide attempt, time in McLean Hospital, and recovery with intensity and emotion. Holden narrates *The Catcher in the Rye* from a psychiatric ward. Christopher's actions and inability to understand social cues in *The Curious Incident of the Dog in the Night-Time* highlight his experience with Autism Spectrum Disorder. Students will pick up on this. They may ask what's "wrong" with the characters they're reading about. When we don't talk about the mental disorders thematized in the texts, we tell our students that mental disorders shouldn't be talked about, even in the safety of the classroom. We are perpetuating the stigma which keeps so many adolescents from seeking mental health care. This is not the message we want to be sending to vulnerable students—especially when reading can be used as a powerful tool to create empathy.

Research and theory has shown that reading and class discussion can have powerful effects on student empathy and world-view. In applying the works of Suzanne Keen, Louise Rosenblatt, Paulo Freire, bell hooks, as well as elements of bibliotherapy, to the classroom and literacy education, literature becomes a powerful vehicle for discussing mental health and complicated emotional texts outside of the health classroom.

The purpose of this thesis is to analyze how and why texts which discuss mental disorders should be taught in the high school English classroom. This will include not only the critical reading and analysis of literature which depicts mental disorders, but lesson plans,

suggested accommodations for students, and resources. Thus, this thesis seeks to equip teachers with knowledge to not only support students struggling with mental health issues, but to encourage them to potentially seek the mental health care they deserve.

Chapter One:

Why Use Literature to Discuss Mental Health?

At first, fiction and literature seem to be an unlikely vehicle for mental health education. What do students have to gain from reading literature, as opposed to lectures in health class? Surely, wouldn't nonfiction, informative literature be better?

Research on how best to incorporate mental health education into the classroom has largely been done within the last ten years. However, these studies are often limited in scope. Most interventions are short and fail to promote deep, nuanced discussions about mental disorders. One study by Ke et al., entitled "Healthy Young Minds: The Effects of a 1-hour Classroom Workshop on Mental Illness Stigma in High School Students," discusses the effects of an hour-long classroom workshop on high school students' perception of mental disorders (2015). As part of this short workshop, students discussed a "Wordle," or a collage of words depicting common perceptions of mental disorders created by a group of 10th grade students. Following this discussion, a scripted intervention was staged. Another study, Weissman et al.'s "Mental Health Stigma Prevention: Pilot Testing a Novel, Language Arts Curriculum-Based Approach for Youth" used similar activities within the context of a middle school language arts classroom (2016). This included an introduction to mental disorders, a class reading of a short play, handouts, open response questions, and a group presentation on mental disorders (Weissman et al., 2016). This intervention was only a few days long, and was spaced out throughout a month. While the results of these studies all show a decrease in stigma towards mental disorders, their methodology did not prompt prolonged, nuanced, or in-depth discussions about mental disorders in the classroom.

In addition, two studies systematically reviewed research on mental health stigma intervention: Yamaguchi, Mino, and Yuddin's 2011 article, entitled: "Strategies and Future Attempts to Reduce Stigmatization and Increase Awareness of Mental Health Problems Among Young People: A Narrative Review of Educational Interventions," and Gronholm et al.'s "Interventions to Reduce Discrimination and Stigma: The State of the Art" (2017). Yamaguchi, Mino, and Yuddin's (2011) article synthesized 40 different studies, while Gronholm et al's synthesized multiple studies and literature reviews, 35 of which pertained to students. These literature reviews have shown there are certain recommendations for approaching discussions of mental disorders. Both of these reviews conclude that contact- and video-based strategies of intervention were particularly powerful, as compared to typical, lecture based instruction on mental disorders (Yamaguchi, Mino, and Yuddin, 2011; Gronholm et al, 2017). In addition, citing the research of Patrick Corrigan (2012), Michalak et al. (2014) concluded that an "effective multifaceted strategy to prevent and reduce mental illness stigma would include creative arts and contact-based approaches," suggesting that creative arts (which often include literature) can be particularly helpful to reducing stigma. Groholm et al. (2017) also noted that "providing treatment information might enhance students' attitudes towards the use of services," highlighting the importance of discussing treatment options for students when discussing these texts. However, it is important to note the feasibility contact and video-based interventions: teachers, who are already stretched thin and continuously stripped of resources, might have trouble finding someone who is willing to openly talk about their experience with mental disorders, or access to humanizing videos on mental disorders. In addition, these interventions often displace planned curriculum significantly.

Research shows that humanizing mental health interventions, which include narrative perspective are more effective on decreasing stigma. In their article, "Putting the Person Back into Psychopathology: An Intervention to Reduce Mental Illness Stigma in the Classroom," psychologists Caroline Mann and Melissa Himelin compare approaches to mental health education (2008). In these studies, a group of students read "first-person narratives by authors with depression, schizophrenia, and bipolar disorder, watched video testimonies of students of a similar age with mental disorders, and wrote poetry from the perspective of someone with a mental disorder (Mann and Himelin 2008). Meanwhile, another group of students only focused on the diagnostic criteria of mental disorders, interacting with clinical reports, third person documentaries, and ambiguous case studies. In testing these students' stigma before and after the interventions, Mann and Himelin (2008) found that those who had been exposed to the "humanist," first person narrative approach had marked reductions in stigma surrounding mental disorders, while students who had focused on the diagnostic criteria did not show a reduction in stigma (2008). While this study was conducted among college students in two introductory psychology classes, high schoolers would likely benefit from the incorporations of these strategies as well.

Additionally, nearly all interventions mentioned in the studies above ignore the use of literature, language arts skills, and in-depth and critical discussions on mental disorders. Weissman et al. (2016) simply used the English classroom as a space to conduct research, and the use of a "Wordle" in Ke et al.'s 2015 study does not truly involve a deep interaction with language. Only Mann and Himelin (2008) begin to incorporate the power of reading and writing into their work. This resource of reading and writing to destigmatize mental disorders can best be

harnessed in English classroom, which provides students with a safe environment to read, write, and discuss unfamiliar topics and ideas.

Reading theory highlights the powerful role deep literacy can play in the development of our understanding of the world around us and ourselves acting in the world. Reading creates experience, according to theorist and teacher Louise Rosenblatt (1938). This is because reading is not a passive activity, but a *transaction*. Rosenblatt argues that "meaning emerges as the reader carries on a give-and-take with the signs on the page…the meaning made of the early words and influences what comes to mind…[and] the reader may revise [that meaning] to assimilate the new words" as they read (1938). This "to-and-fro, spiraling, nonlinear, continuously reciprocal influence of the reader and the text" means that reading can be an intensely transformative experience, especially for adolescents and teenagers, who are trying to figure out the world around them (Rosenblatt, 1938). Students themselves recognize this, and, when asked about why they read, "placed greatest emphasis on literature as a means of broadening one's knowledge of people and society"; thus, for many students, the act of reading "literature contributes to the enlargement of experience" (Rosenblatt, 1938).

Theorist and educator Paulo Freire (1989) adds to this concept in the first chapter of *Literacy: Reading the Word and the World*. Freire argues that the way people are naturally designed to perceive, understand, and learn—or "read"—the world around them, even before they learn to read words; thus, this critical process of reading the world maps onto reading literature (1989). He argues that "reading the world always precedes reading the word, and reading the word implies continually reading the world" (Freire, 1989). This idea that reading literature is an experience, and that students can read the world by reading literature, is

paramount, for it means that students can have meaningful, important, and transformative learning experiences just through reading literature.

Literature, according to Rosenblatt, "provides a *living through*, not simply a *knowledge about*" (1938, p. 38). Thus, when reading about mental disorders, students "live through" the experiences of the characters, learning and feeling with them. This unique opportunity for connection is powerful, and means that reading about mental disorders can provide a deeper understanding than lectures or videos alone.

Reading can also be an intensely *empowering* experience, and has the ability to provide readers and students with keen insight into themselves and the world and people around them. In applying this powerful experience to texts discussing mental health, reading literature provides students with a more nuanced understanding of mental health—an experience which goes beyond the base knowledge they garner from learning clinical diagnoses and evaluations. In particular, educational philosophers Paulo Freire and bell hooks emphasize the concepts of education as freedom and liberation. Freire argues in *Pedagogy of Hope* that the "progressive teacher…[must] unveil opportunities for hope, no matter what the obstacles may be" (1994, p. 9). This is important; in reading these texts, guided by a teacher looking to encourage hope, students too can stir hope in themselves. This hope is essential for inspiring change and empowering students. Freire is also adamant that education and critical literacy can inspire students to make social change (1994). Thus, when students read texts about and openly discussing a highly stigmatized topic like mental disorders, the power of this stigma is reduced. These conversations and readings, which are integral to critical literacy, can empower students to change how the world around them perceives and reacts to mental disorders.

Beyond theory, reading has been used in clinical settings to help children, teens, and adults. This practice is referred to as bibliotherapy and hinges on the idea that reading, paired with therapeutic guidance, can help clients gain self-insight and empathy. As psychologist Jonathan Detrixhe (2010) summarizes in "Souls in Jeopardy: Questions and Innovations for Bibliotherapy With Fiction," a "book can promote understanding and help individuals solve problems when it addresses their needs for improvement." Unlike most bibliotherapy studies, which focus on nonfiction texts, Ditrixhe focuses on the use of fiction texts in bibliotherapy (2010). Dixtrihe notes that many of these studies on fiction in bibliotherapy are "long on theory but short on research," and underscores the work of Zipora Shechtman, who he praises as a "true believer and an empiricist" (2010). Shechtman has done extensive work on bibliotherapy and fiction, comparing how therapy (IC) and therapy with bibliotherapy (ICB) would compare in effectiveness. In 2006, she found, according to Dixtrihe, that clients in the "ICB condition showed greater gains in empathy, insight, therapist satisfaction, and therapeutic change, plus higher stages of change, than did the participants in the IC condition" (2010). Thus, when compared with therapy alone, clients experienced increased outcomes when using fiction-based bibliotherapy.

Bibliotherapy has also been studied and used in the classroom; Debbie McCulliss and David Chamberlain (2013) discuss this in their article, "Bibliotherapy For Youth and Adolescents—School-based Application and Research." McCulliss and Chamberlain argue that "exposing students to bibliotherapy can enhance the probability of their success both academically and socially as well as fostering resilience" (2013). They quote Nola Kortner's work, which asserts that bibliotherapy can help a student in nine ways, by:

1. showing an individual that he or she is not the first or only person to encounter such a problem;

2. showing an individual that there is more than one solution to a problem;

3. helping a person discuss a problem more freely;

4. helping an individual plan a constructive course of action to solve a problem;

5. developing an individual's self-concept;

6. relieving emotional or mental pressure;

7. fostering an individual's honest self-appraisal;

8. providing a way for a person to find interests outside of self; and

9. increasing the individual's understanding of human behavior or motivations.

(Aiex, 1993; McCullis and Chamberlain, 2013).

I quote at length because this list makes obvious how reading provides students the potential to gain insight into mental disorders and themselves. Furthermore, Aiex's (1993) belief that reading and bibliotherapy can heighten "the individual's understanding of human behavior of motivation" appears empirically proven in Shechtman's work as increased empathy, and is posited in literature studies, as well (2010).

Drawing from reader-response theory and narratology, Suzanne Keen proposed the idea of narrative empathy in 2006. Keen defines narrative empathy as "the sharing of feeling and perspective-taking induced by reading, viewing, hearing, or imagining narratives of another's situation and condition" (2013). While narratology, or the study of the structure of the narrative, has identified specific characteristics of an effective narrative, such as character identification and the narrative situation, Keen theorizes that much of this has to do with empathy (2006). Thus, in identifying with a character, students are more likely to feel empathy for that character.

Furthermore, through discussion with teachers, empathy garnered from reading about characters in a text can likely be transferred to encounters with peers who suffer from mental disorders.

Throughout her book, *Empathy and the Novel*, Keen underscores how empirical evidence does not support the idea that empathetic reading encourages prosocial action (2006). However, Keen does note all of this changes when a teacher or peer starts a *discussion* about the reading. This is because reading and discussion can promote social and moral understanding, which leads to prosocial action. Thus, reading *The Bell Jar* alone may not reduce students' stigma surrounding mental disorders--but having a teacher start a discussion on the text might.

The importance of dialogue in education has been expounded upon by Freire and hooks, as well. Freire argues that dialogue does not "place [students and teachers] on the same footing professionally; but it does mark the democratic position between them…[dialogue] implies a sincere, fundamental respect" (107). He contends that real, true dialogue in the classroom should "open up [students and teachers] to the thinking of others, and thereby not wither away in isolation" (108). Thus, dialogue provides students and teachers with the ability to experience a variety of viewpoints, and create newfound respect between participants. Hooks elaborates on how dialogue can "open" people, adding that this dialogue can help people breach socialized and institutional constructs. In *Teaching to Transgress*, hooks argues that "to engage in dialogue is one of the simplest ways we can begin as teachers, scholars, and critical thinkers to cross boundaries, the barriers that may or may not be erected by race, gender, class…and a host of other differences" (hooks, 1994, p. 130). This concept can be applied to mental disorders, which is a barrier both in the classroom and the world for many students and people. Thus, through dialogue, classrooms can become places where students can tackle the stigma surrounding mental illness, and create societal change.

These classroom discussions can take many forms. They should include resources for students, but should also be layered with open discussion which tackles large questions: For example, how did stigma surrounding mental disorders affect Esther, the protagonist in *The Bell Jar*, and keep her from seeking help earlier? Any of these discussions may prompt a struggling student, who may have seen themselves in Esther's depression, to seek help, or make someone realize that their close friend might be struggling. Thus, the narrative nature of literature, and the empathy that reading literature engenders, lays the groundwork for students to learn about and relate to a variety of unfamiliar or stigmatized topics, including mental disorders.

Literature is not going to eradicate stigma surrounding mental disorders; however, it can introduce students to mental disorders during a time where many students are experiencing or witnessing the effects of mental disorders. Thus, ensuring the material students are exposed to is compassionate is paramount, as these depictions might shape their later reactions to mental disorders as a whole.

Chapter Two:

What Literature Should We Use?

Even as deep literacy is a valuable vehicle for personal empowerment, empathy, and understanding, and can foster powerful ideas and outlooks on mental health, the importance of selecting texts should not be overlooked. As my introduction made clear, not every text on mental health, such as *Thirteen Reasons Why*, is suitable for educating and motivating students in positive ways. This section, therefore, provides examples and analyses of sample texts which could be used in the classroom. Three sample texts, including Sylvia Plath's *The Bell Jar*, J.D. Salinger's *The Catcher in the Rye*, and Mark Haddon's *The Curious Incident of the Dog in the Night-time*, are easily accessible, and already in many middle and high school curriculums. I've also chosen to write about Ned Vizinni's *It's Kind of a Funny Story* and Neal Shusterman's *Challenger Deep*, which are not used within high school curriculums, but are nonetheless interesting and important texts on mental health. Additionally, I mention Ken Kesey's *One Flew Over the Cuckoo's Nest* as a text which, while often thought of as a powerful discussion of mental disorders, is not as positive or a productive representation for many students. The five texts analyzed and recommended here, and for which I provide sample lessons on difficult sections of the text in the next section of these piece, is not an exhaustive list. Many new books on mental health are being written and published; thus, I begin this chapter by outlining how to evaluate whether such texts should be used in the classroom.

Evaluating Potential Texts

Not just any piece of literature discusses mental disorders should automatically be added into the curriculum to promote mental health education. Texts need to be *read* and critically

evaluated not only for literary merit, but appropriate content by teachers before inclusion in the curriculum.

Teachers need to evaluate, above all, whether the text in question is suitable for their students on multiple levels. In addition to describing reading as an experience, Louise Rosenblatt emphasizes the importance of making literature relevant and important to students through careful text selection (1938). She contends that students should read books they have the emotional, intellectual, and sensual equipment to process meaningfully and relate to based on past experience and background (Rosenblatt, 1938). This sentiment is supported by multiple bibliotherapists as well, who suggest the following questions be asked in order to select texts, including: "Is [the text] at an appropriate reading level and developmental level? Does the story fit with relevant feelings, needs, interests, and goals? … Do characters show coping skills and does the problem situation show resolution?" (Carlson, 2001; Miach and Kean, 2004; McCullis & Chamberlain, 2013). Thus, it is important for teachers to carefully select texts which students can relate to based on their age, their concerns, and their past. However, the most important question to consider when selecting a text about mental health is the last one—do the characters cope in an adaptive manner and approach recovery?

This question underscores why *Thirteen Reasons Why* and *One Flew Over the Cuckoo's Nest* are not good choices to encourage mental health literacy. Hannah's suicide death and use of cassette tapes to torment and blame people in her life is a decidedly maladaptive coping mechanism. Furthermore, the show and book's pitiful depiction of people who could have helped Hannah, such as her parents, counsellors, and school administrators, dissuades students from seeking help. *One Flew Over the Cuckoo's Nest* ends in humiliation by nurses, suicide death, and lobotomy—an end which is not positive, paints a repugnant picture of psychiatric hospitals, and

does not showcase recovery and coping skills. While *One Flew Over the Cuckoo's Nest* does have literary merit, is layered with symbolism and critiques of various institutions, its depiction of mental hospitals is outdated and not productive if taught in the context of mental health. Thus, teachers must reflect deeply on whether the text they're choosing truly helps students understand mental disorders, whether they are truthful, accurate representations, and whether the text they've selected can be adapted to the needs of their students. This process isn't easy, and even the texts I've selected below to use in the classroom need to be taught and discussed in a sensitive and thoughtful manner.

The Bell Jar by Sylvia Plath

The Bell Jar, published under the pseudonym Victoria Lucas in 1963, is widely-known in literature and popular culture. The novel follows Esther Greenwood, a successful and ambitious college student, through a depressive episode, suicide attempt, and recovery in a psychiatric hospital. The novel, written in the first person, provides clear insight into Esther's complicated and maladaptive thoughts—and this has resonated with people. The book, which was by no means a literary sensation when it was originally published, has now been mentioned in shows like *Gilmore Girls* and *The Simpsons*, movies like *10 Things I Hate About You* (1999), and remains a fixture in popular culture (Dunkle, 2011). However, it is also used in high school classrooms, along with much of Plath's poetic works.

A few themes normally center classroom discussions of *The Bell Jar*. Students often analyze how few options for occupation women had in the later 1950s and 1960s, and how this specifically affects an ever-ambitious Esther, who prefers to see her life "branching out before [her] like the green fig tree" (Plath, 1963, p.77). This lack of options can also be mapped onto the way women were expended to act during the period in the text. Rape culture, and Esther's near-

sexual assault, could be discussed within the context of the modern #MeToo movement, as well. However, in addition to these themes, the various ways mental disorders and psychiatric treatment play into how this text should be considered.

In *The Bell Jar*, Plath does not shy away from describing her thoughts, feelings, and ideas in detail. She uses metaphor to express these emotions. On the third page of the text, Plath launches into this metaphor to describe her depression, noting: "I guess I should have been excited the way most of the other girls were, but I couldn't get myself to react. (I felt very still and very empty, the way the eye of a tornado must feel, moving dully along in the middle of the surrounding hullabaloo)" (Plath, 1963). One reading of the text suggests that this metaphor describes her feelings of anhedonia, or a "diminished interest or pleasure in all, or almost activities" which are a criterion in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) for a diagnosis of Major Depressive Disorder (American Psychiatric Association, 2013, p. 160).

The very title of the text is also a metaphor for Esther's feelings. Following her suicide attempt, Esther explains that if the woman who had funded her college scholarship, Mrs. Guinea, "had given me a ticket to Europe, or a round-the-world cruise, it wouldn't have made one scrap of difference to me, because wherever I sat…I would be sitting under the same glass bell jar, stewing in my own sour air" (Plath, 1963, p. 185). This metaphor of the bell jar is a particularly adept way to describe depression. Esther feels trapped in her despair and apathy, regardless of the situation. These metaphors are something struggling students can latch onto to describe their mental states, and help explain these feelings to students who may have never experienced these disorders. As a teenager battling depression, I found these descriptions to be insightful and healing. Reading *The Bell Jar* brought me so much relief, and helped me realize I wasn't alone

experiencing these feelings. These reactions to *The Bell Jar* match the fifth and first items list

included on page 18, which denotes how bibliotherapy can help students (Aiex, 1993). Thus,

reading Plath's work was, in some ways, a therapeutic experience, and introduced me to a

language with which I could describe my feelings.

  The Bell Jar is not an easy read, though, and certain scenes must be handled with caution.

In particular, chapters 11 through 14 describe Esther's multiple suicide attempts, including the

one that causes her to be admitted into a hospital, in detail. In one scene, Esther buys razors and

attempts to cut her wrists, but is unable to because "what I wanted to kill wasn't in the skin or the

thin blue pulse that jumped under my thumb, but somewhere else, deeper…and a whole lot

harder to get at" (Plath, 1963, p. 147). She concludes that her "mother would probably come

home and find [her] before [she] was done" (Plath, 1963, p. 148). She also considers drowning

herself at a beach, and even asks her suitor, Cal, how he would kill himself (Plath, 1963, p. 156).

She tries to hang herself, but fails, as her "body had all sorts of little tricks, such as making my

hands go limp at the crucial second," which keep her from dying (Plath, 1963, p. 159).

Eventually, she hides in the small dirt cellar in her house and overdoses on sleeping pills. These

chapters are laden with possibly triggering depictions of suicide and depression. However, in

order to attend to student mental health and develop critical literacy, these difficult sections

cannot be ignored; instead, they must be talked about so students can process them meaningfully.

  To tackle this portion of the text—or any text which deals with suicide—key sections

should be read in class. Discussion of these passages should also be paired with resources for

students, both inside and outside of school, in case they or anyone else they know is suffering.

The Society for the Prevention of Teen Suicide recommends teachers discuss warning signs for

suicide, and what warning signs were present in the texts that characters may have been ignored

(n.d.). Furthermore, it may be important for teachers to emphasize that the characters in *The Bell Jar* eventually get help and approach recovery and mental health issues are nothing to be ashamed of. If these discussions are uncomfortable to prompt, invite a school counsellor or psychologist to help facilitate; their expertise and position as a direct resource for struggling students may enhance student learning and understanding.

In spite of Plath's eventual suicide, her powerful story is still being read. In discussion, teachers should highlight that Plath's life did not have to end by suicide, and reiterate resources for students who may be or know someone who may be considering suicide. Furthermore, have students do something with the text—they can design posters or create PSA which provides information on depression and suicide, and uses Plath's writing to exemplify this information. They can anonymously journal about how the text makes them feel, or what they want other students to know now that they've read the text themselves. These activities transition the discussion of Plath's death to one of advocacy—of what students can do for themselves, their classrooms, and their communities to help people who might be struggling with depression or suicide ideation.

The Bell Jar is renowned not simply because Plath's death, but because of how it has helped others. Esther's thoughts, more or less, could be the thoughts of students, just as they had been my thoughts at one point in my life. As a high school student battling depression, *The Bell Jar* made me realize I didn't have to be defined by my mental disorders—and this potential should be underscored to students. Esther Greenwood's rallying cry of "I am, I am, I am," still pushes people onward (Plath, 1963). This is why *The Bell Jar* is so popular, even today: it resonates with readers. Shielding students from Plath's death—or even this book—for fear of

having a frank discussion about resources, only perpetuates societal fear of discussing mental health, depression, and suicide.

The Catcher in the Rye by J.D. Salinger

Even more than *The Bell Jar*, Salinger's *The Catcher in the Rye* has made a home in English curriculums, often read in late middle school and early high school English classrooms. Salinger's classic novel follows Holden's journey through New York after his expulsion from Pencey Prep. Salinger's text is polarizing; students, teachers, and readers either love Holden Caufield or hate him. They either regard him as sympathetic and similar to them, or disregard him as privileged and ungrateful. Nonetheless, *The Catcher in the Rye* is a staple in high school curriculums, and teachers often use the text to have students grapple with the themes of authenticity, authority, isolation, and growing up. Holden's reliability as a narrator, as well as the tone of the text and symbols within it, are focal points of discussion in the classroom.

Mental health is at the core of this novel, though; in fact, Holden's dubious mental health sparks his whole journey. Before leaving Pencey, Holden notes: "Besides, I sort of needed a vacation. My nerves were shot. They really were" (Salinger, 1945, p. 58). This "vacation" becomes the plot of the novel—but, in many ways, the "nerves" behind it are far more important, and seep into every aspect of the text. Holden's "nerves" are ill-defined, but they manifest as both anxiety and depression. Throughout the text, Holden notes, at least four times, some variant of: "Boy, was I getting nervous" (Salinger, 1945, pp. 48, 108, 113, 212). Additionally, variants of the word "depressed" appears over 50 times, normally in the form of "that depressed me" or "it was too depressing" (Salinger, 1945, pp. 58, 90). These descriptions could be read indicators of distress, and signal Holden's inability to cope with everyday activities and events.

Furthermore, both of these descriptors are employed in a variety of situations, suggesting a globalized anxiety and depression which goes beyond circumstance and situation.

Holden's anxiety, and his inability to cope with his anxiety, is manifested best in his hunting hat. Holden is constantly touching his hunting hat, especially when he is nervous. As Holden prepares for a double date just before leaving Pencey, he "pull[s] the peak of [his] hunting hat around to the front, just for a change. I was getting nervous all of a sudden. I'm quite a nervous guy" (Salinger, 1945, p. 39). This passage is the second time Holden mentions being nervous in the text; the first occurs just pages before, where Holden notes his "nervous habit" of turning the sink on and off (Salinger, 1945, p. 31). This hat also brings him a sense of confidence; he notes: "The way I wore it, I swung the old peak way around to the back—very corny, I'll admit, but I liked it that way. I looked good in it that way" (Salinger, 1945, p. 21). This hat makes Holden feel good about himself, and it quickly becomes clear that he uses the hat to soothe his anxiety. Holden's hunting hat is used in order to reduce anxiety in stressful situations, and are referred to as safety behaviors (Cuming et al., 2009). Safety behaviors are "strategies [that] are logically linked to the nature of the individual's feared social consequences…and are designed to reduce the likelihood of negative evaluation by others" (Cuming et al., 2009). One reading of this text, therefore, suggests that Holden hides behind his hunting hat in order to avoid being scrutinized. With the hunting hat on, Holden draws attention away from his face to his hat, which he believes makes him look better, and therefore is more likely to receive positive evaluation by others.

Holden also desperately craves connection with other people. For much of the text, he encounters many people, wading through those he considers "phonies" to end his loneliness. Arguably, the entire text—Holden's journey through New York—could be seen as Holden's

journey to find human connection. Only when he finds this acceptance in his sister Phoebe, does he say that he is "happy" (Salinger, 1945, p. 233). One reading of this text, therefore, suggests that Holden's sense of social isolation also contributes to his mental health, eliciting not only his feelings of anxiety, but the depression he mentions throughout the text.

However, it is extremely important to note how complicated this text is, and that "diagnosing" Holden with any sort of mental disorder is *not advised*. Unlike the other texts mentioned, Holden doesn't see a mental health professional until after the events of the text takes place. Furthermore, the goal of these lessons are to humanize people with mental disorders—not do the job of certified professionals by putting them in boxes based on DSM-5 criteria. Nonetheless, Holden's battle with symptoms of anxiety and depression can be used within the classroom to talk about these disorders. In many cases, students' struggle with depression or anxiety might be brushed off by adults as typical "teen angst." This provides students with the important opportunity to discuss the differences between normal teenage development and mental disorders, and figure out ways for students to identify when they or someone they know might need further support.

It's Kind of a Funny Story by Ned Vizzini

Breaking out of "classic" literature written an excess of fifty years ago, Ned Vizzini's young adult novel, *It's Kind of a Funny Story* was published in 2015. In many ways, the plot of *It's Kind of a Funny Story* mirrors Plath's *The Bell Jar*; Craig, like Esther, is a high-achieving student who battles depression, faces a suicide attempt, and describes his recovery within a psychiatric ward. Vizzini, like Plath, also uses literary techniques to describe Craig's mental states.

Unlike Plath, Vizzini describes his mental states and what triggers such states by naming them. The first of these are Tentacles, which Craig describes as "the evil tasks that invade my life" (Vizzini, 2015, p. 14). Similarly, Craig has Anchors, which "are things that occupy my mind and make me feel good temporarily" (Vizzini, 2015, p. 15). He is also waiting for something called the Shift to happen, or "to feel my brain slide back into the slot that it was meant to be in, rest there the way it did before the fall of last year…back when I had incredible promise" (Vizzini, 2015, p. 17). Craig also describes his anxious, more frantic thoughts as the Cycling, or "going over the same thoughts over and over. When my thoughts race against each other in a circle" (Vizzini, 2015, p. 105). All of these—Tentacles, Anchors, the Shift, and Cycling—offer almost visual depictions of Craig's mental states. Like the metaphors Plath uses, students can easily understand these concepts, and even utilize them to describe their own thoughts and feelings. Using these terms may even encourage more timid students, who may be embarrassed by their feelings, to find a language to communicate their state of mind. Vizzini's description of mental states are not only productive thing the text does for students; Craig's actions when faced with an intense suicide ideation are also important to highlight.

The night Craig plans to complete suicide by jumping off the Brooklyn Bridge, he instead calls a suicide hotline and walks himself to the hospital down the street (Vizzini, 2015). These actions—which ultimately lead to Craig's recovery in the text—are extremely adaptive for students to read about and model. Craig seeks out help for his depression, even in his darkest moments—and this aspect needs to be emphasized and encouraged thoroughly in discussions. Craig's actions also support two goals of bibliotherapy, by "showing an individual that there is more than one solution to a problem" and "helping an individual plan a constructive course of action to solve a problem" (Aiex, 1993). All too often, students are inundated with poor models

for coping skills (like *Thirteen Reasons Why*'s Hannah Baker); thus, discussing with students how Craig is a solid character model of what they should do in these situations is extremely adaptive.

Unfortunately, like Sylvia Plath, Ned Vizzini died by suicide. This fact should not be hidden from students, or avoided in discussion. This is not an easy talk to have, either; it might be beneficial to have a school counselor or psychologist come in if teachers wish to probe this idea more. We need more representations of writers who *have* written about depression, overcome it and lived, and continued to write—make no mistake. However, until these texts enter into the mainstream, teachers should use this difficult moment as an opportunity to highlight the way Craig seeks help when he is distressed. During this discussion, teachers should also highlight the warning signs of suicide, and what students can do to help others who may be struggling (The Society for the Prevention of Teen Suicide, n.d.). Teachers should engage the students in activities which promote mental health education and treatment; some suggestions will be included in the next chapter. In doing these activities, the topic of Plath and Vizzini's death turns into a productive and hopeful conversation. Just because Vizzini or Plath don't have a "happy ending," doesn't mean one's students or their loved ones don't deserve a happy ending, like Esther and Craig. Both *The Bell Jar* and *It's Kind of a Funny Story* end with the main characters being discharged from the hospital and approaching the outside world with a sense of hope. At the end of the text, Craig even says: "*think of all the tools you have*…So live for real, Craig. Live. Live. Live. Live" (Vizinni, 2015, p. 442, 444). Encourage students to do the same, armed with the knowledge they are not alone, and have "Anchors" to hold onto in distress. Esther's and Craig's recovery is not a fairytale, or even a storybook ending; it is a real ending,

one that happens every day when people reach out for help—and this concept should be at the core of these texts.

Challenger Deep **by Neal Shusterman**

Schizophrenia is one of the most stigmatized mental disorders. Thus, Neal Shusterman's *Challenger Deep* is exceedingly important due to its raw, frank, *humanizing* depiction of schizophrenia. While schizophrenia often manifests in people in their early twenties, not high school, Shusterman's novel can help clarify many misconceptions about schizophrenia. Shusterman's story is also largely based on truth; he drew heavily from his own son, Jarrod, who was diagnosed with schizophrenia. This powerful text follows Caden Bosch, an intelligent, seemingly ordinary teen. However, Caden spends his days walking for miles, and hallucinating about life as a pirate on a ship headed for the Marianas Trench. Eventually, Caden is hospitalized for his hallucinations, and the text alternates between Caden's reality and vivid hallucinations.

Soon, it becomes clear that Caden's hallucinations are not irrelevant or random; instead, they are symbolic of Caden's battle with his mental disorder. Thus, this journey to the trench, and to Challenger Deep—the deepest known spot on the ocean's seabed—is truly a journey to the core of Caden's psyche, where he literally must put the puzzle together in order to emerge from the sea, and distance himself from his disorder through proper treatment (Shusterman, 2015). The inevitability of Caden's episodes is also stressed; following his discharge from the hospital, Caden wrestles the possibility of returning to the sea in a dream. He "can't deny the very real nature of that possibility…but it's not going to happen today—and there is a deep, abiding comfort in that. Deep enough to carry me through til tomorrow" (Shusterman, 2015, p. 308). Thus, *Challenger Deep* highlights how many serious mental disorders are chronic and can return in waves—yet, these waves can be managed. Caden can emerge from the ocean, with

proper support, and so can students with mental disorders. Thus, this text offers a realistic depiction of serious mental illness, advocating for the continual and consistent treatment of mental disorders.

Shusterman is deeply aware of the importance of his text. The end of the book cites resources, and includes discussion questions to probe the text's symbolic discussion of mental disorders. All of the sketches in the text are drawn by Shusterman's son while he was experiencing hallucinations and delusions, offering poignant and important insight into schizophrenia (2015, Author's Note). Thus, this text—beautifully written, deeply symbolic—is one of the most humanizing and productive in achieving its goal of battling stigma and educating readers about mental disorders.

The Curious Incident of the Dog in the Night-time by Mark Haddon

Unlike the mental disorders discussed earlier in the text, the protagonist of *The Curious Incident of the Dog in the Nighttime*, Christopher, has Autism Spectrum Disorder (ASD). ASD is heavily stigmatized, and yet 1 in 59 children have been diagnosed with some form of the disorder. Nearly all students are likely to know someone who—or have themselves been— diagnosed with ASD. Those who suffer from ASD have "difficulty…communicating and interacting with others, [have] restricted interests and repetitive behaviors" and may be "upset by slight changes in routine… or more or less sensitive than other people to sensory input, such as light, noise, clothing, or temperature" (National Institute on Mental Health, n.d.).

These symptoms of ASD manifest throughout much of the plot, which focuses on Christopher's obsession to figure out who killed his neighbor's dog (Haddon, 2011). His fixation on this issue is related to the "restricted interest" characteristic of ASD. Christopher also has difficulty communicating with others, especially when he cannot figure out what someone is

feeling. Early on in the text, he explains how his therapist once drew pictures of faces for him to use when recognizing emotions. This inability to recognize facial expressions of emotions is related to alexithymia, or difficulty identifying one's own emotions, and is seen in about half of people diagnosed with ASD, according to researchers Dr. Rebecca Brewer and Jennifer Murphy (2016).

In spite of this, Christopher does magnificent things: he solves the case, aces his A-levels, and plans a future as a scientist (Haddon, 2011). Thus, this text rebels against the common belief that people with ASD cannot function at a high level, or lead normal lives. Even Christopher recognizes his potential, ending the book with: "I know I can do this because I went to London on my own, and because I solved the mystery of **Who Killed Wellington?** and I found my mother and I was brave and I wrote a book and that means I can do anything" (Haddon, 2011, p. 221). This list is important. While Christopher's accomplishments may seem trivial, they show that Christopher is constantly fighting for a better future, and making progress. This assertion of confidence is not simply heartwarming; for many people who are struggling, it can be motivating. Like the end of all the other texts mentioned before, *The Curious Incident of the Dog in the Night-time* offers a message of hope, reminding readers that people who are struggling with mental disorders have the ability to improve, to overcome, and to achieve their goals—however big or small—with support and dedication.

One Flew Over the Cuckoo's Nest by Ken Kesey

Even though the aforementioned texts can be complicated to discuss in class, none are as fraught as Ken Kesey's *One Flew Over the Cuckoo's Nest*. Nonetheless, the text is widely taught in high schools. Published in 1962—just a year before *The Bell Jar*—Kesey's depiction of mental hospitals is far different from Plath's, and far less productive for modern readers. Based

on Kesey's experience working in a mental hospital, Nurse Ratched rules the psychiatric ward in an authoritarian manner. She is cruel and unscrupulous, and her actions drive one of the most docile characters, Billy, to suicide (Kesey, 1962, p. 317). In addition, the ward's infamous member, Randle McMurphy, is lobotomized (a treatment method that is almost never used today), leaving him largely unresponsive. This prompts the narrator, Chief Bromden, to suffocate McMurphy in order to end his misery (Kesey, 1962, p. 323). The text ends with Chief breaking out of the ward. All of these events are deeply disturbing, and have no positive resolution—even if many of the characters are sympathetic. This outdated depiction of mental healthcare and its practitioners would serve as a terrifying introduction to mental health, and likely dissuade students from seeking help—the exact opposite goal of reading these texts. To construe mental hospitals as torture chambers is not productive to modern readers, where mental hospitals follow ethical guidelines and standards of care which did not exist in the 1960s. Mental hospitals are decidedly *not* like the one depicted in *One Flew Over the Cuckoo's Nest*, so showing students this depiction is unnecessary when educating students about modern mental health treatment.

This is not to say that Kesey's book is without literary merit, though, or should be banned from all classrooms. The themes of freedom, confinement, rebellion, and power structures are poignant within this text, and can prompt powerful discussions in students. However, if the secondary purpose of the text's use in the classroom is to educate about mental disorders and their treatment, as well as reduce stigma, the other texts mentioned above provide more productive, modern, and realistic depictions.

Regardless of the text which is chosen, though, teachers must carefully think about *how* to teach these texts to their students. This question is considered, at length, in the next chapter.

Chapter Three:

How Do We Teach Mental Health And Literature?

Aside from selecting the texts themselves, figuring out how to teach these texts to students, especially through the lens of mental health, can be extremely daunting. Thus, this section is devoted, specifically, to how to teach the above texts to students in regards to mental health.

It is important to note that adding a discussion about mental health to the English classroom does not mean I am asking teachers to serve as therapists or psychologists for their students. This is not the role of the teacher; this is not their expertise or certification. Instead, I am asking teachers to avoid ignoring the mental health issues thematized in the texts they are already using in class—and to use these moments to start a discussion about mental health, alongside a typical literary discussion of the text. Furthermore, if teachers feel ill-equipped to talk about mental disorders in the classroom themselves, this creates an opportunity to get a school counsellor or psychologist involved in the discussion, perhaps through inviting them into the classroom one day to have an open discussion about mental health and its role in the text in question.

Firstly, teaching these texts requires honesty and sensitivity. Discussion of these passages should also be paired with resources for students, both inside and outside of school, in case they or anyone else they know is suffering. As mentioned earlier, the Society for the Prevention of Teen Suicide recommends teachers discuss warning signs for suicide, and what warning signs were present in the texts that characters may have been ignored (n.d.). Furthermore, it is important for teachers to emphasize that mental health issues are nothing to be ashamed of, and that the characters in all of these texts eventually get help and approach recovery.

There are some general points to consider and incorporate into classroom discussion, though. The first revolves around humanizing language. Someone with schizophrenia should not be referred to as a "schizophrenic," but a person with schizophrenia. The same rule stands for someone with autism. While much of this information is common knowledge, emphasizing this for students, and making sure teachers ensure they utilize this language, is very important. Additionally, remind students that mental health issues are not necessarily a creative force. People do not "work better" or create better work when their mental health issues are flaring up. Even if some people may create more work during a manic episode, for example, they are still coping with hugely maladaptive thoughts, feelings, and behaviors, which are likely affecting their overall functioning. As a result, students should be reminded that mental disorders are not muses, but serious conditions which require support and treatment.

Much of including mental health in the classroom doesn't require teaching gymnastics. It requires an open, supportive environment and some basic knowledge of mental disorders and resources, but most of teaching these topics involves something I've already talked a lot about: empathy. Empathy towards the characters in the texts, to your students, and to those who suffer from mental disorders. Creating this empathy isn't easy, but the process is simple: Open a book like Ned Vizinni's *It's Kind of a Funny Story*, or Neal Shusterman's *Challenger Deep*, or Sylvia Plath's *The Bell Jar*. Read testimonies from people who have suffered from mental health issues. But, more importantly, teachers must deeply engage with students in the difficult topics found in these texts. Students need competent teachers, who have carefully selected texts, and are willing to lead difficult discussions, to navigate these issues.

With this in mind, this section features a variety of lesson plans. I include a lesson for teachers who want to conduct one lesson on mental health in literature, and one lesson plan for

each of the recommended texts mentioned in the last chapter. At the core, these lesson plans are intended to start open, sensitive, and honest conversations about mental disorders, as well as offer resources and treatment options to students, and promote the destigmatization of mental disorders. Included are two lessons which discuss how to talk about suicide in the classroom, particularly in *The Bell Jar* and *It's Kind of a Funny Stor*y. However, many of these lessons are also more general, and written more so to provide teachers a number of ideas and resources to use when discussing these texts, as well as specific discussion questions and points. These lessons do not necessarily focus too heavily on literary analysis, as English teachers already have the skills to help students analyze the texts from that standpoint. Most importantly, these lessons are not all-encompassing, and can be changed and updated at the discretion of the teacher or mental health professional.

Lesson Plans

Mental Health and Literature: Introductory Lesson

SAMPLE LESSON: Introducing Mental Health in Life and Literature

Essential Question(s):	Lesson Targets:
1. What are mental disorders? 2. How can we get support for mental health issues? 3. How does stigma play into mental health issues and their treatment? 4. How does mental health play into literature? 5. What resources are available for people who deal with depression or suicide ideation?	**By the end of the lesson, students will:** 1. Understand what mental disorders are 2. Know the frequency of them 3. Have a general sense of warning signs 4. Know what resources they can turn to if they want to seek help, or if a friend needs help 5. Understand mental health stigma and the importance of breaking it 6. Understand the role of mental health in literature 7. Know and have a working list of resources for themselves or those who are struggling

Massachusetts Curriculum Frameworks:

- **SL.9-10.1.** Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades *9–10 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.
- **RI.9-10.6**. Determine an author's point of view or purpose in a text and analyze how an author uses rhetoric to advance that point of view or purpose.
- **W.9-10.10.** Write routinely over extended time frames (time for research, reflection, and revision) and shorter time frames (a single sitting or a day or two) for a range of tasks, purposes, and audiences.

Materials and Resources:	Formative Assessments (Options):
- Mentalhealth.gov - Society for the Prevention of Teen Suicide - School Mental Health Resource and Training Center - Introduction – Understanding Mental Disorders: Your Guide to the DSM 5 (APA, 2015)	- Ticket to leave - Journals - Anonymous question box

Warm-up:
- Students free write for five minutes on the question: *What is mental health?*
- Discuss as a class
- Introduce definition of mental disorders:
    - American Psychological Association (APA) definition: **a "…disturbance in an individual's thinking, feelings, or behavior that reflects a problem in mental function. Mental disorders cause distress or disability in social, work, or family activities"** (2015, emphasis added).
    - The APA emphasizes that mental disorders are "a very common—and treatable—*health problem* that has a major impact on quality of life for both individuals and their families (2015, emphasis added).
    - Prevalence:
        - Approximately 14 to 20% of teens! (NCRIM, CDC, NIH).
    - Do you think stigma contributes to whether people seek mental health care?

Lesson: Reducing Stigma

- NOTE: This part of the lesson uses some discussion questions from Can We Talk?, an organization which promotes mental health education in Canada.
    - **LINK:** http://canwetalk.ca/wp-content/uploads/2016/03/COOR-79l-2016-03-CWT-lesson-plans.pdf
- What is stigma and how do we reduce it?
    - Discuss question as a class, and provide definition; this one is from the US Substance Abuse and Mental Health Services Agency
    - Definition: "a cluster of **negative attitudes and beliefs** that motivates the **general public** to **fear, reject, avoid and discriminate against people with mental illness**" (SAMHSA 2004).
- WALLS acronym for reducing stigma (Can We Talk?, 2016)
    - **W**atch your language
    - **A**sk questions
    - **L**earn more
    - **L**isten to experiences
    - **S**peak out
- CONNECT TO LITERATURE
    - Why might people write about their experiences with mental disorders?
    - Why might we want to *read* about texts discussing mental disorders?
    - How could literature play into WALLS?
- RESOURCES AND SEEKING HELP
    - School counsellors, psychologists
    - Outside therapy, medication

- Emphasize that mental health issues are NOT something to be ashamed of
  - Reiterate FREQUENCY, and how many students do not get the help they DESERVE.
  - Example: "Your emotions are *valid*, and there is *no harm or shame* in seeking help if you feel distressed or need someone to talk to. Your problems are not too small, or too insignificant, to discuss with a professional."
  - Reassure students you can direct students to further help

Closing/Ticket to Leave (Options and Prompts):
- In addition to giving time to answer student questions, here are some suggested closing activities
- 3-2-1
  - 3 things they learned
  - 2 things they found interesting
  - 1 question they have
- Summarize lesson in under 20 words
- Write 2 important takeaways from the lesson

The Bell Jar by Sylvia Plath

SAMPLE LESSON: *The Bell Jar*, Mental Health, and Suicide
Chapters 12-14

Essential Question(s):	**Lesson Targets:**
1. What are the warning signs of suicide? Does Esther display any? 2. How do we help someone who is distressed? 3. What resources are available for people who deal with depression or suicide ideation? 4. How is metaphor used to explain Esther's feelings and complex condition?	**By the end of the lesson, students will:** 1. Know the warning signs of suicide 2. Know ways to help someone who is distressed 3. Know and have a working list of resources for themselves or those who are struggling 4. Understand the ways in which authors employ literary techniques to describe complex states of mind and emotions

Massachusetts Curriculum Frameworks:
- **RL.9-10.1.** Cite strong and thorough textual evidence to support analysis of what a text states explicitly as well as inferences drawn from the text.
- **RL.9-10.2.** Determine a theme or central idea of a text and analyze in detail its development over the course of the text, including how it emerges and is shaped and refined by specific details; provide an objective summary of a text.
- **RL.9-10.3.** Analyze how complex characters (e.g., those with multiple or conflicting motivations) develop over the course of a text, interact with other characters, and advance the plot or develop the theme.
- **RL.9-10.4.** Determine the figurative or connotative meaning(s) of words and phrases as they are used in a text; analyze the impact of words with multiple meanings, as well as symbols or metaphors that extend throughout a text and shape its meaning.
- **RL.9-10.6**. Analyze a case in which a character's point of view and actions signal acceptance or rejection of cultural norms or intellectual ideas of a period or place, drawing on a wide reading of world literature.
- **SL.9-10.1.** Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades *9–10 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.
- **RI.9-10.6**. Determine an author's point of view or purpose in a text and analyze how an author uses rhetoric to advance that point of view or purpose.
- **W.9-10.10.** Write routinely over extended time frames (time for research, reflection, and revision) and shorter time frames (a single sitting or a day or two) for a range of tasks, purposes, and audiences

Materials and Resources:	Formative Assessments:
The Bell Jar by Sylvia Plath - Focus: Chapters 11-13 (127-169), scenes where Esther attempts suicide, self harms - National Institute of Mental Health: Suicide Prevention website: https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml - Provides warning signs - Provides steps to help someone in distress - Attached handout from The Society for Prevention of Teen Suicide on suicide warning signs: http://www.sptsusa.org/wp-content/uploads/2015/05/FACTS_Warning_Signs_of_Suicide1.pdf - Handout on how to help someone in distress	- Ticket to leave - Journals - Anonymous question box

Warm-up:
- Let students know that today's discussion will center on a potentially distressing topic—in this case, suicide
- Let students know they can take a break from the lesson at any time
- Discussion of resources, in school and beyond
  - School counsellors, psychologists
- SUICIDE HOTLINE: 1-800-273-8255
  - Also offer online chat at: https://suicidepreventionlifeline.org/chat/

Lesson
- One approach to these sections of the text, which discuss suicide in detail, is to read them aloud.
  - However, given this section of the text spans nearly 40 pages, it is up to teachers to decide whether to have students read this material at home or in class.
  - If material is to be read at home, teachers NEED to warn students of the content.
    - **Frame the reading so it is focused on productivity and hope.** For example, provide students with warning signs, and ask students to consider what might have helped Esther as they read.
  - Alternatively, the chapters can be discussed and read ONLY in class, focusing on specific sections.
  - **Invite a school counsellor or psychologist to help discuss suicide related material**; their expertise is incredibly important, and may help if teachers feel uncomfortable discussing the topic

LESSON PLAN CONTINUED ON NEXT PAGE

- **NOTE:** Triggering material, with discussions of suicide and death, begin at the end of Chapter 11, and are spread throughout Chapter 12 and 13. Chapters 12 and 13 describe various attempts Esther makes.
- What are the warning signs of suicide? (Handout)
- What warning signs were present in the texts that characters may have been ignored?
- What resources are there for people who may need support?
  - School based or private therapists
  - In-patient care
  - Suicide hotlines and chats
- What could have Esther done instead? What resources or supports did she have?
- How do we help someone who may be struggling? (Handout)
- **Emphasize the characters in *The Bell Jar* eventually get help and approach recovery and mental health issues are nothing to be ashamed of.**
- Handouts on warning signs and helping someone in distress:
  - **WARNING SIGNS: http://www.sptsusa.org/wp-content/uploads/2015/05/FACTS_Warning_Signs_of_Suicide1.pdf**
  - **HELPING SOMEONE IN DISTRESS:**
    - Attached below; information from NAMI

Closing/ticket to leave:
- In addition to giving time to answer student questions, here are some suggested closing activities
- 3-2-1
  - 3 things they learned
  - 2 things they found interesting
  - 1 question they have
- Summarize lesson in under 20 words
- Write 2 important takeaways from the lesson

OTHER LESSON IDEAS FOR *THE BELL JAR:*

- Discussion on how Plath uses metaphor to describe her mental states
  - Refer to pages 25-28 for additional analysis, including example metaphors

HANDOUT ON HELPING A DISTRESSED PEER ON NEXT PAGE

HOW TO HELP A FRIEND IN DISTRESS:

5 Action Steps for Helping Someone in Emotional Pain

1. **Ask:** "Are you thinking about killing yourself?" It's not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

2. **Keep them safe:** Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

3. **Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

4. **Help them connect:** Save the National Suicide Prevention Lifeline's number in your phone so it's there when you need it: **1-800-273-TALK (8255).** You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5. **Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

Taken from the National Institute of Mental Health website:
https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

The Catcher in the Rye **by J.D. Salinger**

SAMPLE LESSON on *The Catcher in the Rye*
Chap 4-7, 31-58

Essential Question(s):	**Lesson Targets:**
1. How does Holden exhibit symptoms of distress in this section? 2. What supports are available for students who may feel overwhelmed in school?	By the end of the lesson, students will: 1. Understand resources available to them for mental health support inside and outside of their school

Massachusetts Curriculum Frameworks:
- **RL.9-10.1.** Cite strong and thorough textual evidence to support analysis of what a text states explicitly as well as inferences drawn from the text.
- **RL.9-10.2.** Determine a theme or central idea of a text and analyze in detail its development over the course of the text, including how it emerges and is shaped and refined by specific details; provide an objective summary of a text.
- **RL.9-10.3.** Analyze how complex characters (e.g., those with multiple or conflicting motivations) develop over the course of a text, interact with other characters, and advance the plot or develop the theme.
- **RL.9-10.4.** Determine the figurative or connotative meaning(s) of words and phrases as they are used in a text; analyze the impact of words with multiple meanings, as well as symbols or metaphors that extend throughout a text and shape its meaning.
- **RL.9-10.6**. Analyze a case in which a character's point of view and actions signal acceptance or rejection of cultural norms or intellectual ideas of a period or place, drawing on a wide reading of world literature.
- **SL.9-10.1.** Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades *9–10 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.
- **RI.9-10.6**. Determine an author's point of view or purpose in a text and analyze how an author uses rhetoric to advance that point of view or purpose.
- **W.9-10.10.** Write routinely over extended time frames (time for research, reflection, and revision) and shorter time frames (a single sitting or a day or two) for a range of tasks, purposes, and audiences

Materials and Resources: (attached if applicable)	Formative Assessments:
• *The Catcher in the Rye* by J.D. Salinger, Chapters 4-7 (31-58) • NAMI handouts on anxiety and depression	• Ticket to leave • Journals • Anonymous question box

Warm-up:
- Turn and talk or journal:
  - Why do you think Holden decides to leave Pencey?
- Discuss as a class

Lesson
- **NOTE: While mental health is a theme in this text, its presentation is not as clear cut; therefore, discussion of the topic can be more minimal or general.**
- Plan to incorporate traditional text analysis activities, as well as some discussion of mental health
- Discussion questions and points:
  - How might have mental health issues or distress influenced Holden's decision to leave school?
- Helping Holden
  - School psychologist, guidance counselor, tutoring
  - Private counseling
- Students can use following National Alliance on Mental Illness (2015) handouts as references and resources
  - Anxiety: https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Anxiety-Disorders-FS.pdf
  - Depression: https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Depression-FS.pdf
- Refer back to "**Mental Health and Literature: Introductory Lesson"** (page 39) for additional information and activities

Closing/ticket to leave:
- In addition to giving time to answer student questions, here are some suggested closing activities
- 3-2-1
  - 3 things they learned
  - 2 things they found interesting
  - 1 question they have
- Summarize lesson in under 20 words
- Write 2 important takeaways from the lesson

It's Kind of a Funny Story by Ned Vizzini

Topic: SAMPLE LESSON on Mental Health on *It's Kind of a Funny Story*
Chapters 14-16

Essential Question(s):	**Lesson Targets:**
1. What are the warning signs of suicide? Does Craig display any? 2. How do we help someone who is distressed? 3. What resources are available for people who deal with depression or suicide ideation? 4. What does Craig do to help himself while distressed? 5. How does Vizzini use literary techniques to talk about Craig's mental states?	By the end of the lesson, students will: 1. Know the warning signs of suicide 2. Know ways to help someone who is distressed 3. Know and have a working list of resources for themselves or those who are struggling 4. Understand the ways in which authors employ literary techniques to describe complex states of mind and emotions

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Massachusetts Curriculum Frameworks:

- **RL.9-10.1.** Cite strong and thorough textual evidence to support analysis of what a text states explicitly as well as inferences drawn from the text.
- **RL.9-10.2.** Determine a theme or central idea of a text and analyze in detail its development over the course of the text, including how it emerges and is shaped and refined by specific details; provide an objective summary of a text.
- **RL.9-10.3.** Analyze how complex characters (e.g., those with multiple or conflicting motivations) develop over the course of a text, interact with other characters, and advance the plot or develop the theme.
- **RL.9-10.4.** Determine the figurative or connotative meaning(s) of words and phrases as they are used in a text; analyze the impact of words with multiple meanings, as well as symbols or metaphors that extend throughout a text and shape its meaning.
- **RL.9-10.6**. Analyze a case in which a character's point of view and actions signal acceptance or rejection of cultural norms or intellectual ideas of a period or place, drawing on a wide reading of world literature.
- **SL.9-10.1.** Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades *9–10 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.
- **RI.9-10.6**. Determine an author's point of view or purpose in a text and analyze how an author uses rhetoric to advance that point of view or purpose.
- **W.9-10.10.** Write routinely over extended time frames (time for research, reflection, and revision) and shorter time frames (a single sitting or a day or two) for a range of tasks, purposes, and audiences.

Materials and Resources: (attached if applicable)	Formative Assessments:
It's Kind of a Funny Story by Ned Vizzini, Chapter 14-16 (pages 125-151) - National Institute of Mental Health: Suicide Prevention website: https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml - Provides warning signs - Provides steps to help someone in distress - Attached handout from The Society for Prevention of Teen Suicide on suicide warning signs: http://www.sptsusa.org/wp-content/uploads/2015/05/FACTS_Warning_Signs_of_Suicide1.pdf - Handout on how to help someone in distress	- Ticket to leave - Journals - Anonymous question box

Warm-up:
- Journal: How did you feel about last night's reading?
- NOTE: Due to the way this text is written, and the ways Craig immediately seeks help when distressed, this portion of the text can be read at home or in class. The material is not nearly as distressing as Plath's *The Bell Jar*.

Lesson
- What are the warning signs of suicide? (Handout)
- What warning signs were present in the texts that characters may have been ignored?
- What resources are there for people who may need support?
  - School based or private therapists
  - In-patient care
  - Suicide hotlines and chats
- What did Craig do right?
- How did Craig reach out for help when he was distressed?
- How do we help someone who may be struggling? (Handout)
- What might keep people from seeking help?
  - Stigma
  - WALLS (Refer to **Mental Health and Literature: Introductory Lesson** on page 39 for more information)
- Handouts on warning signs and helping someone in distress:
  - **WARNING SIGNS: http://www.sptsusa.org/wp-content/uploads/2015/05/FACTS_Warning_Signs_of_Suicide1.pdf**
  - **HELPING SOMEONE IN DISTRESS:**
    - Information from NIMH

- ▪ Refer to page page 45 for handout
- ACTIVITIES/PROJECT IDEAS
  - o Have students design a poster or PSA advocating students who may be struggling to seek help
  - o Students can also talk about or make a poster on ways to destigmatize mental disorders in their school and community

Closing/ticket to leave:
- In addition to giving time to answer student questions, here are some suggested closing activities
- 3-2-1
  - o 3 things they learned
  - o 2 things they found interesting
  - o 1 question they have
- Summarize lesson in under 20 words
- Write 2 important takeaways from the lesson

OTHER LESSON IDEAS

- Figurative language and Craig's mental states: Cycling, the Shift, Tentacles, Anchors

Challenger Deep by Neal Shusterman

Topic: SAMPLE LESSON on Mental Health on *Challenger Deep*

Essential Question(s):	**Lesson Targets:**

1. What are some misconceptions about schizophrenia?
2. What is schizophrenia?
3. How does stigma impact the way we think of and treat people with mental disorders?
4. How does Shusterman use metaphor and symbolism to help describe Caden's mental state?
	By the end of the lesson, students will:
	  1. Understand what schizophrenia is
	  2. Demystify common misconceptions about schizophrenia
	  3. Analyze how Shusterman uses metaphor and symbolism to describe Caden's mental state

Massachusetts Curriculum Frameworks:

- **RL.9-10.1.** Cite strong and thorough textual evidence to support analysis of what a text states explicitly as well as inferences drawn from the text.
- **RL.9-10.2.** Determine a theme or central idea of a text and analyze in detail its development over the course of the text, including how it emerges and is shaped and refined by specific details; provide an objective summary of a text.
- **RL.9-10.3.** Analyze how complex characters (e.g., those with multiple or conflicting motivations) develop over the course of a text, interact with other characters, and advance the plot or develop the theme.
- **RL.9-10.4.** Determine the figurative or connotative meaning(s) of words and phrases as they are used in a text; analyze the impact of words with multiple meanings, as well as symbols or metaphors that extend throughout a text and shape its meaning.
- **RL.9-10.6**. Analyze a case in which a character's point of view and actions signal acceptance or rejection of cultural norms or intellectual ideas of a period or place, drawing on a wide reading of world literature.
- **SL.9-10.1.** Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades *9–10 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.
- **RI.9-10.6**. Determine an author's point of view or purpose in a text and analyze how an author uses rhetoric to advance that point of view or purpose.
- **W.9-10.10.** Write routinely over extended time frames (time for research, reflection, and revision) and shorter time frames (a single sitting or a day or two) for a range of tasks, purposes, and audiences

Materials and Resources: (attached if applicable)	Formative Assessments:
Challenger Deep by Neal Shusterman Focus: introduce text and early reading - NAMI Schizophrenia Fact sheet: https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Schizophrenia-FS.pdf	- Ticket to leave - Journals - Anonymous question box

Warm-up:
- What do you know about schizophrenia?
- Discuss as class

Lesson
- Fact sheet handout on schizophrenia
- Misconceptions about schizophrenia
  - NOT the same as Multiple Personality Disorder (MPD)
  - NOT dangerous; people with schizophrenia are more likely to be victims of violence than perpetrators
  - Other examples, from an organization created to help decrease stigma surrounding schizophrenia: https://www.openthedoors.com/english/02_05.html
- Begin reading *Challenger Deep* aloud
  - Discuss why, in first "chapter" of the text, the narrator uses the "you" pronoun
  - Does this make you feel more connected to the narrator?
  - What do you think of the narrator, Caden, thus far?
  - What metaphors or symbols may be at work in the text already?

Closing/ticket to leave:
- In addition to giving time to answer student questions, here are some suggested closing activities
- 3-2-1
  - 3 things they learned
  - 2 things they found interesting
  - 1 question they have
- Summarize lesson in under 20 words
- Write 2 important takeaways from the lesson

***The Curious Incident of the Dog in the Nighttime* by Mark Haddon**

Topic: SAMPLE LESSON on Mental Health on *The Curious Incident of the Dog in the Nighttime*

Essential Question(s):	**Lesson Targets:**
1. How What is Autism Spectrum Disorder? 2. What are some misconceptions about ASD? 3. How does narrative perspective shape this story?	By the end of the lesson, students will: 1. Understand what Autism Spectrum Disorder is, and common misconceptions 2. Analyze how perspective and narration shape the plot and text as a whole

Massachusetts Curriculum Frameworks:

- **RL.9-10.1.** Cite strong and thorough textual evidence to support analysis of what a text states explicitly as well as inferences drawn from the text.
- **RL.9-10.2.** Determine a theme or central idea of a text and analyze in detail its development over the course of the text, including how it emerges and is shaped and refined by specific details; provide an objective summary of a text.
- **RL.9-10.3.** Analyze how complex characters (e.g., those with multiple or conflicting motivations) develop over the course of a text, interact with other characters, and advance the plot or develop the theme.
- **RL.9-10.4.** Determine the figurative or connotative meaning(s) of words and phrases as they are used in a text; analyze the impact of words with multiple meanings, as well as symbols or metaphors that extend throughout a text and shape its meaning.
- **RL.9-10.6**. Analyze a case in which a character's point of view and actions signal acceptance or rejection of cultural norms or intellectual ideas of a period or place, drawing on a wide reading of world literature.
- **SL.9-10.1.** Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades *9–10 topics, texts, and issues*, building on others' ideas and expressing their own clearly and persuasively.
- **RI.9-10.6**. Determine an author's point of view or purpose in a text and analyze how an author uses rhetoric to advance that point of view or purpose.
- **W.9-10.10.** Write routinely over extended time frames (time for research, reflection, and revision) and shorter time frames (a single sitting or a day or two) for a range of tasks, purposes, and audiences

Materials and Resources: (attached if applicable)	Formative Assessments:
- The Curious Incident of the Dog in the Night-Time by Mark Haddon Focus: Introducing text, early readings - Autism Spectrum Disorder fact sheet from NAMI (2015): https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Autism-FS.pdf	- Ticket to leave - Journals - Anonymous question box

Warm-up:
- Whole class discussion:
    - How does body language and social cues help make communication easier?
    - Have you ever read a text wrong, and been angry with someone, or had someone angry with you?

Lesson
- Read sections 2, 3, 5 (pages 1-4) silently, or aloud in class
- What do you notice about these three sections?
- How are they numbered? (Prime numbers only!)
- What do you think of our narrator, Christopher, so far?
- Discussion of Autism Spectrum Disorder
    - NAMI Fact Sheet: https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Autism-FS.pdf
    - Discussion of stigma
    - No link between vaccinations and autism
- How might Christopher's unique narration provide us additional and important insight into the text, as we continue reading?

Closing/ticket to leave:
- In addition to giving time to answer student questions, here are some suggested closing activities
- 3-2-1
    - 3 things they learned
    - 2 things they found interesting
    - 1 question they have
- Summarize lesson in under 20 words
- Write 2 important takeaways from the lesson

Chapter Four:

Accommodating Esther, Craig, and Holden in the Classroom

In addition to considering, in detail, how to teach texts about mental health, teachers should also be prepared to accommodate students who may have mental health issues themselves, or difficulty reading texts about mental health. For example, a student may have lost a loved one to suicide, or have a parent who suffers from schizophrenia or depression. This section, therefore, focuses on specific strategies teachers can use to ensure all students feel supported and cared for in the classroom. In addition, this section will include a list of resources teachers can look toward when infusing mental health literacy into their curriculum.

At the outset, I want to recommend two texts for teachers, which I will be heavily referencing in this chapter. The first is William Dikel, M.D.'s *The Teacher's Guide to Student Mental Health* (2014). A child and adolescent psychiatrist, Dr. Dikel collaborates with individuals, schools, and state Departments of Education to support students with mental disorders. Dikel's book is phenomenal and comprehensive, offering explanations of mental disorders and how they might manifest in the classroom, while offering a wide variety of effective accommodations that can be useful to all students, struggling or not. This text is essential to a teacher's repertoire of resources.

The second text, is Kendall Johnson, Ph.D's *Classroom Crisis: A Teacher's Guide* (2004). The methods described in this work are applicable to a wide variety of situations and crises, and were utilized by New York City schools after 9/11 (Johnson 2004). Furthermore, as more and more teachers and students are faced with the probability of facing gun violence in their schools and communities, these techniques can help teachers prepare and act effectively in

high stress students. However, this section will focus on how these methods can be used if a student is suddenly unable to handle the current classroom situation.

Ideally, before reading any of the texts in class, teachers will know each of their students well enough to properly scaffold and accommodate their students. However, given that many students conceal their mental health issues, taking general steps to ensure all students are supported is paramount. In *The Teacher's Guide to Student Mental Health*, Dikel suggests that the best way to do this is to create a classroom environment that is "predictable, stable, consistent, and nurturing," and "is a place where no one will hurt them and they will not hurt others" (2014). Simply: build trust between the teacher and the students. A simple way to support this environment in the classroom is by having students journal about their feelings on a text. These journals can be turned in anonymously, or students can have an option to put their name on the journal. Journals are used in the classroom and in therapy as a way for students to reflect on their work or mental states (Utley and Garza, 2011). Through a journal entry, students are provided a way to communicate their emotions, whether they are maladaptive or not. Class discussions can and should be used as well; however, distressed students may be less likely to offer their feelings on the texts if they must share them with their peers. Furthermore, keeping this class discussion focused on generating hope and providing resources, while discouraging stigmatizing comments, might show students that their teacher is trustworthy. As a result, students will be more willing to share their feelings.

Self-disclosure might also be powerful in reassuring students who may be distressed by this content. In *Writing Wounded: Trauma, Testimony, and Critical Witness in Literacy Classrooms*, Elizabeth Dutro encourages students to write about traumatic experiences in their lives, and encourages teachers to share relevant traumas, as it is "a conscious, risky, move to

share the vulnerability that is inherent in classrooms, while remaining aware of how privilege and power shape the stakes of those exposures" (2011). For teachers who feel comfortable, this may allow a teacher to self-disclose that they may have experienced mental health issues in the past, and recovered. Other teachers may offer that they found a text difficult to read, too, while assuring students that they will tackle the text together, as a team.

Occasionally, teachers may notice a student experiencing an Acute Stress Response (ASR) in reaction to certain material. These responses fall on a spectrum, where a student can either shut down or become agitated (Johnson 2004). In the situations, Johnson emphasizes the importance finding a way for students to refocus their energy and communicate their feelings. If necessary, she suggests teachers speak with the student privately during a break or after class. For students who are agitated or panicking, she encourages breathing techniques (for example, having students breathe in for four seconds, hold in that breath for four seconds, breathe out for four seconds, and repeat four or more times) will facilitate a physiological relaxation response (Johnson, 2004). In addition, Johnson states that distracting a distressed student may be helpful, as well (2004). Encourage students to go on a walk; this is beneficial in that it redirects their agitation towards physical movement, occupies their mind, and distances themselves from the situation (Johnson, 2004). If a teacher is unable to do this, perhaps send a trusted student who may be friends with the distressed student to accompany them and provide a time by which they should return to class. Distressed students might also benefit from being walked down to the school counsellor or psychologist's office for further support. In extreme cases, most schools have plans for what to do if a student is in immediate danger of hurting themselves or others, and calling in such reinforcements is necessary for the safety of the student and classmates (Johnson, 2004).

Additionally, students suffering from depression, anxiety, and ASD may prefer certain classroom environments. Much of these accommodations may already be in teacher's repertoire, and can be applied across all classes without much fanfare, simply because these accommodations can help make education equitable for all students. Many of these students prefer some sort of routine that they can reply on (Dikel, 2014). In the English class, this may be as simple as starting every day with vocabulary, or a quote of the day, or a "do now" before launching into a lesson. For students with ASD and anxiety, this provides a level of consistency which is comforting to students, while also providing teachers with a general roadmap of how each class period will go. Students with anxiety may be reluctant to speak in class, and face extreme distress upon being called on or presenting in class. Working with these students to figure out how to make these necessary tasks more bearable can be invaluable to students, who often feel alone and embarrassed by their difficulty presenting. Furthermore, students with ASD, anxiety, and depression may be sensitive or unresponsive to stimuli; as a result, it is important to reduce classroom chaos and to set clear directions for students (Dikel, 2014). Without clear goals, students with anxiety, ASD, and even depression may become distressed or unmotivated (Dikel, 2014). For some students, reducing workloads and providing extended time to complete work might also be necessary (Dikel, 2014). Often times, the cognitive exhaustion anxiety, depression, and ASD create makes it more difficult for students to complete work on time. Additionally, students may end up stressing over whether they can complete their work, exacerbating their condition (Dikel, 2014). It is important to remember that students suffering from mental disorders have to work much harder to function like a "normal" student; in the average day, they care constantly battling their thoughts and physiological reactions to stimuli,

on top of managing school work, social interaction, class participation, and possible extracurriculars.

In many cases, talking to a student who may be struggling, or a paraprofessional or parent, can help teachers serve their students best. While some struggling students may have an IEP or a 504, some will not, either because their disorder has not been dealt with or because it has recently surfaced. Consulting this IEP or 504, if available, is paramount to ensuring students receive the academic support they need in the classroom. Additionally, if a teacher believes a student might benefit from an IEP or 504, they should discuss the matter with school administrators and the student's parents as soon as possible. Ensuring students without proper support get that support from all of their teachers—not just one—is paramount in aiding struggling students.

Teachers should also seek out as many resources as possible when tackling these difficult situations and texts. In doing this, teaching a lesson becomes more than performance; it is the outcome of a dialogue between educators and professionals, for the purpose of creating a new and important dialogue between student and teacher. These dialogues can help students seek the help they deserve, while also breaking down the stigma surrounding mental disorders. Below, I list some resources I have called upon during the writing of this thesis, and which teachers might benefit from as they direct these dialogues.

Helpful Resources and Articles

- *The Teacher's Guide to Student Mental Health* by William Dikel, M.D.

- *Classroom Crisis: A Teacher's Guide* by Kendall Johnson, PhD

- Ciffone, J. (1993). Suicide Prevention: A Classroom Presentation to Adolescents. *Social Work*, *38*(2), 197–203. Retrieved from https://login.libserv-

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- Marsh, R.J. (2015). Identifying Students with Mental Health Issues: A Guide for Classroom Teachers. *Intervention in School and Clinic*, 51(5), pp. 318 - 322. https://doi.org/10.1177/1053451215606706.

- Can We Talk? Canada, Lesson Plans
    - LINK: http://canwetalk.ca/wp-content/uploads/2016/03/COOR-79l-2016-03-CWT-lesson-plans.pdf

- The Society for the Prevention of Teen Suicide

- National Institute of Mental Health (NIMH)

- National Alliance on Mental Illness (NAMI)

- Substance Abuse and Mental Health Services Administration (SAMSHA)

- Anxiety and Depression Association of America (ADAA)

Conclusion

As scary as it may be to talk about mental disorders in the classroom, it is doubly necessary to talk about them. By not talking about these disorders openly, with students, with friends, with peers, the stigma surrounding them is only perpetuated.

Through the lens of literature, though, teachers have the opportunity to discuss mental disorders in the classroom, while also developing important literacy skills. In reading texts about mental disorders, students are able to gain important perspective into mental disorders that cannot be obtained through fact sheets or diagnostic criteria. The goal of these lessons and this thesis, as a whole, is to humanize people with these disorders, and let students know that supports are available for anyone who may be struggling. All of these texts have been fundamental in developing my understanding of mental disorders, and have the power to help students overcome the stigma which keeps all too many students from seeking mental healthcare.

However, this goal can only be achieved when competent teachers, who have carefully selected texts and are willing to lead difficult discussions, commit to helping students navigate these issues. Readers and teachers alike believe that reading affects our lived experience; with this in mind, teachers must construct classrooms that support of all students, including those who struggle with mental disorders.

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