

## Living with It:

### Disabling Depictions of Obsessive-Compulsive Disorder in Young Adult Literature

**T**he last chapter of Hesser's (1998) book *Kissing Doorknobs* is titled "Living with It." As the first notable young adult (YA) novel to feature a protagonist with obsessive-compulsive disorder (OCD), the majority of the story focuses on protagonist Tara's struggles with her obsessive thought patterns and subsequent compulsions, as well as her search for a diagnosis, but this chapter preludes a life of managing a future with OCD. Tara acknowledges that she once again might feel unable to control her obsessions and compulsions and that her future will require strength and the support of others. As she touches hands with her romantic interest through the barriers of a door and gloves, Tara thinks:

It was hard. But with this small gesture, we were fighting back. We weren't paralyzed . . . or crushed by the monster. We didn't fold or drop out. We summoned the courage to play the cards life had dealt each of us. Reluctant, insecure warriors but warriors all the same. And we weren't alone. (p. 149)

This ending not only suggests Tara's future, but it sets the stage for future young adult novels that depict OCD. While the majority of books published since 1998 feature characters searching for a diagnosis, a few of them illustrate the potential of Hesser's final chapter, of what it is like to live with OCD.

Reading Tara's story from a disability studies perspective illuminates problems that, unfortunately, are evident in many young adult novels about non-abled bodies and minds. Typically, narratives about disability align with what is known as the "medical model," focusing on a biomedical "problem" assumed to lower

an individual's quality of life or the cure to that problem. Through Tara's search for and eventual attainment of an accurate diagnosis and successful treatment, *Kissing Doorknobs* emphasizes this perspective. The social model that disability studies often embrace, however, focuses on the negative ways that society contributes to, and even shapes, disability: "prejudice and discrimination, inaccessibility, and the lack of accommodations" (Longmore as qtd. in Dunn, 2015, p. 6). In this regard, books that align with a disability studies perspective may create visibility, specifically "questioning representational systems [and] giving voice to experiences once ignored or erased" (Fox, 2017, para. 3). As a former classroom teacher and a person with OCD, I understand that having accurate and nuanced depictions of disability generally, and OCD specifically, does positive work for both readers who personally identify with these stories and readers without these experiences.

According to the National Alliance on Mental Illness (2016), 20% of youth ages 13 through 18 live with a mental health condition. Fifty percent of all lifetime cases of mental illness begin by age 14. OCD, an anxiety disorder that consists of both unwanted ideas and behaviors, affects a smaller percentage of young adults but is arguably more stigmatized and misunderstood than other disorders. For example, many people misattribute OCD to people who are Type-A, but OCD is a lot more complicated than simply being particular and organized. People with this disorder often have obsessions, "recurrent thoughts, impulses, and images that are experienced as intrusive, unwanted, and

inappropriate and cause marked anxiety,” which they manage through compulsions, “repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession to reduce anxiety” (Youth Mental Health First Aid USA, 2016). Obsessions and compulsions can be debilitating, which makes it frustrating when OCD is turned into an adjective used nonchalantly. This misinformation is also harmful because it can make it difficult for people with obsessions and compulsions to identify what is happening and find resources; it can also contribute to self-stigma and create a barrier to community building and advocacy efforts within this population.

In an effort to find the books that best represent OCD, I read as many of the published young adult novels featuring protagonists with this disorder that I could locate, ultimately identifying 19 texts—from Hesser’s initial novel to John Green’s (2017) *Turtles All the Way Down*. As I examined these books, I coded them based on criteria such as the author’s experience with OCD, the narrative point of view, whether or not the character was explicitly diagnosed (and if so, when that occurs in the text), the alleged “cause” of the disorder (e.g., biological, hereditary, stemming from trauma), how the character is “treated,” and what types of support the character has (e.g., parental, peer, school).<sup>1</sup>

In my analysis, I found that most of the existing literature contributes to narrative tropes of disability. The analyzed titles can be categorized in three ways: 1) books where OCD is not explicitly mentioned in the text but is mentioned elsewhere, such as in paratext or the book’s tags; 2) books about finding a diagnosis; and 3) books about living with OCD. The three novels that I analyze in this paper are all from the third category. Each book has a narrator who is diagnosed with OCD prior to the start of the story, resulting in more complex plots than the problem novel structure that books about finding a diagnosis often follow. I have chosen these three novels because of their popularity; they vastly outweigh all of the other books via ratings on Goodreads, with 75% of the ratings from all 19 books that depict OCD belonging to the three I have chosen. Given the larger readership inherent in this popularity, it is especially critical that we understand how OCD is depicted. Using Dunn’s (2015) *Disabling Characters* as a framework, I illustrate how Tamara Ireland Stone’s (2015) *Every Last Word* falls short in

its narrative, while Patrick Ness’s (2015) *The Rest of Us Just Live Here* and John Green’s (2017) *Turtles All the Way Down* create space for alternate and inclusive representations of OCD. Finally, I conclude with pedagogical strategies for including these books in classroom curricula.

## Literature Review

Mental illness visibility in young adult literature is important. Williams (2015) writes about the discomfort that readers might face when reading about their own conditions. However, she argues:

Seeing anxiety, depression, OCD, and other mental health disorders on the printed page, being struggled with, surmounted, lived with and accepted, and examined in empathetic and enlightening ways, is enormously important, especially when mental health issues among teenagers are on the rise. (para. 8)

Corbett and Schmidt (2016) make a similar argument. They assert that teachers who incorporate young adult literature featuring mental illness in their classrooms could help raise awareness about mental health issues (p. 92). Such an awareness can reduce stigma and “enable those suffering from mental illness a chance to be seen, a chance to let go of the shame they may feel for being stereotyped” (p. 92). Corbett and Schmidt (2016) contend that mental illness visibility in young adult literature serves two purposes: 1) it helps readers with mental illness see themselves reflected when they often lack representation; and 2) it helps challenge stereotypes and stigmas that readers without experience or contact with people with mental illness may hold.

Additionally, Scrofano (2015) focuses specifically on the importance of practitioners in crafting visibility, arguing that people who work in schools and libraries play a critical role in cultivating accessibility to the literature. Her perspective is more than scholarly; it is personal. She admits that this visibility would have been helpful to her as a teenager beginning to suffer

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with the symptoms of OCD. Similarly, Jensen (2015) writes: “[T]hose who work with youth in libraries must be aware of the prevalence of and types of mental health issues facing teens [. . .] [U]nderstand-

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ing what teens may be struggling with can help us better respond to and meet their needs” (para. 7). According to these viewpoints, teachers and librarians share an obligation to make the literature that teenagers need accessible.

Although these authors advocate for the presence of mental illness in young adult literature, there is little focus in the field on individual mental illnesses; instead, they are all lumped together as one category. In addition, minimal atten-

tion is paid to the accuracy and authenticity of the portrayal of mental illness in the books themselves. Dunn (2015) argues that literature does cultural work, and many ableist texts “often blithely and uncritically [draw] upon disability myths or stereotypes, thus cementing them even further” (p. 9). Young adults need books that are accurate and authentic in their representations of mental illness, and they need to develop the critical thinking skills that will help them “recognize and resist discriminatory views” (p. 9). Yet, these books are generally not featured in curricula, and there is a lack of scholarship on the merits of these texts and how to incorporate them into classrooms. Therefore, it is important to get a sense of how mental health conditions, such as OCD, are portrayed in YA literature and to make responsible decisions when including these books in our classrooms. This article helps to fill an existing gap in the literature regarding how OCD is depicted in young adult novels, providing practitioners with detailed textual analysis and specific pedagogical strategies.

### **Theoretical Framework**

In critically analyzing these books, I draw on Dunn’s (2015) *Disabling Characters: Representations of Dis-*

*ability in Young Adult Literature*. Like the aforementioned authors, she agrees that fiction can impact people in the real world, writing that “it can open readers’ minds to entrenched discriminatory attitudes, or it can be complicit with those attitudes, making them worse” (p. 1). She applies this idea to representations of disability in young adult literature and argues that the framework of “disabling characters” has a double meaning. “Disabling characters” with ill effects can reinforce the discrimination and exclusion that disabled people face. Dunn argues that this can happen as a result of “the stereotypical way in which disabled characters are portrayed; a tired plot structure in which they die or get cured in the end, suggesting there’s no place for disability in mainstream society; and, unchallenged discriminatory remarks reflecting assumptions of an ableist society” (p. 2). Alternatively, authentic and nuanced “disabling characters” can “challenge or ‘disable’ myths about disability” (p. 2). These characters can draw attention to the social construct of disability, which argues that disability is a problem because society is not built for it. They can also make “decisions and act in ways that determine their own fate, thus countering pervasive narratives that depict them as pitiable, helpless, sad, etc.,”; they can also display agency while verbally challenging myths and stereotypes (p. 2).

Awareness of such characterization can help educators make responsible choices when including these books in their classrooms. Dunn (2015) offers the following questions as starting places for critical analyses of texts in classrooms:

- How is disability represented in this text?
- What are some implications of those representations for individuals in the real world?
- To what extent are harmful stereotypes about disability cultivated, disrupted, or both?

In my article, I consider these questions as I evaluate how OCD is depicted in these narratives. Specifically, I look at two common disability tropes: the supercrip and the myth of a cure. For my analysis, I focus on Schalk’s (2016) explanation of the superpowered supercrip narrative: “a representation of a character who has abilities or ‘powers’ that operate in direct relationship with or contrast to their disability” (p. 81). Sometimes these can be literal superpowers, but I focus on enhanced detective skills. The myth of cure

references a narrative trope where a disabled character is either cured or killed by the end of the story (Dolmage, 2014, p. 34).

## Textual Summaries and Analysis

The three books that I explore demonstrate disabling characters in both negative and positive ways. *Every Last Word* by Tamara Ireland Stone (2015) is narrated by high school junior Sam McAllister, who is Pure-O (pure-obsessional), meaning that her obsessions are not managed with observable compulsions; she was diagnosed at 11 years old. She goes to therapy every Wednesday and struggles to feel a connection to her friend group. Sam meets fellow classmate Caroline, who introduces her to Poet's Corner, a secret group in which students gather and read poetry to each other. While Sam wants to move past needing medication and therapy, her condition worsens throughout the novel, and it is revealed that Caroline exists within her imagination, modeled after an actual girl from their school who committed suicide several years prior.

Patrick Ness's (2015) *The Rest of Us Just Live Here* is told from the perspective of Mikey, whose story follows three threads: his relationship with his sisters Mel and Meredith, his attraction to his friend Henna and jealousy of newcomer Nathan, and his friendship with Jared. Affecting them all is a mysterious supernatural force in his town that is bringing animals back to life, possessing the police officers, and killing the indie kids (Ness's term for Mikey's unnamed peers), who are destined to put a stop to it all. Mikey and his friends are on the sidelines, just hoping to get through the school year, graduate, and go to college.

The most recently published of these books, John Green's (2017) *Turtles All the Way Down* features first-person protagonist Aza, a 16-year-old girl trying to solve the mystery of her childhood friend's missing father, all while grappling with the development of a romantic relationship, feeling distant from her best friend, and experiencing worsening compulsions.

By juxtaposing these narratives, I hope to illustrate critical analysis of OCD portrayal in the most read relevant books. While I argue that Ness's and Green's books better represent OCD, I also aim to show how depiction of this disability is complicated. A book may do a particularly great job in one aspect, but it may be lacking in others. Thus, examining the

books as a whole allows for a more nuanced analysis. For educators, a cohesive understanding of the book's representation can help guide pedagogical decision making, such as what questions to ask students.

Within my analysis, I recognize the limitations regarding intersectionality that exist not only in these three texts, but also in the larger group of 19 novels that I originally analyzed. In Crenshaw's (1989) analysis of race and sex, she argues that "limiting inquiry to the experiences of otherwise-privileged members of the group" erases the experiences of multiply minoritized people (p. 140). Accordingly, these books represent disabled characters who are often missing or misrepresented in popular narratives, but their protagonists are also white, middle or upper class, and heterosexual—in other words, otherwise privileged. It is important to remember, then, that contrary to its typical cultural representation, mental illness does not just affect straight, white people. An almost equal percentage of white people (19.3%) and black people (18.6%) live with a mental health condition (National Alliance on Mental Illness, 2015). In the LGBTQ+ community, these individuals are "2 or more times more likely as straight individuals to have a mental health condition," and LGBTQ+ youth are "2 to 3 times more likely to attempt suicide than straight youth" (Mental Health Facts: Multicultural). As I argue for the inclusion of *The Rest of Us Just Live Here* and *Turtles All the Way Down* in classrooms, I do so with keen awareness that more non-white, non-heterosexual narrators are needed in YA literature.

## Depicting OCD

Since OCD is arguably one of the most misunderstood mental illnesses, it is important that books featuring characters with this condition depict the experience in a realistic way. When considering book selection, Jensen (2015) argues that librarians need to choose books with appropriate representations of the lives of young adults. She notes: "Librarians . . . need to

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look for titles that present the issues authentically and without judgment or stigma” (para. 9). While judgment and stigma may exist in the novels, as they do in teenagers’ lives, it is important that the texts chal-

lenge these notions. Jensen (2015) also suggests that titles that perpetuate stereotypes, make readers feel ashamed, or propose that mental illness is not a medical condition that can be treated must be avoided. Williams (2015) argues that the presentations of mental illness in texts “don’t always need to be centre-stage—but they do need to be well-researched,

acknowledged, and treated with respect due to any potentially life-threatening illness” (para. 8). Mental illness impacts teenagers in a very serious way, so a misrepresentation of an illness can have dangerous consequences.

*Every Last Word* begins its complicated portrayal by appearing to challenge traditional OCD stereotypes. As mentioned before, Sam has Pure-O. Her obsessive thought process is illustrated from the beginning of the text in a scene where she is afraid to use scissors while with her friends:

If I cut it once, I’ll keep going. I know I will. I’ll move on to the next rose, and the next one, and I’ll keep cutting until there’s nothing left but a huge pile of stems, leaves, and petals. After that, I’ll massacre those syrupy sweet, carefully written notes. Every single one of them. *God that’s so twisted*. Then I’ll take the scissors to Olivia’s ponytail and cut right through that hair tie. *Shit. New thought. New thought*. (p. 5)

Sam then excuses herself to go downstairs, where her mom helps her work through her “debilitating, uncontrollable thoughts” (p. 8). A person with observable compulsions might manage these thoughts with methods such as counting or tapping, but Sam just breathes through the thoughts with the support of her mom. From the beginning, Pure-O is depicted accurately, particularly through the use of italics to show the dissonance between her thoughts, a strategy also used in *Turtles All the Way Down*. However, this

scene is the strongest example of Sam’s thought patterns, and the italics used throughout the rest of the book represent thoughts that seem more relevant to general anxiety, such as being nervous to read a poem out loud to her peers, rather than to instances relevant to OCD. Additionally, Sam’s fixation on the number three sometimes manifests physically, such as when she drives until her odometer lands on a mileage ending in three, which challenges the Pure-O diagnosis.

One reason the book may have less of an emphasis on Pure-O-related thought patterns is because of the narrative’s focus on Caroline. When Sam realizes that Caroline is a delusion, her therapist recognizes that this is not “consistent with OCD,” but isn’t sure what the cause is (p. 297). By the end of the novel, Sam grasps that she does not need Caroline anymore and is able to “let her go.” While people can certainly have co-occurring disorders, psychosis itself is not related to OCD, and readers may not understand this distinction. The therapist does acknowledge that the manifestation of Caroline is inconsistent with OCD, but her observation may be insufficient for readers, considering the fact that this trend to pair these disorders occurs elsewhere. Two other books, McGovern’s (2014) *Say What You Will* and Silvera’s (2017) *History Is All You Left Me*, both feature protagonists with OCD who also experience hallucinations and delusions. Of these books, Silvera’s is the only one to include a diagnosis of delusional disorder separate from OCD. Overall, *Every Last Word* is useful in its depiction of Pure-O, a rarer type of OCD many may be unfamiliar with, but it is lacking in its cohesiveness throughout the book, and the emphasis on Caroline may confuse readers about what OCD really is.

Patrick Ness’s *The Rest of Us Just Live Here* (2015) does not depict the thought process of OCD quite as well, but it does an excellent job of showing the experience of compulsions. In one scene, Mikey is in his friend Jared’s bathroom, washing his face. Each time, he feels like he has not done it “right” and needs to repeat his process:

The eighth time through, I try to force my hands to rest on the sink and fail. I know how crazy this is. I know the feeling that I haven’t washed my face “right” makes no sense. But like I said, knowing doesn’t make it better. It makes it so much worse. How can I explain it? If you don’t know, maybe I can’t, but as I wash my face yet again, I hate myself so much I want to stick a knife in my heart. (p. 118)

Mikey is only able to stop washing his face when he is interrupted by Jared, who is aware of his OCD and helps him pause and put moisturizer on his face to aid his dry, cracked skin. One of the common misconceptions about OCD is that it is caused by a lack of willpower. As the organization BeyondOCD (2018) acknowledges, many people might yell at a person going through a compulsion to stop without understanding that people with OCD rarely can stop by themselves. The examples of Mikey's compulsions throughout the book illustrate how Mikey wishes he could stop but is unable to. These scenes may help readers without OCD become more empathetic to what a person with OCD goes through, understanding that it is not simply an issue of resolve. Of course, it is important to note that it is sometimes unclear where Mikey's compulsions come from. For people with OCD, compulsions are usually a way of managing an obsessive thought: by doing X, Z won't occur. Mikey's compulsions come from his anxiety about not being a good friend, but the reader has to pay close attention to these scenes to understand the connection.

John Green's (2017) *Turtles All the Way Down* does a good job of illustrating both obsessive thought spirals and compulsions throughout the book. In the narration of an extensive thought spiral, Aza fights against her compulsions to manage anxiety about getting a disease called C. Diff while staying in the hospital after a car crash. The internal dialogue illustrates the fight between her "rational" mind and her "obsessive" mind as she tries to resist drinking hand sanitizer:

Please let me go. I'll do anything. I'll stand down. You can have this body. I don't want it anymore. *You will stand up.* I will not. I am my way not my will. *You will stand up.* Please. *You will go to the hand sanitizer.* Cogito, ergo non sum. Sweating *you already have it* nothing hurts like this *you've already got it* stop please God stop *you'll never be free of this* you'll never be free of this *you'll never get your self back* you'll never get your self back *do you want to die of this* do you want to die of this *because you will* you will you will you will you will you will you will. (pp. 228–229)

In this desperate moment, Aza is unable to resist her compulsion, squirting hand sanitizer in her mouth despite her logical mind knowing that it is more damaging than helpful. Her mom catches her and asks what she is doing, but she thinks: "I was so fucking embarrassed, but I did it again, because I had to

[. . .] I took a third shot of the foam and stuffed it into my mouth, gagging" (p. 229).

Aza thinks of herself as a demon, and the narrative shifts to the next morning where Aza wakes up wondering, "*Is it over?*" (p. 230). She discovers that she still feels the need to enact her compulsions, but the hand sanitizer has been removed from her hospital room. This scene not only illustrates the insidious, uncontrollable nature of both obsessions and compulsions, but it shows how they cannot simply be overcome once one hits rock bottom, which will be explored further in my discussion of the myth of a cure.

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### The Supercrip

One of the most common literary devices in narratives featuring disabled characters is a supercrip framing. The supercrip is an example of how one's disability gives that person a special skill, compensating for the difficulties the person may have. Schalk (2016) writes:

Almost all discussions of supercrips focus on how these representations rely on concepts of overcoming, heroism, inspiration, and the extraordinary. Additionally, most scholarship also mentions how these representations focus on individual attitude, work, and perseverance rather than on social barriers, making it seem as if all effects of disability can be erased if one merely works hard enough. (p. 73)

Dolmage (2014) also acknowledges that the refocused attention on the special skill "works as a management of the fears of the temporarily able-bodied (if and when I become disabled, I will compensate or overcome), and it acts as a demand placed upon disabled bodies (you had better be very good at something)" (as cited in Dunn, 2015, p. 120). Such attitudes may not seem like prejudices due to their positive spin, but they actually are. Dunn (2015) carefully examines the supercrip in its relationship to disabling characters, arguing that it is difficult to navigate the fine line "between harmful 'supercrip' stereotypes and more modest talents or intellectual habits developed by the

disabled characters in these novels” (p. 120). While there will not always be a definitive answer regarding what is problematic and what is not, navigating these novels through the lens of the supercrip can help readers analyze how a book contributes to disability stereotypes. One common supercrip trope for characters with OCD is that of the “superior detective.” *Every Last Word* neither supports nor upends supercrip narratives in its plot, but *The Rest of Us Just Live Here* and *Turtles All the Way Down* both do work that challenges assumptions that people with OCD are particularly focused and skilled.

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*The Rest of Us Just Live Here* engages with the young adult dystopian/fantasy genre in which a person or group of teenagers work together to defeat

a supernatural force. Mikey and his friends are not part of the “indie kids,” a group with “unusual names and capital-D Destinies” (p. 26). Instead, they are students in the town being affected by the supernatural, but they do not know what is going on and do not try to solve the mystery. Mikey admits that he will never be the “Chosen One,” but that is acceptable to him:

Me, all I want to do is graduate. And have a last summer with my friends. And go away to college. And (more than) kiss Henna (more than) once. And then get on with finding out about the rest of my life. (p. 26)

Importantly, Mikey gets what he wants. He does not get wrapped up in the mystery; instead, he follows advice from the indie kid who runs through the graduation ceremony warning everyone to evacuate the building, and he watches his school explode from the sidelines. Mikey has strengths: he is a good friend and an extraordinary brother. He works hard and cares about those around him, and he sometimes feels like he is not enough. Readers know that he is a good person without him having to be the town hero. The juxtaposition of his strengths and his imperfections not only realistically represents what a person with

OCD might be like, but realistically represents any young adult.

*Turtles All the Way Down* is more obvious in how it challenges the supercrip narrative. Aza and Daisy become a detective duo as they try to locate Davis’s missing father. While Aza finds the promised reward money exciting, she gets different benefits from helping Daisy. As she recollects playing with Davis when they were children, she thinks, “I was so good at being a kid, and so terrible at being whatever I was now” (Green, 2017, p. 25). Aza feels like her life is out of control because of her OCD, and she is sometimes even unsure if she can call her life her own when her thoughts control her. By helping Daisy, Aza is trying to illustrate that she is good at something: being a detective. From the very first line of the book, Aza questions her personhood, recollecting this story as “the time [she] first realized [she] might be fictional” (p. 2). She feels like “the canvas” (as opposed to the painter), “the sidekick,” “the somebody’s something” (pp. 2–3). Solving “The Case of the Fugitive Billionaire” with Daisy gives Aza an opportunity to see herself in a different way, as someone with agency and talent. In fact, she is the one who figures out the first “clue” that initiates this adventure.

Aza’s connection to these detective stories and her internalization of such narratives are both evident within the story. The most obvious example, of course, is her last name: Holmes. An additional association is her obsession with her car, linking her to famous female teenage detective Nancy Drew. However, unlike previous “disabled yet skilled” detectives, Aza’s OCD is more of a hindrance to her than a help. She wants to be a good detective, but she struggles more than she succeeds, separating her from the detectives to whom she is linked. Her nickname, “Holmesy,” suggests a connection to Sherlock Holmes that is not quite there. In a climactic scene of the novel, she crashes the beloved car that connects her to Nancy Drew. Most significantly, Aza recognizes her “shortcomings” herself:

You hear a lot about the benefits of insanity or whatever—[but] madness, in my admittedly limited experience, is accompanied by no superpowers; being mentally unwell doesn’t make you loftily intelligent any more than having the flu does. So I know I should’ve been a brilliant detective or whatever, but in actuality I was one of the least observant people I’d ever met. (pp. 132–133)

Her OCD does not help her. Instead, it negatively impacts nearly all aspects of her life, including her relationships. The fight in which Daisy yells at Aza for her inattentiveness to Daisy's life results in the car crash. Aza justifiably feels that Daisy does not understand what it is like to have OCD, but she still feels bad for how her best friend feels. She feels unobservant in regard to the case and to her loved ones. Aza and Daisy do end up solving the case, but by accident. This accident shows that Aza's detective skills only work when she is managing her OCD with treatment; for her, this is a combination of medication, therapy, and care. She prioritizes her friendships, and Daisy and Aza solve the case together when they visit Mychal's art show at Pogue's Run, an underground tunnel. They connect the dots and realize that Davis's father's body is down there. Instead of calling the police, Aza decides to tell Davis and gives him agency in making a decision about what to do. Significantly, she notes that "you'd think solving mysteries would bring you closure, that closing the loop would comfort and quiet your mind. But it never does. The truth always disappoints" (p. 267). Her OCD does not make her a better detective, and solving the mystery does not cure her of her OCD.

### The Myth of a Cure

Disability studies is, at its core, a challenge to the pervasive medical model of disability. Kafer (2013), a disabled person herself, reflects on the problems of this perspective:

[T]he medical model of disability frames atypical bodies and minds as deviant, pathological, and defective, best understood and addressed in medical terms. In this framework, the proper approach to disability is to "treat" the condition and the person with the condition rather than "treating" the social processes and policies that constrict disabled people's lives. (p. 5)

She also considers the imagined future projected onto her: "Although I may believe I am leading an engaging and satisfying life, they can clearly see the grim future that awaits me: with no hope of a cure in sight, my future cannot be anything but bleak" (p. 2). Kafer's disability is physical. She is in a wheelchair, and there is currently no "cure" for her condition. For the protagonists of these books, the disability is mental and mostly invisible, with the exception of physical or verbal compulsions that can be seen by others. Like Kafer's disability, OCD does not have a cure either,

although it can be managed through a combination of medication and therapy. However, the narrative of mental illness does not allow for the impossibility of cure. It assumes that mental illness needs to be overcome, that it is a challenge. While many of the narratives featuring OCD do not end with an obvious cure, they do often end with a diagnosis, which the narrators think will solve their problems. Because the narrators in these three novels have been diagnosed before the book's beginning, these texts illustrate how the disability myth of a cure can be challenged.

Unfortunately, *Every Last Word* does little to challenge this myth. While Sam is not explicitly cured of her OCD by the end of the novel, she is able to stop her delusion of Caroline. Moreover, readers can infer that Sam is doing better and is possibly even unaffected by her Pure-O due to her budding romantic relationship with AJ. In Sam's final appointment with Sue, her therapist, Sue recognizes that Sam looks relaxed and happy. Sam admits that she feels this way and believes these feelings will be sustained. When she leaves the appointment with AJ, she thinks: "I reach out to press the elevator button. Once. I feel the urge to push it two more times, but I grab AJ's hand and kiss it instead" (p. 352). The book does not explicitly state that Sam has been cured, but it does suggest that she no longer has to deal with OCD or her delusion. More important, it does nothing to suggest that while she may be doing well now, her future self may have a difficult time again, which is common for people with a variety of mental illnesses.

This notion of a cure is also explored in *The Rest of Us Just Live Here*. Throughout the course of the novel, Mikey's compulsions worsen and he becomes suicidal. After a particularly difficult encounter with his alcoholic father, Mikey ignores his boss at work and thinks: "I'm too busy repeatedly counting ketchup bottles and wishing I was dead, wishing I was dead, wishing I was dead, wishing I was dead" (p. 223). Shortly after, an entire chapter is dedicated to Mikey's

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therapy session with Dr. Luther, during which Mikey reveals that he would kill himself if he ever found himself stuck in a loop he was unable to escape. The nine pages following this revelation focus solely on Mikey and Dr. Luther's conversation, concluding with Dr. Luther offering this insight:

One, your anxiety is a genuine and very painful problem, not one you're making up. Two, you're not morally responsible for causing it. It's nothing you did or failed to do that makes it happen. Three, medication will help treat it, so that four, you and I can talk about ways to help make life bearable, even livable. (p. 239)

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**When educators discuss these books with their students, the texts themselves are not necessarily as significant as the questions they raise and the discussions they prompt.**

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Dr. Luther ends the session by allowing Mikey to have agency in making choices moving forward. His acknowledgement of Mikey's suffering and willingness to help him manage his symptoms (rather than completely cure them)

arguably affects Mikey's acceptance of mental illness as part of his identity. At the end of the novel, Mikey's friend Jared gains the supernatural ability to heal anyone completely, but Mikey rejects his offer to rid him of his OCD, saying: "If you heal all that stuff, I'll live the rest of my life not knowing if I could have figured it out on my own" (p. 315). The speculative nature of this book allows cure to be a tangible possibility, but Mikey still rejects it with the caveat that he would reconsider if he ever becomes suicidal again. His acceptance of OCD as part of his identity clearly challenges the medical model.

*Turtles All the Way Down* disrupts this myth through its conclusion, which is not a traditional happy ending. While Aza gets help, the time jump illustrates that she is not cured of her OCD. She tells Daisy, "The problem with happy endings [. . .] is that they're either not really happy, or not really endings, you know? In real life, some things get better and some things get worse. And then eventually you die" (p. 276). Aza recognizes that she does not have

a happy ending, but she finds comfort in her recognition of her future as an unpredictable rollercoaster of ups and downs. She is able to position herself near those she loves, and the time jump at the end of the novel affirms that she will not be alone in her future; she recognizes that she "would go on, that she would grow up, have children and love them, that despite loving them she would get too sick to care for them, be hospitalized, get better, and then get sick again" (p. 285). Her future is realistic, doing justice to the lives of people who live with mental illness.

## Pedagogical Implications

As mentioned earlier, these three books are popular as indicated by their Goodreads reviews. It is unclear whether all of these ratings come from teenagers, but it can be assumed that this reading is happening independently, outside of classroom walls. More can be accomplished with these books if teachers include them in curricula. When educators discuss these books with their students, the texts themselves are not necessarily as significant as the questions they raise and the discussions they prompt. Ideally, teachers would be able to pair two texts side-by-side to avoid telling a single story (Adichie, 2009). I recommend a unit where students read either *The Rest of Us Just Live Here* or *Turtles All the Way Down* alongside excerpts from *Every Last Word*, such as the prologue, scenes between Sam and her therapist, and the conclusion where Caroline is revealed to be a delusion.

Asking critical questions can help teachers and their students think carefully about these books, possibly getting students to a place of resistance as they recognize hidden, harmful assumptions about OCD—not only in the texts themselves, but in the world around them.<sup>2</sup> In addition to Dunn's (2015) suggested questions discussed earlier, I would urge educators to think about such questions as: How does this literature impact how we understand the world and our perspectives regarding people with mental illness and/or OCD? What can we do with what we have learned? What impact can we make? What might still be missing from our understanding? What can be done to fill these gaps of knowledge? As they lead class discussions, teachers should remember that it is likely that they have students with invisible disabilities, which may be disclosed in the conversations. These per-

spectives should be welcomed, but teachers should also make sure that the room is a safe space for these students, regardless of disclosure.

In their discussions, students could also focus on the authorship of these texts and the resulting implications. Ness and Green both have OCD and have spoken about their experiences, which gives them a more personal perspective, while Stone was inspired by the diagnosis of a family friend's daughter. Students can consider questions such as: Who should write books about OCD? Are books about disability by non-disabled people inherently problematic? Who is the implied audience of the text: disabled or non-disabled readers? Additionally, students can think around the stereotype that links madness with creativity: does the fact that the best representations of OCD come from people with this disorder affirm this idea? Does John Green or Patrick Ness challenge this stereotype in any way?<sup>3</sup> Students can extend this discussion to think about themselves as critical readers. If they are not disabled, what authority do they have when analyzing these texts? These questions may be difficult for students because there is arguably no right answer, but they foster important critical thinking skills that students can apply elsewhere in their lives.

In addition to discussion, students can work on projects where they research another mental illness of their choice and analyze its depiction in popular culture. With their knowledge, they can create advocacy projects, such as a YouTube video or a poster campaign, that work to reframe their subject in a realistic and humanizing manner.

Responsible questions, discussions, and advocacy projects can help do the work that Dunn calls for in hoping that issues raised through these analyses will enable readers to “begin to imagine—and help build—a different world view” (p. 12). OCD is not an adjective, and people with OCD are more than their diagnosis. Critically analyzing responsibly written stories about living with OCD in classrooms not only clarifies harmful misconceptions about OCD, it can also help reduce harmful stigmas surrounding mental illness in general.

### Endnotes

1. I place “cause” and “treated” in quotes because I recognize that these terms correlate more with the medical

model of disability than the social model. However, for the purposes of my study, I was interested to see how books took up these common concepts in regard to mental illness.

2. Other resources I recommend that can help students think critically are 1) Season 3, Episode 9, “Mr. Monk Takes His Medicine,” of the TV show *Monk*, which illustrates some additional problematic tropes, and 2) the International OCD Foundation's blog, which includes stories by people who have OCD that can help students think about how tropes impact real people.
3. John Green has argued that his mental illness inhibits his creative writing and that he does his best work when he considers himself well (thesoundandthefury, 2017, n.p.).

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