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"Maps of *Imaginary Places*": Mental Illness Beyond the Diagnostic in Ned Vizzini's *It's Kind of a Funny Story* and Young Adult Literature

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Abstract

This article examines the representation of mental illness, emergency treatment, and recovery, in Ned Vizzini's 2006 Young Adult novel, *It's kind of a funny story*. Existing criticism has predominantly pursued what we term "diagnostic realist" approaches, which evaluate fictional representations against clinical criteria. We both affirm what this work achieves and make the case for extending it. Drawing on work on disability representation in Young Adult Literature and perspectives from Mad Studies, we propose that a social model lens, which locates mental difference within social and structural contexts rather than within individual pathology, opens out further possibilities for understanding what this and related novels do. We then demonstrate how close attention to Vizzini's artistry—including to his use of romance conventions, figurative language, intertextuality, and first-person focalisation—reveals a text that does not simply mirror mental illness realistically, but which actively dramatises how social environments, institutional structures, and modes of creative expression shape the experience of and recovery from mental ill health. Rather than displacing diagnostic approaches, we argue that these wider critical paradigms, inclusive of the social model and attendant attention to craft, can enhance understanding of the help such novels can provide for different kinds of readers.

Keywords: young adult literature; Ned Vizzini; mental illness; realism; romance; social model; creativity; psychology

1. Introduction

Young Adult Literature (YAL) has always been a fluid term. Crowe defines YAL as encompassing "all genres of literature published since 1967 that are written for and marketed to young adults" (1998, cited in (Richmond 2018, p. 12)). The sub-field of YAL that takes mental illness as its primary subject has become a significant and stable presence within the genre: a 2009 survey of 59 YAL titles found that 25% focused on illness or mental illness (Koss and Teale 2009, p. 567), a statistic that Richmond (2018, p. 19) reproduces, suggesting that such a volume has been sustained; furthermore, Richmond identifies "an explosion of research on the topic of mental illness in young adult literature" since 2014 (Richmond 2018, p. 17). Given that these texts accompany some of the most formative years of adolescent development, the terms in which mental illness is represented matter enormously; not only in relation to clinical accuracy but, as we argue here, in relation to the social conditions, structural inequalities, and cultural assumptions that shape mental health and its treatment.

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Vizzini's ([2006] 2015) *It's kind of a funny story* is among the most significant of these texts. Its continued cultural currency—ranking at 56 in National Public Radio's "100 Best Ever Teen Novels" (NPR 2012), consistently high in YA mental health fiction sales, and generating over 5000 Amazon audiobook reviews by 2021 (Amazon 2026)—speaks to an enduring relevance that transcends its moment of publication. The novel presents the first-person narrative of 15-year-old high-school student Craig Gilner, who recounts how acute depression escalates into suicidal crisis. Drawing substantially on Vizzini's own 2004 hospitalisation, the novel charts Craig's five-day stay in Six North, the adult mental ward of the fictional Argenon Hospital in Manhattan, and the encounters, treatments, and creative discoveries that facilitate his recovery.

One notable dimension of Craig's story is his decision, as a young man, to seek help. Such an act importantly runs counter to cultural norms surrounding male stoicism and self-sufficiency. Research into adult male help-seeking behaviour has established significant links between masculine identity and reluctance to pursue mental health treatment (Sagar-Ouriaghli et al. 2020, p. 1159), though care must be taken in mapping findings from adult populations directly onto adolescent experience, for which the pressures and contexts are distinct. Within the world of the novel, Craig's act of calling the crisis line and checking himself in registers as transgressive against the social expectations of his competitive, high-achieving peer environment; and it is this social framing, as much as the clinical one, that Vizzini renders with precision.

In this article we identify both the strengths and the limitations of what we term "diagnostic realist criticism", approaches centred on mapping fictional characters to clinical criteria and definitions from the fifth edition of the *Diagnostic and statistical manual of mental disorders* [*DSM-5*]. We propose that bringing the social model of disability, alongside perspectives from Mad Studies, into conversation with Vizzini's novel opens out richer possibilities for understanding what such fiction does. As Dunn (2015) has shown in her analysis of disability representation in YAL, the medical model, which locates difficulty in individual bodies and minds, consistently shapes the critical reception of such texts. The social model, by contrast, directs attention to the structural barriers, cultural stigmas, and institutional environments that produce and compound mental difference. We argue that Vizzini's novel is not only amenable to this social-model reading but that its creative strategies—its use of romance conventions, figurative language, intertextual reference, and meta-narrative construction—actively dramatise what the social model makes visible. To attend to these elements is not to move away from the diagnostic and therapeutic concerns of existing criticism, but to extend their reach: a literature that represents the social production of mental distress, and the social resources, including creative expression, through which it may be met, can do more for its readers than one understood through a clinical lens alone.

2. Diagnostic Realist Approaches and Beyond

2.1. Medical and Social Models

A striking feature of criticism on mental illness in YAL is how heavily it gravitates towards realist modes. A dominant strand of scholarship is explicitly bibliotherapeutic: critics including Richmond (2018) and Manutscheri (2021) are primarily concerned with the ways in which fictional representations might accurately depict lived experience, emphasising the value in the representation of diverse conditions, both to those with equivalent conditions and to the wider public in raising awareness. Furthermore, in cases of characters undergoing treatment and recovery, these critics seek to identify effective strategies that might be distilled from such novels to provide help.

In response, we are coining the term diagnostic realist criticism to refer to approaches which set out to identify as precisely as possible the nature of illnesses represented in literature, and which place greatest value on closeness to actuality. In coining this term, we seek not to disparage, but to draw attention to the specific form of inquiry of such critical approaches, and to propose that wider critical paradigms might open out further possibilities, of value as part of the same enterprise of seeking to unlock literature's capacities to help and to heal.

Richmond's influential 2018 study of the representation of mental illness in YAL, *Mental illness in Young Adult Literature: exploring real struggles through fictional characters*, is a touchstone in this critical approach, as the first "authoritative, comprehensive, book-length text dedicated to the issue of mental disorders in literature for young adults" since 1997 (Richmond 2018, p. 19). The volume takes a diagnostic approach as its methodology, selecting novels on the basis that they present "convincing representations of mental illness" in characters, whose problems are "authentic and fit with the *DSM-5* [the fifth edition of the *Diagnostic and statistical manual of mental disorders*] criteria" (Richmond 2018, p. 22). The diagnosis of these characters is then presented, with the aim of providing "information about how fictional characters who have mental illnesses are portrayed" to those who work with adolescents (Richmond 2018, p. 19). Each section focuses on novels that represent a different mental illness, and is divided into three parts: "Warning Signs/Symptoms/Diagnosis"; "Psychiatric Treatment"; and "Reactions from Peers, Parents, and Others".

The wider purpose in such diagnostic approaches is to mobilise representations of mental illness in YAL, pursuing the argument that they can help destigmatise mental illness in holding up a mirror to young lives, and promote mental health literacy. Manutscheri similarly grounds her analysis of YAL in a diagnostic approach, arguing that the neglect of mental health compared to physical health is an ideological issue connected to prejudice, stereotyping, and the othering of neurodiversity, and that "authentic" YAL representations can help bring about redress (Manutscheri 2021, pp. 32, 42). Building on Richmond's study, Manutscheri also prioritises "books that represent mental illness realistically", concentrating in particular on Green's (2017) *Turtles all the way down* as a vehicle for mental health education (Manutscheri 2021, p. 42).

Olan and Richmond's 2023 study extends these arguments in pursuing the nuanced issue of how YAL can both challenge and risk reinforcing stigmatising mental illness representations. Again the research follows a diagnostic approach based on *DSM-5* definitions, in this case attending closely to how language choices in realist YA novels either reinforce or challenge the stigmatising "narrative of deficit" that surrounds characters with mental illness; and again the argument is centred almost exclusively on mimetic fiction and its accuracy relative to clinical reality (Olan and Richmond 2023, p. 23).

These diagnostic approaches hold significant value in making the case that faithful representations can destigmatise mental illness and show how help is available. As a singular critical approach, however, the search for authenticity can only go so far, placing limits on the ways in which we can understand literature to work—and to do good. It is taken as a given that the works under study are realist, or even directly mimetic of real experiences, with the assumption that readers will be looking for reality; and this becomes the criterion by which they are judged. There is a danger in this that it frames any representations that cannot be readily diagnosed as peripheral or even suspect.

Confinement to diagnostic modes of inquiry might in itself contribute to a "narrative of deficit". Reviewing Richmond's 2018 study, Chrisman (2020), quoting Shakespeare (2016, p. 198), notes the limitation that "it is firmly rooted in the 'medical model,' a perspective of disability studies that reduces 'the complex problems of disabled people to issues of

medical prevention, cure, or rehabilitation,' as opposed to emphasizing social barriers, such as lack of access" (Chrisman 2020, p. 124). The critique implicit in Chrisman's observation points towards a broader conceptual distinction of importance to how we read mental illness in YAL. The medical model of disability, dominant in clinical and much popular discourse, locates the source of difficulty in the individual's body or mind, framing it as a deviation from a norm that requires correction. The social model, developed within disability studies from the 1970s onwards, reframes this: it is not bodily or neurological difference itself but rather the barriers created by social structures, cultural attitudes, and institutional practices that produce disablement (Oliver 1990, pp. 13, 78). This distinction, while originally developed in relation to physical disability, has been extended to mental difference with productive results, not least in complicating the assumption that the goal of treatment is always restoration to a pre-determined norm.

Dunn's *Disabling Characters: Representations of Disability in Young Adult Literature* (Dunn 2015) applies a Critical Disability Studies framework specifically to YAL, demonstrating how dominant representational modes have historically tended to reproduce ableist assumptions. Disabled characters are frequently defined by their condition and their narratives structured around a "tired plot" which can conceive of disability only as a problem needing to be diagnosed, treated and cured, implying that "there's no place for disability in mainstream society" (Dunn 2015, p. 2). As Dunn puts it, the implication has historically often been that characters with disabilities "should either get better or die", with their social environments treated as mere backdrop rather than as constitutive of their experience (Dunn 2015, p. 73).

Dunn's analysis, which attends systematically to the agency of disabled characters, the behaviour of those around them, and the environment in which characters must live, and then to the extent to which a text challenges or perpetuates an unsatisfactory status quo (Dunn 2015), offers a framework directly applicable to mental illness in YAL. Applied to Vizzini's novel, it directs critical attention not only to the clinical accuracy of Craig's representation but to the social conditions the novel renders, from the pressure-cooker school environment that produces his crisis, to the stigmatising peer dynamics that compound his shame, and the institutional structures of Six North that both constrain and enable his recovery. Where diagnostic realist criticism asks whether Craig's symptoms match a *DSM-5* profile, a Critical Disability Studies approach of the kind Dunn models asks what the text reveals about the social world in which those symptoms emerge and are met. Dunn's analysis invites readers of YAL to ask not only "is this representation clinically accurate?" but additionally, "what does this text reveal about the social conditions that shape mental distress?"

Mad Studies, an emerging interdisciplinary field that draws on both Critical Disability Studies and the insights of service-user and survivor movements, pushes this further (LeFrançois et al. 2013, pp. 1–18). Where the social model challenges the pathologising of difference in principle, Mad Studies centres the perspectives of those with lived experience of mental difference, questioning the authority of clinical categories and attending to how psychiatric institutions and frameworks can themselves become sources of harm (LeFrançois et al. 2013, pp. 1–2). For literary criticism, this opens productive questions: how do fictional representations of psychiatric settings engage with the power dynamics of those environments? To what extent do they reproduce or contest the "narrative of deficit", the assumption that mental difference is primarily a problem to be fixed? And how do they represent the agency, creativity, and community of those within those settings?

These questions prove highly generative in relation to Vizzini's novel. Six North is rendered as a social environment, not merely a clinical one: the ward's diverse patients bring their own histories, cultures, and humour, and Craig's recovery is as much a product

of his encounters with them as of his medication and therapy. The competitive school environment he has left—the Executive Pre-Professional High School with its culture of relentless achievement—is represented as a social structure that has actively produced his crisis. When Humble likens high school to *Animal Farm* ("all equals are created animal, but some are more animal than others"), he articulates a social critique that no *DSM-5* diagnosis can fully contain (Vizzini [2006] 2015, p. 207). The social model, in other words, is not imposed on this novel from outside: it is one of the conceptual frameworks the novel itself puts to work. The sections that follow seek to make this visible, while also attending to the creative and figurative dimensions of the text through which it is realised.

2.2. *Existing Criticism of* It's Kind of a Funny Story

In attending closely to Vizzini's novel as a now-classic work of YA realism representing mental illness, we want to make the case that the understanding of realism does not need to be confined to the diagnostic model; and that realism itself can be a limiting term in approaching the range of modes that such a novel employs. In surveying the few sustained existing critical responses to the novel, and their diagnostic approaches, we nonetheless want to affirm the importance of their attention to realistic representations within the novel.

Critical responses to *It's kind of a funny story* have put diagnostic approaches into practice, building upon the novel's problem-solution structure and Vizzini's own statements about its veracity. Vizzini was clear that *It's kind of a funny story* is a strongly autobiographical novel, stating in interview that it was "based on my real life and is 85% true. I didn't actually attempt suicide—I just thought about it seriously and called the hotline—so that is what Craig did" (cited in (Blasingame 2007, p. 607)). Like his protagonist Craig, Vizzini was a high school student in an "ultra-competitive environment", who, suffering from depression and suicidal ideation, "checked himself into a psychiatric ward in 2004" (cited in (Dawson 2010)). The real Stuyvesant High School becomes the fictional Manhattan Executive Pre-Professional High School; the 23-year-old Vizzini's 5-day stay in the adult psychiatric unit of the Methodist Hospital in Brooklyn becomes 15-year-old Craig's equivalent stay in Six North. Vizzini continued to suffer from depression, and ended his life in 2013, at the age of 32, a biographical fact that gives the novel additional ethical weight and underscores both the limits and the importance of its ultimately hopeful fictional framing.

Richmond discusses *It's kind of a funny story* in a chapter on characters displaying depressive disorders, diagnosing the protagonist, Craig. Richmond notes a range of symptoms in Craig, including the inability to talk about feelings; looking "normal" yet appearing always on the verge of tears; the inability to eat and "stress vomiting"; smoking of marijuana; insomnia; entrapment in negative, anxiety-inducing thoughts; through to the realisation that he is "clinically depressed" (Richmond 2018, pp. 92–93). Assessing these, Richmond finds Craig to exhibit "symptoms of depression that are consistent with the *DSM-5*'s criteria for diagnosis of major depression", together with "comorbid disorders, which is common among individuals with depression" (Richmond 2018, pp. 97–98).

Of Craig's treatment, Richmond notes the combination of medication and therapy. His psychopharmacologist, Dr Barney, initially prescribes one-to-one therapy and the antidepressant Zoloft, which Craig then stops taking; and Richmond maps this to the manufacturer, Pfizer, saying such a move can cause "anxiety, irritability, high or low mood" (Richmond 2018, p. 94). Discussing Craig's admissions process, Richmond compares the questionnaire Craig completes to the Beck Inventory, and notes the combination of individual consultations (with Dr Mahmoud) and therapy sessions (with Dr Minerva) with therapeutic group activities, such as arts and crafts and music, together with medication such as an Ativan shot when Craig can't sleep (Richmond 2018, pp. 94–95).

The value of the novel for Richmond ultimately lies in this diagnostic realism: she notes the challenges Craig and protagonists like him have with seeking help, especially in the contexts of societal pressures to be perceived as "normal"; and she contends that a primary motivation for the authors of such works is "Helping adolescents understand that sharing symptoms of depression with others and seeking treatment can lead to improved lives" (Richmond 2018, p. 98).

The majority of the existing criticism on the novel follows Richmond in taking such diagnostic approaches. Much of this comes from student dissertations—from undergraduate through to doctoral level—and from a variety of different countries, in both academic and non-academic publications, testifying both to the novel's international appeal and to its ability not just to engage young readers but developing critics too. For example, Khanalizadeh and Haratyan (2017), researchers from Iran, read the novel in terms of Craig's challenges with self-regulation. They frame the novel's structure as an expression of Craig's clinical trajectory, holding that his recovery is facilitated by his meeting the definition of "a critical balance between the strength of an impulse and an individual's ability to inhibit the desired behavior" (Khanalizadeh and Haratyan 2017, p. 487). Rahayu, based in Central Java, finds Craig to exhibit "neurotic anxiety and moral anxiety" and finds the solution in his learning to employ Freudian defence mechanisms, "namely rationalization, displacement, and reaction formation" (Rahayu 2024, p. ix); while Septiawan, based in East Java, studies Craig's "depressive cognition", finding its mechanisms to be "cognitive bias such as Catastrophizing, Labelling, Selective abstraction [and] Dichotomous Thinking", with his recovery coming from five learnt behaviours: "(1) creating personal space, (2) breaking down the large problem into smaller ones, (3) coping with the boredom, (4) planning positive activities, (5) setting owns limits, (5) changing behavior" [sic] (Septiawan 2019, p. vii).

If we bring into play the fictional workings of these novels, their real-world implications need not be diminished, but rather can be enhanced. Richmond's claim that the "hope for life in a world where mental illness is not stigmatized", which YAL characters can demonstrate, "is very real" holds up just as powerfully when we factor in the novels' artistry (Richmond 2018, p. 22). For example, the goal of encouraging sufferers to speak out might be understood in relation to another kind of mirroring in *It's kind of a funny story*: not just in terms of what Craig experiences, but in the style in which it is communicated. Craig's first-person largely present-tense narrative voice has, paradoxically, to be articulate about inarticulacy in order to demonstrate the value of such articulacy, representing the struggles Craig goes through to even be able to understand what he is going through, and for him to be able to share his need for help. Such meta-narrative dimensions are in fact typical of the novel's creative approach.

Limiting approaches to what literature is able to do best might in practice shortchange its therapeutic workings; we want here to build on the significant existing models, and make the case for wider assessments of these novels' valuable workings. We might also note here the relevance of the pre-existent philosophical sense of diagnostic realism, which relates to a limited view of the nature of diagnosis itself: much still needs to be discovered about the nature of mental illness, and this is a further reason why we would suggest it is not wise for literary criticism to limit itself to a mapping of defined conditions to its characters.

The limitations of diagnostic realism identified above are also visible in the critical reception of one of the novel's most distinctive and, for some readers, troubling features: its use of romance conventions. As we go on to show, what appears from a purely diagnostic standpoint as a breach of clinical plausibility can, through the social model, be understood as a representation of precisely the relational and affective dimensions of recovery that institutional psychiatry tends to suppress.

3. Romance and Its Effects on Realism

If the gold standard for diagnostic readings is the representation of the real in literature, it follows that that which is unrealistic, and even the non-literal, can come to be overlooked. There can be an ethical dimension to this kind of argument. For example, Khanalizadeh and Haratyan question Craig's seemingly miraculous recovery after 5 days in the hospital: they point to the "fairly unbelievably happy ending", find it to be "forcefully light", and determine that what Craig achieves "during a five-day stay—moving an interminable sleeper to join the living, beginning a (perhaps imprudent) relationship with a skittish girl—also pushes the limits of believability" (Khanalizadeh and Haratyan 2017, p. 489).

Vizzini employs the romance genre. He himself refers to his use of the "simple device" of the "distinction between the beautiful girl who's no good for Craig [Nia] and the scarred one who is [Noelle]" (cited in (Blasingame 2007, p. 608)). To employ a romance plot at all in a narrative set in a psychiatric hospital can be seen as risky; it breaks with realism in a way which might be viewed as irresponsible. Many psychiatric wards actively discourage romantic relationships between patients, as it is often held that people not far along in their own recovery cannot be ready to care for others: according to The Gateway Foundation (2024), a US clinic specialising in sobriety and psychiatric illness recovery, "while recovery professionals recommend waiting at least one year before dating, you may need more time to work on yourself before pursuing a new relationship". Nevertheless, it remains possible to read the romance elements too from a realist perspective, not least because the apperception of reality is always relative; Vizzini himself insisted there was a seeming unreality to his own experiences: "When I was in the hospital, I got the sense, as I sometimes did in high school, that the people around me were too good to be real—that no one would ever believe me if I wrote about them" (cited in (Dawson 2010)).

Viewed through a diagnostic realist lens, it can appear that Craig, while open to the work of recovery as he engages with medication and partakes in varied forms of therapy, might be using his romantic interests as ways to distract himself from the realities of his more challenging feelings. He is enticed by the idea of Nia and how she epitomises traits opposite to himself; she is confident and able to succeed at school without the kind of stress that Craig lives through daily, although even his assessment is incorrect as she ultimately admits that she struggles with her mental health too (Vizzini [2006] 2015, p. 345). Craig idealises their potential relationship, despite the issue that Nia seems to pity him more than genuinely care for him. When she visits him at the hospital, she reveals she thought of herself both as the cause and potential cure of his condition: "I thought that you got bad because of me. And I thought *I* could make you better" (Vizzini [2006] 2015, p. 345). With Noelle, on the other hand, Craig's feelings tend to be more typical of those in early recovery. Craig wants to help her, but, in the context of having been admitted due to suicidal ideation, this is troubling. This is the crux of why forming intimate relationships at this point in recovery can be dangerous: when people are recovering from any sort of addiction or crisis, the urge to lean on another and receive care makes sense, but can ultimately lead to a lack of autonomy and self-belief, which would then be worsened should that relationship end. Additionally, entering into a close relationship with someone else who is struggling can often lead to pouring all one's care and compassion into them as opposed to taking care of oneself. Viewed in these contexts, the ethics of the romance elements comes down to their framing through Craig's focalisation; they are certainly not unequivocally extolled.

Romance plots within young adult media focusing on psychiatric illnesses are common. In Mussi's 2017 novel *Room empty*, two patients in the Daisy Bank Rehabilitation Center residential facility (one with a substance abuse disorder and the other with Anorexia Nervosa) start an intimate relationship, despite being warned of the emotional and therapeutic dangers. In this case, the facility has a policy in line with common practice: "Relationships

are forbidden/Clients at Daisy Bank Rehabilitation Center must resign their place on the recovery programme if they form sexual relationships" (Mussi 2017, p. 145). Yet, rather than designed to introduce realism and ethical framing, the facility's presentation is set up to be draconian and prison-like. It is a world away from the ward in which Craig recovers.

In the case of Vizzini's novel, that the romance dimensions themselves allow for the possibility of diagnostic realist readings—including in relation to the dangers of Craig's idealisation—represents an ambitious hybrid: rather than the reader necessarily buying into his relationships, they become framed through his ways of seeing; they represent additional dimensions of young lives, and so can be viewed as deepening the reality of character.

There are also some representations which can be called into question for their lack of sensitivity, and which might be related to romance's tendency to engage in stereotypes. An example occurs when Craig caricatures a whole group in the ward as "the Anorexics (who I've now seen peeking out of their rooms like, literally, skeletons in closets)" (Vizzini [2006] 2015, p. 269), or when in his concluding embrace of life through actions, he feels the need to qualify "Skip" with "Okay, it's gay, whatever, skip" (Vizzini [2006] 2015, p. 444). But, as with the romance, viewing these as part of the novel's realism is perhaps a way, paradoxically, of seeing them as dramatised: as the perspective of a heteronormative teenage boy who is perhaps encountering sexual difference, and different forms of mental illness, for the first time.

It would be wrong to dismiss unrealistic portrayals of characters or situations in YAL dealing with issues of mental illness *per se*. The representation of Craig's consciousness depends upon a richly symbolic set of constructions, bringing into play different modes that co-exist within the overall realist approach: not only romance, but also dramatic forms, as when he intermittently envisions his battle with his brain as being enlisted in the army and in dialogue with a commander: "*What war is that, again?/The one you're fighting with your own head*" (Vizzini [2006] 2015, p. 287). Furthermore, to shine light so strongly on the mimetic representation of reality can result in the occlusion of a novel's artistry, and its attendant effects.

If the romance plot stages the social and relational dimensions of recovery within the ward, Section 4 turns to the creative dimensions: the figurative language, intertextuality, and meta-artistic structures through which Vizzini renders the experience of mental illness and its partial resolution. These are not merely ornamental; they are, we argue, the formal means by which the novel's social-model perspective is enacted and communicated.

4. The Power of Creativity: Artistry in and of the Novel

4.1. Art's Healing Power and Its Traditions

It's kind of a funny story is a text that is at once engaged with literary tradition and sceptical of it. Its familiar colloquial tone is at odds with canonical authors in a way that can feel distinctly disarming. How could the focalisation not be sceptical, when its narrator has suffered through a culture of literary cramming, failing to read *David Copperfield* and *Under the volcano* over a summer and flunking a test (Vizzini [2006] 2015, pp. 92–93)? Yet, the same aspect of literature that troubles Craig—that "it wasn't like flash cards"—ends up being a means of salvation in a different creative form when he realises his gift for creating visual art (Vizzini [2006] 2015, p. 92).

Craig struggles initially with his drawings, attempting to replicate precisely the map of Manhattan through the use of tracing paper; but he comes "the closest I've ever come to an epiphany" when his mom encourages him instead to draw "your own maps of *imaginary places*" (Vizzini [2006] 2015, p. 26). He discovers an approach to art that unlocks his imagination, and which can more truly represent his experiences: the complex emotions

Craig's drawings capture cannot be confined to subject headings, and the sense of purpose he enjoys when finishing off a piece cannot belong to bullet-points or two-dimensional diagrams (Vizzini [2006] 2015, pp. 400–1). Craig's near-epiphany has resonance with the artistry of the novel, perhaps with the artistry of all great novels: creativity doesn't work in the "flash card" way; great art, whether in its production or its reception, resists the formulae that entrance-exam cramming has encouraged (Vizzini [2006] 2015, p. 95). There are of course the countless creative choices needed to create the illusion of the real; choices that Vizzini playfully invoked in an interview when he told Dawson that he wrote "enough reviews, blog entries, and correspondence to make it feel like I'm writing about myself constantly (like right now)" (cited in (Dawson 2010)). But there is also a heightening of the imaginary in Vizzini's use of tropes, both in the sense of recurrent motifs (both intra- and inter-textual) and of figurative language usages.

Literature too becomes for Craig a way of understanding the world, and this is represented through an increasing intertextuality within his narrative, as when he relates his infatuation with Noelle to *Romeo and Juliet* (Vizzini [2006] 2015, p. 309), or when his sister sees the hospital through the lens of *One flew over the cuckoo's nest* (Vizzini [2006] 2015, p. 219). Craig's fellow patient Humble also uses a literary work to contextualise suffering and inequality, as discussed above, when he likens high school to "*Animal farm*, which I read, all animals are created equal, but some are more equal than others? Here in the real world, all equals are created animal, but some are more animal than others" (Vizzini [2006] 2015, pp. 206–7). The world of literature gradually transforms into an imaginary map that allows Craig to contextualise and navigate the situations he finds himself in, and this, in turn, allows him to see others as loving yet flawed individuals, instead of being separated by a screen of familiarity. Fundamentally, the frame and focalisation of Vizzini's novel itself—an extension of the power of articulation that Craig gains through the processes depicted within it—makes clear the power of creative language to help and to heal.

The novel demonstrates the healing power of different forms of creative expression. Craig achieves the ability to communicate with his Egyptian roommate Muqtada through the medium of his culture's traditional music. Muqtada is finally able to leave his room having been connected back to something he innately understands, after Craig's father manages to find an Egyptian record. At the mere mention of the record, Muqtada goes from being "turned toward the window, in his continuous dead reverie" to pushing "the sheets aside in a gesture of hope and strength and determination" (Vizzini [2006] 2015, pp. 422–23). Muqtada craved connection and a sense of familiarity, and, in a country where his native language and his psychiatric state both work against his desires, music was the answer. He becomes transformed, "grinning so much I think his glasses are going to fall off" as he says "'This I have not heard in so long!'" (Vizzini [2006] 2015, p. 424). These different forms of artistic expression in the novel—visual art, music, and ultimately the power of writing—together make a powerful case for the role that creative practice plays in the healing process.

4.2. The Role of Figurative Language

The hermeneutical instability of creative forms of writing is initially deeply troubling to Craig, causing literature to become a site of insecurities, an apparent gauge of his own shortcomings. It is one more thing that refuses to give up its secrets to him. It is a puzzle he must untie, though his mind is already being pulled in too many opposing directions. Yet the very way Craig processes what he is experiencing is, Vizzini makes clear, to employ figurative language strategies. Craig terms such obstacles "Tentacles"; and in his metaphoric yet concrete naming of these and the different aspects that make up his

illness, he begins to use language as a way of processing what he is experiencing. He tells Dr Minerva: "Here's something for you, Doctor: my parents are now part of the Tentacles, and my friends too. My Tentacles have Tentacles, and I'm never going to cut them off" (Vizzini [2006] 2015, p. 127). In this instance, anything not immediately necessary either to keep him alive or alleviate the acute stress he feels, is simply a problem too great to be unpicked; and it is into this category that the arts and literature initially drift.

Fearing the worst has played a pressing part in Craig's thoughts spiralling out of control. One chain begins with missing out on a limited opportunity for extra credit, and ends in visions of "the ultimate thing—homelessness" (Vizzini [2006] 2015, p. 15). Craig's own term for these recurrent processes is "the Cycling", "going over the same thoughts over and over. When my thoughts race against each other in a circle" (Vizzini [2006] 2015, p. 105). Such thoughts are at once cyclical, seemingly endlessly occurring, yet also become forms of catastrophising, moving ever towards more and more fearful projected outcomes. They are bound up with imposter syndrome: "The thoughts trail one another in my brain, running from the back up to the front and dripping down again under my chin: I'm no one; I'll never make it in my life, I'm about to get revealed as a fake [. . .] but I don't know it yet; I know I'm a fake and pretend not to" (Vizzini [2006] 2015, p. 136). Yet the language use here moves in the opposite direction: Craig's ability to conceptualise his thoughts and emotions in such extraordinary, figuratively physicalising and externalising terms ("dripping down again under my chin") shows how Vizzini represents him as creatively empowered, even as he does not realise it.

The way in which Vizzini conveys Craig's thought processes in these moments is similar to the "thought spirals" experienced by Green's protagonist, Aza Holmes, in *Turtles all the way down* (Green 2017); as with Vizzini's novel, this can be read through a wider creative and social lens than diagnostic readings such as Manutscheri's. This novel combines a detective investigation with a romance narrative; the protagonist has a severe form of obsessive–compulsive disorder (OCD). When Aza hyper-fixates on a tiny cut on her hand that could get infected, she quickly "spirals" from typical thoughts of soap and wound dressings to paralysing, irrational fears of an extremely rare but deadly virus (Clostridium Difficile) that could "attack from the inside" (Green 2017, p. 12). At one point, the thought spirals get so "tight and unending" that she attempts to swallow hand sanitiser and is mistaken for a desperate alcoholic. Again the sense of unreality is a component of Aza's actual experience: as she notes "even though I laughed with them, it felt like I was watching the whole thing from somewhere else, like I was watching a movie about my life instead of living it" (Green 2017, p. 75). This experience is shared by Craig as he spends time with Aaron and Nia whilst feeling distinctly separate from them.

Vizzini sustains Craig's creative language use through the novel. Tentacles and Cycling have their counterparts in "Anchors" (Vizzini [2006] 2015, p. 15) that ground Craig, and ultimately "the Shift" (Vizzini [2006] 2015, p. 17), which is a change in mindset significant enough to mark return to mental health: the narrative arc of recovery is a process of seeking such a return. These creative depictions, which vividly dramatise the painful realities of these conditions, illustrate how powerful imaginative language can be in conveying experiences of mental illness, bringing metaphorical expression even into the act of (self-)diagnosis. In inventing his own terms for what he experiences, Craig performs something Mad Studies would recognise as a reclamation of interpretive authority: rather than accepting the language of clinical diagnosis as the only available vocabulary for his condition, he creates a language adequate to his own experience: one that proves communicable to others, including readers, in ways that clinical diagnosis and its attendant vocabularies alone cannot.

Vizzini's choice to have Craig invent his own terms to describe what he experiences allows the representation of mental illness to have wider reach. Had Vizzini used medical terminology alone, the text would be less accessible and engaging; equally, had he used regular slang, there would be the potential to become rapidly dated. Instead, Craig's language vividly communicates the sense of a destructive living process inside his head that others can readily understand or relate to. Vizzini thus achieves in his representation of Craig's inner mind both an individuated experience and the representation of conditions with emblematic reach.

4.3. Ethical Framing and Perspective

Craig's fear of failure and destitution recurs throughout the novel, but is tempered by his encounters in Six North with people who have been—or will become—homeless upon leaving. The realisation that it can be worse gives a sense of perspective which can offer consolation. After Bobby secures a place to live, Craig has a check of his own privilege: "Me? I have one. I'll always have one. I don't have any reason to worry about it. My stupid fantasies about ending up homeless are just that—the fact is that my parents will take me in anytime, anywhere. But some people have to get lucky just to live" (Vizzini [2006] 2015, p. 317). At worst, such forms of comparison might lead to an ethically bankrupt form of *schadenfreude*; but Vizzini makes it clear that Craig's social realisations in the hospital are interactional, as much about the generation of compassion and empathy as of personal consolation. Equally, the comparisons Craig makes with some of the other patients could easily fall into the trap of making him feel guilty for his suffering; but Vizzini artfully avoids this.

These realisations are themselves a form of social-model thinking within the fiction: Craig comes to understand mental illness not as an individual failing but as a condition produced and exacerbated by social environments, competitive structures, and cultural silences. The ethical framing of the novel, with its carefully-managed perspective on romance, shame, and privilege, is thus also the social-model argument, made feelingly rather than discursively.

Though it could be the case that the misfortune surrounding him might lead to a sense of inadequacy and ungratefulness, Craig is by the end of the novel mature enough to recognise that his suffering is valid. He goes from worrying he will come across as a spoilt rich kid to understanding that social privilege and psychiatric health do not align (Vizzini [2006] 2015, pp. 206, 317). There is a sense that though he is from a nice neighbourhood, he comprehends that the chemical imbalances associated with psychiatric illness can affect people of any age, race, gender or socioeconomic background. That this is emphasised so emphatically in a text created for young adult readers, many of whom may be facing similar issues, is highly important.

Furthermore, changes in perspective are key to changes in thinking. Awareness of the spectrum of suffering can give not only the sense that things could get worse, but also that they can get better. Craig's recovery, and the novel's happy ending, might appear artificial, but they offer such hope. We might remember too that the "funny" of the title is both a self-deprecating euphemism, and points to the humour with which Craig is able to imbue his story. Such careful selection of what directions the protagonist takes, and the way in which these are framed, speaks to the ethical artistry of both its realism and its romance.

An awareness that others suffer *similarly* is as important to Craig's growing understanding as the sense that it could be worse. As Craig learns about his own privilege, he also comes to understand how common mental illness is: an awareness that can itself be a starting point for recovery. Speaking with the Principal of the Executive Pre-Professional High School, Craig learns that "It's a *very* common problem among young people" (Vizzini

[2006] 2015, p. 312); and more widely: "I come in here and I see that people from all over have problems" (p. 363); "And not only in here: all over [...] there are studies that show like, one fifth of Americans suffer from a mental illness, and suicide is the number-two killer among teenagers and all this crap ... I mean *everybody's* messed up" (pp. 363–64). The statistics, and reporting, varies globally, but according to MIND (2025), approximately 1 in 4 people in the UK will experience a mental health problem in any given year; the social speculation and fear surrounding some disorders nonetheless persists.

5. Reception, Impact, and Further Directions

The preceding sections have argued that *It's kind of a funny story* operates across a range of representational modes—realist, romantic, figurative, and meta-artistic—and that this range is not incidental to the novel's value but constitutive of it. Before turning to our conclusions, it is worth considering what evidence exists for the impact such novels have on their readers, and what further directions this opens up for critical and empirical inquiry.

The novel's seriousness in representing mental distress is, in part, what makes such impact plausible. For all that romance and humour figure in this text, Vizzini is careful not to obscure or soften some of the more frightening dimensions of Craig's experience. The moment in which Craig genuinely contemplates jumping from Brooklyn Bridge is narrated with unflinching precision; the physical panic of his stress vomiting is rendered at length. These moments are intrinsic to the novel's project of showing how it can be, but also what you can do. The novel works against misrepresentations of depression that elide its most terrifying aspects and which risk reproducing the very culture of minimisation—seeing depression as mere laziness, anxiety as ordinary, OCD as illogical—that leaves those experiencing mental illness without adequate recognition or support (Crockett et al. 2025). Vizzini's refusal of such elision is what gives his fictional artifice its ethical weight.

Such experiences are also built into the novel's narrative construction, as we have explored. Craig's developing focalisation, his intertextual references, and his figurative language are not ornamental; they mirror and enact his internal journey, deepening the truths the text can impart. His question to Noelle, "Why hide what you've been through?", performs exactly the kind of empathic recognition the novel seeks to foster in its readers (Vizzini [2006] 2015, p. 283).

The sustained engagement this novel has generated over nearly two decades offers some indication of its reach. Evidence of this is visible in the emergence of online reading communities centred on YAL dealing with mental health. On Reddit, for example, discussions of Vizzini's text are poignant and varied, with some explaining that it spoke to them in their teenage years and thus helped them open up to their friends about mental illness. There are others who remark that though the novel presents a teenage perspective, it resonates with their experiences with mental illness at later ages (Reddit 2019). This speaks to the power of Vizzini's craft to capture teenage experiences so expertly that they ring true for those similarly affected (Reddit 2019). Vizzini anticipates such wide-ranging identifications in the range of patients and diagnoses within his novel. He presents the hospital ward as a snapshot of contemporary America. It is important to note that several commenters on Reddit also point out examples of transphobic rhetoric in the book and identify its potential harmfulness (Reddit 2019). Again, the ethics of such representations rests upon the extent we can read the novel's representations as dramatising a particular and limited focalisation. Beyond the mimetic, readers' responses on Reddit also take account of the imaginative dimensions of Vizzini's text, and the way they can transform the understanding of mental illness: some commentators reveal that they have adopted Craig's language to describe their own symptoms (Reddit 2019). This is consistent with what the social model of mental

health would predict: that language which names experience socially and creatively, rather than clinically, can be both more accessible and more empowering.

On Instagram, there are entire pages dedicated to reading YA literature, and within that, pages specifically focussed on mental illness representation (including those centred on specific conditions). These creators often compile reviews, recommendations and share more nuanced opinions based on their own lived experiences. They draw attention to Suicide Prevention Month and Mental Health Awareness Month and often have links to organisations for support in their biographies. Some of these posts garner tens of thousands of views, with some creators having more than 150,000 followers. Comments sections on these posts have proven to be spaces for readers to share their opinions, ask for recommendations, and even make recommendations for getting support. They have in common a shared interest in a text or texts discussing some of the most challenging aspects of the human experience. These parts of the internet inadvertently provide evidence of the power of literature to forge connections with those we would never have typically come across, in the name of support. Books that are mentioned commonly throughout these accounts include Green's *Turtles all the way down*, Niven's *All the bright places* (Niven 2015), Chbosky's *The perks of being a wallflower* (Chbosky 1999), and Covington-Armstrong's *Not all Black girls know how to eat: a story of bulimia* (Covington-Armstrong 2009).

The empirical basis for these responses is being developed, albeit cautiously. Group-based bibliotherapy research, such as the programme of studies led by Josie Billington and colleagues at the University of Liverpool's Centre for Research into Reading, Literature and Society, has recorded positive impacts on markers of depression, feelings of social isolation, self-confidence, and communication skills among participants with diagnosed mental illness (Billington et al. 2010; Dowrick et al. 2012). Studies of individual reading have similarly argued for positive effects on interpersonal empathy and theory of mind (Carney and Robertson 2022). However, as Carney and Robertson's (2022) review of the field in *PLOS One* makes clear, these results do not generalise in a straightforward way: a meta-analysis by Montgomery and Maunders (2015, cited in (Carney and Robertson 2022)) found only minor evidence for the efficacy of creative bibliotherapy in addressing PTSD, while Glavin and Montgomery (2017, cited in (Carney and Robertson 2022)) found no therapeutic effects at all, and Carney and Robertson's own findings suggest that a process of cognitive consolidation (including reflection and discussion) is required before fiction exposure translates into measurable wellbeing benefits. More specifically relevant to YAL for adolescent depression, Liao et al.'s (2025) narrative review in *Frontiers in Psychiatry* finds promising outcomes across both creative and self-help bibliotherapy formats, particularly when integrated with structured discussion, whilst noting that effectiveness is substantially moderated by text selection, reader characteristics, and cultural context. The case for YAL's therapeutic value, in short, requires ongoing empirical scrutiny rather than assertion.

Vizzini's novel was itself used in a narrative intervention psychology experiment in 2022; the author, Taleen Nalabandian, set out to investigate "the types of fictional narratives that depression-prone individuals gravitate toward and those that serve to alleviate or exacerbate symptoms", using extracts from *It's kind of a funny story* to assess the effects of different representations of character on those with and without trait depression (Nalabandian 2022, p. vi). The findings showed those "scoring higher on trait depression positively rated narratives depicting a depressed (rather than a non-depressed) protagonist by way of greater identification and development of a parasocial bond with the depressed protagonist" (Nalabandian 2022, p. vi). These findings resonate with the novel's own design, which invites precisely such identification through its first-person, present-tense focalisation and Craig's distinctive creative vocabulary.

Further empirical work could usefully investigate whether different representational modes—diagnostic realist, social-model inflected, figuratively rich—produce different effects in readers with varying relationships to mental illness, and whether the creative dimensions of such novels that we have here identified amplify, complicate, or condition their bibliotherapeutic potential. Such work would represent a productive conversation between literary criticism, Disability Studies, and clinical psychology, extending the vital interventions that bibliotherapy can bring.

6. Conclusions

This article has argued for an expansion of the critical frameworks through which scholars and educators approach the representation of mental illness in Young Adult Literature. Beginning from a survey of diagnostic realist criticism as the field's dominant mode, we have identified both its considerable value and its structural limitations: the tendency to measure fiction primarily against clinical criteria, and to overlook those dimensions of literary representation that cannot be diagnosed but that may nevertheless do the most powerful therapeutic and social work.

The social model of disability, and the perspectives of Mad Studies, have offered a complementary frame. Where the medical model asks "is this representation accurate?", the social model asks "what does this representation reveal about the conditions—institutional, social, cultural—that produce and compound mental distress?" Vizzini's novel, as we have shown, is highly responsive to this second kind of questioning. Six North is rendered as a social world; the competitive school is rendered as a structure that produces crisis; recovery is figured not only as medical treatment but as the discovery of community, creative expression, and a language adequate to experience.

Close attention to the novel's artistry has allowed us to see this more clearly. The romance conventions, read diagnostically, can appear clinically irresponsible; read with attention to their framing through Craig's developing focalisation, they become part of the novel's account of the relational dimensions of recovery, demonstrating the ways in which connection, hope, and even idealisation are constitutive of getting better, rather than distractions from it. The figurative language—Tentacles, Cycling, Anchors, the Shift—is not merely vivid; it enacts a form of creative self-interpretation that the novel's overall arc, and its intertextual reach, reflects and endorses. The meta-artistic dimensions of the text, from Craig's drawing to Muqtada's music to the novel's own narrative construction, together make the case that creative expression is not supplementary to recovery but central to it.

This widened critical approach does not diminish the importance of diagnostic readings. The mimetic accuracy of Vizzini's representations—of suicidal ideation, of the experience of depression, of institutional psychiatry's mixed capacities—remains the foundation upon which everything else rests. What we have proposed is that this foundation can support more than has previously been built upon it: that fiction's artistry and its social imagination can be taken seriously alongside its clinical fidelity, to the enrichment of both. As YAL continues to engage with the realities of mental health, and as the field of criticism that accompanies it matures, it will be important to develop frameworks adequate to everything that literature, at its best, is capable of doing.

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Abbreviations

The following abbreviations are used in this manuscript:

YAL	Young Adult Literature
NHS	National Health Service (UK)
DSM-5	*Diagnostic and statistical manual of mental disorder*, 5th edition

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