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MAD FOR LITERATURE, OR HOW THE BELL JAR CAN SAVE YOUR LIFE

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ABSTRACT

In the twenty-first century, mental illness seems to be at an all-time high. Suicide rates have increased dramatically, and yet, it feels as though this is not talked about enough. How do we fix this? How do we start the journey towards mental wellness, individually and as a society? Through reading critical literary texts that share detailed stories of mental struggles, people will learn to be more empathetic, compassionate, and understanding regarding those who are living with altered mental states. Can literature be the missing piece in this equation? Literature has incredible healing qualities which are explored in depth throughout this thesis. As a way to begin teaching the power of empathy through literature to students, I have proposed the creation of a seminar graduate course titled “Mental Wellness Literature,” with an included description of the course and a syllabus.

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Chapter 1: Literary Texts and Narrative Medicine: A newfound source of empathy

Writers throw caution to the wind and take real events, real stories, and preserve them between two covers for people to read forever, grappling thereby with eternity. Writing is forever! And some of the best writers share a story that never ages. No matter how many steps forwards society takes, the story that the writer shared years ago is still relevant, and it still poses problems that this modern society needs to address. Sometimes these literary texts can even offer healing.

How might literary archives ancient and modern be so presumptuous as to heal us? “Healing” resonates in its etymology with wholeness, while analytical intelligence and science offers pharmacological solutions. Literary texts can offer practices of syntheses, making us whole. Literature has an intensive capacity for addressing problems and proposing solutions. Through story-telling, writers connect people and places together. People seek to find solutions to many modern problems of twenty-first century societies with science and math, or implementation of new technology. What about the problems that can’t be solved in a lab, or by an equation, or a machine?

Clearly, there are such problems. One problem in particular is the way in which mental illness is addressed, discussed, and treated. Many may try to propose solutions for the treatment of mental illness based on scientific studies. However, scientific studies may fail to acknowledge the biggest problem surrounding mental health awareness and treatment—empathy. J.D. Trout writes that empathy is, “the capacity to accurately understand the position of others—to feel that ‘this could happen to me.’” When we are successful, our efforts at empathy reveal our shared susceptibility to risk and harm. Empathy enables us to accurately understand another’s inner states by placing ourselves in his situation or taking his perspective” (Trout 21). Even the most

precise neuroscientific description cannot tell us what empathy *is*, or how to feel it. Neuroscience can only describe the causal mechanisms that underlie our experiences.

Literature is often thought of as a dying art at a digital moment, or a field which no longer provides viable solutions to a society which seems to be acutely focused on science and technology. However, literature engages and transforms raw emotions and real-world experiences that can give readers insight into experiences that they may have never had. With reading such experiences, readers and writers become practitioners in empathy. How? Simply by reading these experiences, readers are living in the stories. They can feel the suffering of characters who are plagued with mental struggles, who reach out for help but do not get the help they need, and who, from the reader's perspective, deserve to recover. These stories draw on readers' resonance with the suffering and transformation of the characters. The experiences on the page may be fictitious, but they are, in fact, experiences that real, everyday people have. By reading fictional works that capture the reality of what it is like to suffer with a mental illness, such as the overwhelming symptoms that affect everyday life, along with the ways in which people treat and try to help those with a mental illness, we can begin to sympathize, understand, or feel similarly to the way that they may be feeling. Literature can, in short, be as consciousness expanding as any pharmacological remedy.

It is through the power of language that readers may begin to *comprehend* the nature of suffering with mental illness. Literature, in these necessarily participatory narratives, becomes a therapeutic resource, a pilates for our practices of reflection and healing. And furthermore, through reading about peoples' experiences with mental illness and various methods of treatment, although they may be fictitious, I hope that a fire is ignited in you. These stories emphasize the importance of acting with empathy towards those who may have different

experiences than you. I know through reading literature which details struggles with mental illness, I have been given a new perspective otherwise unachievable, and for that, I am thankful.

Chapter 2: *How Proust Can Change Your Life*

Alain de Botton, in *How Proust Can Change Your Life*, illustrates how to use literature as a tool to come to terms with life experiences. The universe portrayed in *How Proust Can Change Your Life* is participatory: we mirror our own interactions in and through the world. de Botton's literary biography, titled to evoke a sense of a self-help type book, is structured by a series of chapters that elaborate on how to improve one's quality of life, drawing on Proust's writing to emphasize different aspects of his praxicum on literary texts as narrative medicine.

The text ricochets back and forth between de Botton's thoughts and Proust's, gracefully connecting both writers' works together. Might literature serve as a legitimate therapeutic solution through this connective labor? De Botton proposes an answer to this question, writing, "One might ask whether *any* novel could genuinely be expected to contain therapeutic qualities, whether the genre could in itself offer any more relief than could be gained from an aspirin, a country walk, or a dry martini" (de Botton 19). Some people find relief from troubles and pain through self-medicating, or through exploring nature, so why can't reading a novel have the same calming effect? It is far healthier than self-medicating and opens up a door of endless possibilities for self-discovery through reading the stories of others. Can we experiment with becoming others in order to learn about ourselves and heal? The novels we read inherently connect to the lives of others, and work in conversation with them, creating an intimacy we might compare to touch, hapticity. De Botton calls this an "...intimate communion" (de Botton 24-25).

De Botton's usage of the word "communion" signifies a close connection, and with intimacy, there is often a sense of emotional connection above all else. Applying that intimacy to literature, the text and reader connect, resulting in an emotional experience. De Botton adopts

Proust's words which emphasize this point. Proust says, "*In reality, every reader is, while he is reading, the reader of his own self*" (de Botton 24-25). This phrase explains how emotions and connections arise through reading. Readers have the opportunity to incorporate themselves in texts and *imagine* a situation. They have the opportunity to understand something from a unique perspective that is otherwise unreachable. The Buddha says, "You become what you think," so it is clear that dwelling on and connecting with a text that promotes mental wellness will encourage healing.

One of the strongest, most relevant assertions that connects to emotional experience that de Botton makes is, "The book will have *sensitized* us, stimulated our dormant antennae by evidence of its own developed sensitivity" (de Botton 29). "We cannot therefore allow ourselves to judge the legitimacy of another's pain simply on the basis of the pain we would have suffered had we been similarly afflicted" (de Botton 63). We are searching for solutions to problems that are affecting society—racism, violence, governmental corruption, coping with illness—when the solution is right under everyone's noses. The beginning of any solution emerges: empathy, sensitivity, compassion, *understanding*. Kindness. Judging the way that someone reacts to something that is *painful* for them is simply *insensitive* and does nothing to illuminate the nature of the challenge and how it might be best healed. But change occurs. This is the very condition of literature, that a narrative be capable of causing change. Using literature as a tool to participate in empathy can trigger empathy. Perhaps, the way in which people address mental health as a whole will improve, provoking a feedback loop of attention towards and care for each other, what the philosopher Martin Heidegger termed simply "care" or "Sorge"—the care and even concern or anxiety for the condition of being at risk and suffering, that we feel for ourselves and

each other as finite beings. When we read, we can participate in that care, and that participation is practice in empathy.

Chapter 3: *The Bell Jar*

Sylvia Plath's *The Bell Jar* has the remarkable effect of illustrating how mental illness can take over one's life. This novel shows the importance of expressed sympathy and empathy from others while working towards recovery. Plath writes from the point of view of Esther Greenwood, a bright young twenty-year-old girl who has recently moved to New York for a month to work with a magazine company. As her story unravels, readers learn that the drastically different lifestyle that Esther adopts takes a toll on her, and makes her transition home challenging. Adjusting to changes in her life becomes quite difficult and she experiences feelings of defeat. She feels alone, she feels like an outsider, she feels *different*—to the point where she no longer wants to live.

Although Plath published her novel in 1971, many passages still speak directly to us. Her description is timely in the midst of a suicide epidemic. It demonstrates for readers the nature and experience of mental illness as something that simply cannot and should not be handled alone. In order to illuminate this point, it is necessary to first examine the diverse signs that Esther exhibits that give way to her poor mental state, and following this, examine the ways in which people work to help Esther.

***The Bell Jar*: Visible and Invisible Effects of Anxiety**

Esther shares that she “knew something was wrong” with her, because she “was supposed to be having the time” of her life (Plath 2). She is aware that the way that she feels is different from her expectations of how she thinks she should feel. These can perhaps be thought about as altered states of feeling and thinking, either a state of what may appear as a lack of ability to feel or think (depression) or a state of hyper-ability to feel and think (anxiety). Based on this distressingly viable shorthand description of depression and anxiety, Esther exhibits anxious

tendencies when she receives the news that she did not receive admittance into a writing course, when her thoughts reveal, “Then plan after plan started leaping through my head, like a family of scatty rabbits. I saw the years of my life spaced along the road in the form of telephone poles, threaded together by wires. I counted one, two, three...nineteen telephone poles, and then the wires dangled into space, and try as I would, I couldn’t see a single pole beyond the nineteenth. The room blued into view, and I wondered where the night had gone” (Plath 122-3).

Esther becomes consumed by her worries of the future, to the point where she is proposing preposterous ideas and time passes without her noticing: “I wondered where the night had gone” (Plath 123). It is almost as if her brain is in overdrive, and it cannot be shut off, not even for sleep. This is a concept that philosopher and writer Soren Kierkegaard addresses and labels as the “dizziness of freedom”:

Anxiety may be compared with dizziness. He whose eye happens to look down into the yawning abyss becomes dizzy. But what is the reason for this? It is just as much in his own eye as in the abyss, for suppose he had not looked down. Hence anxiety is the dizziness of freedom, which emerges when the spirit wants to posit the synthesis and freedom looks down into its own possibility, laying hold of finiteness to support itself. Freedom succumbs in this dizziness (Kierkegaard 61).

Esther looks into the “abyss” of the future and cannot control her thoughts in response to the future. She describes them as leaping around in her head, like “scatty rabbits.” “Freedom succumbs in this dizziness.” The very opportunity presented by this closing door is experienced as too much freedom rather than a constraint: All matter of possibility arrived at once, in a dizzying array. Plath’s usage of “scatty rabbits” in this instance is certainly not coincidental. In many instances, “scat” is used to describe animal waste, and paired with “rabbits,” that makes

sense in this context. Esther is likening herself to shit, and such negative self-talk is a surefire way to spiral out of control. Additionally, “scatty” can also be used in the context of describing someone who is disorganized or absent-minded. Esther is both disorganized and absent-minded, as her thoughts spiral out of control and feed into one another. Such careful and *clear* choice of diction prompts readers to establish this connection between Esther’s self-image and perception. We, too, might feel ourselves becoming scatty rabbits.

The Bell Jar: Why Empathy Matters

Esther’s negative thoughts become independent from her person. They feel like intrusive thoughts that she does not want. Her focus seems to be compromised by the thoughts in her head. She shares her feelings with a doctor, starting the process of working with another human to get help. Esther’s “connection” with a psychiatrist is particularly disappointing and illustrates the lack of *empathy* that hurts Esther’s chances at recovery.

The people that Esther reaches out to for help have a drastic impact on her health and self-image. Upon talking with her doctor, who prescribes her sleeping pills, she shares that she can’t sleep or read, and asks for a stronger dose of sleeping pills. Esther says, “‘I can’t sleep. I can’t read.’ I tried to speak in a cool, calm way, but the zombie rose up in my throat and choked me off. I turned my hands palm up” (Plath 126). This instance is striking—prescribing medication is something functions as a solution to the symptoms of anxiety, such as the inability to sleep. This is only a quick fix that does not address the problems, but rather, mutes or quiets them. Esther’s doctor, Teresa, seems to lack knowledge on how to handle the problems that anxiety causes. She has good intentions, but seems to be incapable of playing a part in Esther’s recovery process. She pushes Esther to see Doctor Gordon who will be able to help more. Although Teresa is characterized as a nice person with a “gentle, intuitive touch” (Plath 126),

that does not mean that she has the tools necessary for helping Esther, which prompts readers and Esther herself to believe that maybe Doctor Gordon will have these tools. Somebody better!

Esther's first encounter with Doctor Gordon begins with promise, but she is quickly let down based on the way that he interacts with her. Esther states that she feels safe when first entering Doctor Gordon's office waiting room, but after meeting him, she is disappointed. It truly begins with his first statement, "Your mother tells me you are upset" (Plath 128)? Doctor Gordon knows that Esther is upset, but he wants *her* to articulate why she is upset, as if *she* has the answers. It comes across as condescending. Esther's internal dialogue gives way to this, as she says that she pictured someone who would have heard her symptoms and then said, "Ah!" in an encouraging way, as if he could see something that I couldn't, and then I would find words to tell him how I was so scared, as if I were being stuffed farther and farther into a black, airless, sack with no way out...And then, I thought, he would help me, step by step, to be myself again" (Plath 128-9). Rather, Doctor Gordon does not serve as the savior figure that Esther longs for. This is a trope that we can see in many literary works: a character struggling, longing for a savior that will make the situation *better*.

Most stories are, of course, connected to each other. Patterns are borrowed within and across cultures. Perhaps one of the oldest in the west was held at the mystery cults of Eleusis, Greece, where the *Hymn to Demeter* narrates a trip to hell and back. The similarities between Esther's journey to the mental health establishment and Persephone's abduction to the Underworld is rather uncanny. In Homer's *Hymn To Demeter*, Demeter's daughter Persephone is stuck in Hell with no escape and perhaps, Esther's condition is her Hell. Homer writes of the healing that comes with "gentle words."

So that he may persuade Hades, with gentle words,

that he allows holy Persephone to leave the misty realms of darkness
and be brought up to the light in order to join the *daimones* [the gods in Olympus], so
that her mother may
see her with her own eyes and then let go of her anger.

Hermes did not disobey, but straightaway he headed down beneath the depths of the earth,
rushing full speed, leaving behind the abode of Olympus.

And he found the Lord inside his palace,
seated on a funeral couch, along with his duly acquired bedmate,
the one who was much under duress, yearning for her mother, and suffering from the
unbearable things

inflicted on her by the will of the blessed ones (“Homeric Hymn to Demeter”).

Esther suffers in a way that resonates with Persephone’s story. While Persephone was physically abducted, Esther herself is suffering at the hands of her own care-givers. Both are “suffering from the unbearable things inflicted...” in worlds that feel clouded with darkness, with no light at the end of the tunnel. As for Persephone’s story however, she is released from the Underworld, but has to make a compromise with Hades and live there for winter months. So too will Esther grapple suffering with the demons in her mind that seem to be pushing her deeper and deeper into Hell. Demeter got a caring visitor in the form of her mother. Esther gets a visit with Doctor Gordon.

Positive interactions with caring healers are the source of healing for the *Hymn to Demeter*. Healers do not simply deliver prescription, but, provide an interaction composed fundamentally of care. Healers are *supposed* to help her. And in the case of Esther’s first interaction with Doctor Gordon, care goes wanting. Plath is working in this situation to uncover

the ways in which perhaps males are hypercritical of females, especially females who are struggling with their health and are made to feel *weak* or inferior. Plath is also conveying the lack of a voice that Esther has, because others are taking her voice from her. Her mother. Her Doctor. They are speaking for her and assuming things about her which are untrue.

The language that Doctor Gordon uses does not encourage her or empathize with her, but rather, comes across as pointed and condescending. The first word that is problematic is “try.” If we as readers are assuming that Esther feels as though Doctor Gordon is condescending (which, based on her internal thoughts, yes, she does), the usage of the word “try” sounds like articulating her feelings and thoughts is impossible, because with the word “try,” there is no mention of success. Doctor Gordon insinuates that success is not possible through using the word “try.” Furthermore, through examining this interaction with a lens which criticizes authoritative figures and their potential superiority complex, Doctor Gordon is insinuating that Esther is incapable of articulating her feelings. Esther’s voice is muted here, which surely does not push her to want to recover, nor does it provide any *hope* of recovery.

Doctor Gordon’s usage of the word “wrong” really seals the deal for labeling this as a condescending phrase that truly lacks any empathy and understanding. The usage of the word “wrong” indicates that there is something incorrect or abnormal about Esther. This creates a literal marker of difference. Her feelings and thoughts are “wrong” and therefore she needs to be fixed. It is such a loaded word to use with a topic like mental illness. Just because one suffers with depression or anxiety does not make them wrong. And it surely should not make them different from others in a way that is off-putting and non-approachable. Yet in this situation, that is precisely what Doctor Gordon has done to Esther. He has solidified through his condescending attitude that something is wrong with her.

Rather than Doctor Gordon pushing through the situation and having patience with Esther, who is confused and stuck in her own mind, he tells her, “See you next week, then” (Plath 131) and addresses no aspects of her mental state. This is perplexing and troubling; seeing someone suffering in such a way and then not speaking to them in an understanding way even though it is your job. Yes, that is terrible. Situations like this illustrate a problem that many people who are suffering may have. They are scared to get help. What if the help does not help? What if the supposed help makes it worse? What if the help cannot empathize? Or *what if* there is no way out? Esther’s experience here is one that many are terrified of having. There has to be a better way to help people who are struggling with their mental health. Asking questions to which the patient does not know the answer is pointless, otherwise, the patient would not be there for a visit.

Although their first encounter did not lift Esther’s spirits or help her situation, she goes back for a second appointment with Doctor Gordon. Their interactions improve, as he asks her, “how do you feel this week?” (Plath 134) which is more open ended and uses language that does not connote her feelings to be wrong or right. Rather than talking to her, when she says that she feels the same, he steps towards the “next step” which is shock therapy.

Reading this as a twenty-first century reader is horrifying. Simply. Horrifying. How can a psychiatrist behave in this manner? He does not have any sense of her symptoms, aside from what her mother may be sharing, yet he is acting. This feels wrong. What if her symptoms would have been managed with therapy? What if she needed to talk things out? Or what if she just needed someone to listen and try to understand that she was struggling and life was hard? Doctor Gordon simply ignores all of these “what ifs” and takes Esther to his private hospital where

shock therapy is performed on his patients. During Esther's shock therapy, staff around her tries to minimize just how traumatizing the experience is, rather than sympathizing with her.

While preparing her for the shock therapy, a nurse talks to her and tries to soothe her worries, but it comes off as ignorant and condescending. Plath writes, "'Don't worry,' the nurse grinned down at me. 'Their first time, everybody's scared to death'" (Plath 143). The part of this encounter that is the most ignorant of all is the nurse's smile; the word "grin" connotes something a bit darker than a smile, almost as if the nurse knows something that Esther does not know. Esther is already an extremely nervous and worrisome person, so the intimidation is amplified. Rather than the nurse perhaps approaching this situation and offering encouragement and understanding how scary it must be, she seems to have become insensitive to what is happening. It is so painful to read Esther's experience of shock therapy for the first time. Plath writes,

I shut my eyes. There was a brief silence, like an indrawn breath. Then something bent down and took hold of me and shook me like the end of the world. Whee-ee-ee-ee-ee, it shrilled, through an air crackling with blue light, and with each flash a great jolt drubbed me till I thought my bones would break and the sap fly out of me like a split plant. I wondered what terrible thing it was that I had done (Plath 143).

The way that the doctors try to help Esther legitimately makes her think that she has done something horrible and the shock therapy is her punishment. What they see as help, she feels as physical pain. This treatment may even comprise torture. Her experience with Doctor Gordon and his nurse traumatized her so much that she says she is never going back again. These people are not trying to understand her. They treat her like a robot that has a couple of wires out of place.

Esther tells her mother that, “You can call him up and tell him I’m not coming next week,” to which her mother responds, “I knew my baby wasn’t like that” (Plath 145). Confused, Esther asks, “Like what?” and her mother’s reply is furthermore, just as heartbreaking as the shock therapy instance. Her mother says, “Like those awful people. Those awful dead people at that hospital. I knew you’d decide to be all right again” (Plath 145-6). Not only does her mother “other” the patients at the hospital for their mental illnesses—none of which they asked for their affliction—but she “others” her own daughter and makes it seem as though Esther was just sad for a couple of days and “decided” that she did not want to be sad anymore. It is simply incredible the way which Plath illustrates all of the people who are supposedly on Esther’s team. They are all villainous. They do not help her, but their words and actions hurt her. Not only does Esther’s mother treat the topic of mental illness rather poorly, but she also takes a largely hands-off approach surrounding Esther’s treatment and recovery. Esther begins to experience a great deal of solitude, which is surely not good for someone who is living in an altered mental state. As a result of this altered mental state, the real world is muted and numbed.

Language coerces Esther more than it informs her here. It certainly does not heal her. Perhaps it even convinces Esther that she *was* like the “dead people” at the hospital, or that she still *is* like them. Rhetorician Gorgias explicitly illustrates how powerful language is throughout his works, specifically through *Encomium of Helen*. This defense case for Helen of Troy’s innocence describes the authoritative nature of language as equivalent to the power of a drug.

In Jonathan Pratt’s, in “On the Threshold of Rhetoric: Gorgias’ *Encomium of Helen*,” Pratt succinctly pins down the true argument that Gorgias is crafting through defending Helen.

The power of *logos* is to the order of the soul as the order of drugs is to the constitution of bodies: just as different drugs cause the body to secrete different humors, and some drugs

make it cease from illness, while others make it cease from life, in like manner some *logoi* cause pain, others delight, others fear, while still others make their hearers bold, and others by some malign persuasion drug and bewitch the soul (Pratt).

“Power” in this excerpt prompts an initial reaction for readers to think about language as both a tool and a weapon. Using language to *encourage* or *excite* or *celebrate* someone is a tool to establish connection and relationship. Using language to *humiliate*, *other*, or *upset* someone is a weapon that drives apart relationship and creates a void which ultimately becomes self-doubt and loneliness. When Esther’s mother likens her daughter to “dead people” in the hospital, she uses words as a weapon that does more damage than she could know. She is self-centered and worried how Esther’s condition affects *her*.

Additionally, Pratt is asserting that the reactions that drugs cause in the human body, such as laughing, illness, or healing, are also possible through logos, the power of language—perhaps both spoken or written. So if we really take that for what it’s worth, what’s the difference between taking a Zoloft every day or reading a book with an approachable narrator who so kindly shares his or her story of struggling? Our comparison is not that simple, but it poses an interesting question regarding viable ways of achieving recovery and *living* life with a mental illness. Molecules are not automatically more powerful than narratives, as the case of placebo demonstrates every day.

But while placebo is the positive aspect of narrative medicine, Esther engages in self-harming behavior and ultimately insinuates that her pain and lack of support is too much to bear. She fantasizes about her death when in a bathroom holding a razor, remembering that she once heard of a philosopher wanting to die by bleeding out in the bathtub. She describes the process as if it were a mathematical algorithm:

It would take two motions. One wrist, then the other wrist. Three motions, if you counted changing the razor from hand to hand. Then I would step into the tub and lie down...But the person in the mirror was paralyzed and too stupid to do a thing (Plath 147-148).

Esther's mental state is worsening, yet no one is there to help her. When recovering or managing a mental illness, encouragement is vital. Without a positive voice reminding you that you are enough, or saying a simple "I love you!", wrestling with the thoughts in your head becomes too much to bear. There is a glimmer of hope, as she does not go through with her suicide. She could see herself in the mirror and was unable to watch herself follow through.

Perhaps her reflection is her true self, who knows deep down that everything is going to be okay. Her reflection and her being are two separate entities, and she is living in a body unfamiliar to her own, which at times, is how depression and anxiety may feel or manifest. A similar metaphor is seen again when Esther tries to hang herself. She goes into excruciating detail about searching for the right place, but cannot find it. She finally settles to strangle herself with a rope sitting down, but says:

But each time I would get the cord so tight I could feel a rushing in my ears and flush of blood in my face, my hands would weaken and let go, and I would be all right again.

Then I saw that my body had all sorts of little tricks, such as making my hands go limp at the crucial second, which would save it, time and again, whereas if I had the whole say, I would be dead in a flash (Plath 159).

Esther is brutally honest about how badly she longs to be dead, to get away from a case that she thinks is "incurable" (Plath 159) based on the abnormal psychology books she reads. The presence of abnormal psychology books in her possession shows the potential of longing for and searching for help again. This is further underscored when she says, "I wondered, after the

hanging fiasco, if I shouldn't just give it up and turn myself over to the doctors..." (Plath 159).

"Turn myself over" characterizes her condition as one that is trapping her, maybe even imprisoning her. She does not "turn herself in," but rather, takes prescribed sleeping pills as her final method of committing suicide. Her mother finds her and she lives through her suicide attempt, waking up in a hospital.

I began to think I must be in an underground chamber, lit by blinding lights, and that the chamber was full of people who for some reason were holding me down. Then the chisel struck me again, and the light leapt into my head, and through the thick, warm, furry dark, a voice cried. 'Mother!' Air breathed and played over my face. I felt the shape of a room around me, a big room with open windows. A pillow molded itself under my head, and my body floated, without pressure, between thin sheets...My mother perched on the edge of the bed and laid a hand on my leg. She looked loving and reproachful, and I wanted her to go away. 'I didn't think I said anything.' 'They said you called for me.' She seemed ready to cry. Her face puckered up and quivered like a pale jelly. 'How are you?' my brother said. I looked my mother in the eye. 'The same,' I said (Plath 170-172).

After her terrible experiences with Doctor Gordon, Esther's guard is up and she is very on edge at this new hospital. She is spiteful towards her mother, who has not been in her corner throughout the entire novel. The fact that Esther is holding on, especially through her suicide attempt, illustrates a will to live buried deep within her soul. This small piece of hope living within her pushes her to hold on longer and connects her with her new doctor, Doctor Nolan, a female psychiatrist.

Their first interaction is quite promising. Doctor Nolan is more approachable, asking Esther to, "Tell [her] about Doctor Gordon" and asking if Esther liked him (Plath 189). They

have a conversation, where both parties are giving and taking. This interaction is drastically different from others Esther has had with medical professionals, in a positive way. Doctor Nolan watches the way Esther responds to situations, discusses these responses with her, and then makes decisions about her inpatient treatment which will potentially promote better responses. For example, Esther feels extremely overwhelmed when people come to visit her, which prompts Doctor Nolan to say, “‘You’re not to have any more visitors for a while.’ I stared at Doctor Nolan in surprise. ‘Why that’s wonderful.’ ‘I thought you’d be pleased.’ She smiled” (Plath 201). Not only is Doctor Nolan taking note of what Esther *needs*, but she also *smiles* at Esther. A simple kind gesture goes a very long way and establishes a sense of comfort between doctor and patient that is critical in recovery.

Through this interaction, perhaps Esther feels more comfortable with Doctor Nolan. As a result, Esther feels as though she can share her feelings towards her mother with Doctor Nolan.

“‘I hate her,’ I said, and waited for the blow to fall. But Doctor Nolan only smiled at me as if something had pleased her very, very much, and said, ‘I suppose you do’”(Plath 203).

Although Doctor Nolan is not going through a similar experience, and her relationship with her mother may be drastically different, it comes across as though she imagines herself as Esther. Doctor Nolan seems to empathize with the way in which Esther’s mother fails to understand what her daughter is experiencing. Someone who fails to empathize with a young struggling girl like Esther may respond with, “No, you don’t really mean that!,” but Doctor Nolan does not try to change Esther’s mind. She allows her to feel comfortable with expressing her feelings—the sign of someone who wants recovery and growth for her patient enough to

withstand the discomfort of another's suffering. Doctor Nolan continues to encourage Esther throughout her recovery, all the way to the moment Esther steps in her exit interview.

'Don't be scared,' Doctor Nolan had said. 'I'll be there, and the rest of the doctors you know, and some visitors, and Doctor Vining, the head of all the doctors, will ask you a few questions and then you can go. But in spite of Doctor Nolan's reassurances, I was scared to death. 'All right, Esther.' I rose and followed her to the open door. Pausing for a brief breath, on the threshold, I saw the silver-haired doctor who had told me about the rivers and the Pilgrims on my first day, and then the pocked, cadaverous face of Miss Huey, and eyes I thought I had recognized over white masks. The eyes and the faces all turned themselves toward me, and guiding myself by them, as by a magical thread, I stepped into the room (Plath 243-44).

Through Doctor Nolan's encouraging words, Esther musters up the courage to go to her exit interview and hopefully, return to life outside of the hospital walls. Although Esther still feels scared, Doctor Nolan's positive assertions are an important marker of someone with a kind, caring heart that wants patients to see growth and success. And although Esther's narrative ends here, there are endless possibilities for readers to imagine what happens after her interview, how she returns to her life outside of the hospital, how she *moves forward*. The beauty of an open-ended story about growth and recovery is this: to anyone struggling, whether it is *you* or your *friend* or *mother* or *sister*, the rest of *your* story is unwritten, and *you* can write it. Your life does not have to be dictated by mental struggles, by hospital stays, by terrible, horrible words spoken towards you. Surely these experiences affect a person, but what *truly* impacted Esther's ability to move forward in her life was interactions that fostered kindness, a space for listening, and overall, *understanding*.

The stories that people share have so much *wisdom* to teach. If there is the potential to draw this much insight from *one* story written by Sylvia Plath, imagine how much we would grow in empathy and understanding if we continue to read the stories that others share regarding the uphill, non-linear battle with the voices in their head. This is not just something I believe to be true, it is something *known* and proven to be true, with a new clinical practice known as *narrative medicine*.

Chapter 4: Narrative Medicine and Literary Therapy in the Twenty-First Century

Narrative medicine is defined as “medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness” (Charon vii). This branch of medicine is devoted to reading, writing, and telling of stories. This is medicine drawing on literary technique, with an emphasis on narrative. There is some sort of healing that comes about for the person who decides to tell their story, and with this, those listening or reading, can *learn* from the narrator and the narrative itself.

The gesture of telling of ourselves is a plea for affirmation while it puts into action an honest, sometimes brutal, but always creative, knowledge of one’s self. Writing an autobiography is usually a pivotal event in the life of its writer. Any time a person writes about himself or herself, a space is created between the person doing the writing and the person doing the living, even though, of course, these two people are identical. Called the “autobiographical gap,” this space between the narrator-who-writes and the protagonist-who-acts confers the very powerful distance of reflection, without which no one can consider his or her own actions, thoughts, or life. Within this reflective space, one beholds and considers the self in a heightened way, revealing fresh knowledge about its coherent existence. Defying ordinary time, writing the story of one’s life allows past and present to coexist not only in the mind of the author but in the resulting text, past and present transforming one another and leading to a future impossible without the act of having written the autobiography (Charon 70).

If this is applied to *The Bell Jar*, a novel Sylvia Plath wrote the *same* year as her death, was this her autobiography she needed to share? One that no one listened to? Was this her way to

exist in both the present and forever through a text? Whatever the intent, *The Bell Jar* allows Sylvia Plath, and more importantly, *her story*, to live on for years and years.

What can *The Bell Jar* teach us? Is there urgency in this battle that people so frequently fight alone? In short, and quite obvious I'd hope, yes. This novel can teach a reader a slew of things: what it may truly be like to struggle with mental health, how people both *treat* and perceive those with a mental illness, the *importance* of empathy, and seriously, above all, this novel can teach readers the importance of sharing stories with the world. If Sylvia Plath's novel reaches *one* person struggling with their mental health, or *one* mother whose daughter can't get out of bed, or *one* therapist who converses with patients, but struggles with her mental health too, this novel is doing exactly what it needs to do.

I am sure that Sylvia Plath's *The Bell Jar* has reached more than one person struggling, or one mother, or one therapist, but dozens of each, and more. Stories are tools and resources that can reach infinite audiences. Upon reaching audiences, stories can change lives forever. Writing *The Bell Jar* may have not been able to save Sylvia Plath's life, but Plath's story surely can and will save many lives. But we need more than one example for a narrative medicine apothecary. The Yellow Wall-Paper provides another angle on a story of a woman's mental illness, giving us another mode of practice in empathy.

Chapter 5: *The Yellow Wall-Paper*

While *The Bell Jar* seems to emphasize the isolation wrought by the empathy deficit of twentieth century mental health care, Charlotte Perkins Gilman's *The Yellow Wall-Paper* chronicles a woman's struggle with mental illness. This story shines a light on the importance of love. Suffering emerges because care and "treatment" are *not* done out of love or with empathy. The word treatment is in quotations, due to the fact that the way that the protagonist is treated is not through proper medical, psychological, or psychiatric help, but rather, exists in the realm of the intervention of her husband. Prior to examining the ways in which her husband's intervention worsens her struggle, it is important to set the scene for the intervention itself.

The protagonist of *The Yellow Wall-Paper*, who does not once share her name (nor does her husband address her by her name), is a young woman who has given birth to her first child, a baby boy. She appears to be suffering with what is known as post-partum depression, which sometimes happens to women after childbirth. Readers are cued in on this as she shares:

If a physician of high standing, and one's own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency—what is one to do (Gilman 2)?

The protagonist knows that she needs help, or she is "sick," which is how she acknowledges her mental state, yet those around her have been told that nothing is wrong with her. What can she do about it? The protagonist wants help, but lacks agency. Is it possible that her status as a woman has a direct impact on the way in which others see her and address her so called problems? This is a theme that Gilman addresses, which is fitting considering the fact that this short story was written at the turn of the twentieth century, when women's rights were not addressed in a thoughtful and purposeful way. How does gender continue to structure our

response to mental illness? Perhaps our responses to *The Bell Jar* and *The Yellow Wall-Paper* can teach us about the continuities as well as the shifts.

The nameless woman's altered mental state has a direct impact on the way in which she interacts with her newborn child. She has a nanny care for her child, and says, "And yet I cannot be with him, it makes me so nervous" (Gilman 5). Pairing the fact that the protagonist feels "sick" with her nervous state of being, it is not surprising that she feels as though she needs help. This prompts her husband to intervene in a way that actively lacks love and empathy.

The protagonist's husband, John, is a physician and believes that his wife needs to be quarantined in a small space to ward off her depressive feelings. The narrator tells readers that, "... These nervous troubles are dreadfully depressing. John does not know how much I really suffer. He knows there is no reason to suffer, and that satisfies him" (Gilman 5). This characterizes John as a logical, scientific character, who takes fact over feeling, and does not understand that his wife may not be the same as him. Rather than trying to understand her feelings that are overruling the facts of the matter, he takes her to a mansion house to isolate her in hopes of making the nervousness go away, as if there were a geographical cure for depression. The couple move with their new baby and live in the nursery of this house—where the walls of the protagonist's room are bright yellow (hence the title) and will become symbolic of her struggle with her mental health and the ways in which she tries to recover.

The narrator tells readers that she wants to recover and feel better, through what feels like a diary. She desperately longs to work, saying, "I sometimes fancy that in my condition if I had less opposition and more society and stimulus—but John says the very worst thing I can do is to think about my condition, and I confess it always makes me feel bad" (Gilman 2). This statement poses several problems leading back to John's approach to his wife's health. When John labels

his wife's mental state as a "condition," this creates a marker of difference that separates her from him. This marker of difference can be perceived as negative. Emphasizing a difference that brings about a divide is quite the opposite of what needs to happen. The narrator needs to feel that she is not alone or different because she struggles with her mental health. John's labeling of his wife does not show empathy or compassion, but rather, portrays women as the weaker sex.

The narrator knows she needs more stimulation and engagement in order to face her nervousness and depressive state, yet she is not allowed to have that stimulation and engagement. She is not to do any work, not even write, which is something that many can do to get their thoughts on a page, and in fact, this is what Charlotte Perkins Gilman is doing through *The Yellow Wall-Paper*. Why is the narrator not to write? One, it would conflict with the treatment that her husband believes will be effective—isolation from virtually everything, and two, it would give the female narrator agency in helping herself get through her struggle with her mental health. If this text argues anything, other than the fact that mental health was not addressed in a way that made the one suffering feel loved or secure, it is arguing that men have a power over women, even in situations regarding their own health. A situation like this may prompt readers to care about mental health even more. The ability to receive proper treatment done with an understanding, empathetic heart should be accessible and welcomed for all, regardless of sex or gender. That's a health care crisis that emerges not from the scarcity of masks or vaccines, but from an empathy deficit structured by gender.

So too is it structured by ego. When John does let his heart warm up a little and tries to empathize with his wife through kind, encouraging words, he does not prioritize her health for her sake, but rather, for his sake. The situation of the protagonist struggling with her mental health appears to be more of an inconvenience for her husband, who rather lock her away than

have anyone see her in her current state. It never once feels like what he is “doing for her” in order to help her, such as giving her strange tonics and oils to improve her feelings, is done for her. But rather, he does these things so it does not look like he lives with a mentally disturbed (perhaps this is what people would have thought about those struggling with depression during the turn of the twentieth century) woman who cannot handle anything. The narrator shares that, “He said I was his darling and his comfort and all he had, and that I must take care of myself for his sake, and keep well” (Gilman 12). Pay particularly close attention to the three times she says “his,” as if the protagonist is some sort of possession that must get well so her husband can get along. No wonder so many women struggled with their mental health during this time period—this is an example of someone who is selfish and insensitive.

It is no secret that the narrator’s husband does want his wife to improve and feel better. However, it does not appear as though he wants her to recover and get her life back, but rather, exist in a state that will serve him and be most helpful for him. It is particularly frustrating that the narrator says phrases that indicate her husband cares about her, when he treats her in this fashion. The discrepancy between her perception and the reality puts a certain amount of guilt onto the narrator, when living with a nervous depression is something simply no one can control. The narrator does try to control her feelings and seek help within, which manifests into an obsession with the eponymous yellow wall-paper in the nursery of the mansion house where she lives.

The yellow wall-paper that lines the nursery walls becomes a metaphor for the narrator’s mental state. The narrator uses the yellow wall-paper to characterize her depression and bring it to life, insinuating that her depression is a character that lives within the walls that her husband

has created which confine her. When the narrator has just started to ponder more about the yellow wall-paper, she says:

On a pattern like this, by daylight, there is a lack of sequence, a defiance of law, that is a constant irritant to a normal mind. The color is hideous enough, and unreliable enough, and infuriating enough, but the pattern is torturing. You think you have it mastered, but just as you get well underway in following, it turns a back-somersault and there you are. It slaps you in the face, knocks you down, and tramples upon you. It is like a bad dream (Gilman 15).

Upon first glance, the color perhaps evokes the narrator's depressive state, or depression in general, but the pattern also illustrates that her recovery is far from linear. Her feelings are extremely hard to trace. As a whole, the wall-paper represents her emotional state, which is much broader than the color and the pattern. She is bothered to know that her recovery is zig-zagging. Some days are good and others are not. Just when she thinks she has it figured out, her unpredictable feelings pull her away from recovery. Zig. The narrator projects her feelings and experiences onto this yellow wall-paper and she can visualize her progress towards feeling better. Zag.

This metaphor clarifies when the protagonist shares that no one seems to notice but her that the paper changes "as the light changes"(16). So too, perhaps, does she change as others actions reflect onto her. The way in which people treat her directly affects how she feels and affects her mental health. With this reading, it is particularly interesting to address the way in which John's sister talks to the protagonist about the yellow wall-paper. She says, "that the paper stained everything it touched, that she had found yellow smooches all over my clothes and John's, and she wished we would be more careful" (Gilman 17). Rather than the protagonist and

the yellow wall-paper being two separate entities, the wall-paper is representative of the fact that the protagonist's emotions cannot be locked up and kept in a closed off space, but that they bleed into that which they touch, including other people to whom she is vulnerable. What is particularly interesting about this phrase is "she wished we would be more careful," which frames women as the weaker sex, vulnerable with their feelings, which bleed onto others. This is coming from one woman to the next. Were women brainwashed to think that they shouldn't bother people with their feelings? The protagonist of *The Yellow Wall-Paper* does not take this advice, and she continues to obsess over the yellow wall-paper, asserting that there is a woman trapped behind it. Here, the metaphor is fully realized: she is the woman, and her depression and non-linear recovery is mapped by the yellow wall-paper and walls on which it stays. The protagonist believes that a woman rests behind the yellow wall-paper. Does she mean to say that this woman is her?

The front pattern does move—and no wonder! The woman behind shakes it! I think that woman gets out in the daytime! And I'll tell you why—privately—I've seen her! I can see her out of every one of my windows! It is the same woman, I know, for she is always creeping, and most woman do not creep by daylight (Gilman 20).

This woman holds a strength and ability to break out of her place in the wall and back out into the world. She does not let the wall-paper hold her back. She takes back what was hers. She takes back her freedom. She ventures out into the world in the daylight. This feels symbolic of the woman that the protagonist wants to become. The woman in the wall-paper does not let that which traps her confine her, and for the protagonist, this would represent her depressive state and the lack of support or empathy that her husband provides. She does not have to be confined to this lifestyle. When the woman trapped in the wall breaks free, the protagonist has come to

realize that she cannot let others place her in a box because of her nervous depression or because she is a woman.

By the end, the protagonist no longer lets her labels of a nervous, depressive woman, given to her by others, control her. Symbolically, she tears off the wall paper, and a newfound motivation to work washes over her. She is starting to return to herself, and as she wrestles with the wall-paper, she grows more and more confident and sure of herself. The climax of these feelings hits when her husband sees what she has done to the room. She says, "I've got it out at last...in spite of you and Jane! And I've pulled off most of the paper, so you can't put me back" (Gilman 26)! The final passage of the short story finishes with her husband fainting.

John's fainting is important, serving as commentary on the supposed social construct that women are the "weaker sex." In the past, women had a history of fainting. These syncope can be plausibly attributed to their nervous state, obligations to slim down, or, their corsets limited air intake and caused fainting. Regardless, female fainting is very common across literary genres. It portrayed them as weak. Intriguingly enough, in the case of John, he defies a social construct regarding which sex is "weaker." His wife has not only struggled with depression in a way that is incomprehensible to him, but when she shows him that she has pulled the paper off the wall, thus symbolizing her decision to "take back her life," he cannot handle this action of strength and bravery on her behalf. However, it is quite possible that Charlotte Perkins Gilman is not portraying John in this way to establish women as the "stronger sex," but rather, to show that both men *and* women can exhibit weakness, and it should not implicate how we as readers and we as humans treat and view those who are showing weakness.

Another reading of this scene is that Charlotte Perkins Gilman wants to show John as a little more human-like at the conclusion of the story. Throughout the story, readers are exposed

to John treating his wife in ways that are not loving, which takes a bit of the human nature out of his character. However, his fainting exhibits that he *reacts* to his wife's behavior—meaning that it affects him in some sort of way. He faints in response to the emotional situation of his wife taking back her agency, and as a result, he becomes a bit more of a three-dimensional character in the story.

This story highlights not only how hard it is to struggle with mental health, but how hard it is to do alone. With a husband who values fact over feeling, and a sister in law who tells the protagonist to keep her vulnerability at bay, it is no surprise that the protagonist has no option but to take her life back by pushing their forms of “treatment” away. She learns to acknowledge her own power. Treatment is not supposed to isolate and ridicule someone for being different or struggling with their health. It must be empowering and allow the individual to love themselves again. And although her husband's isolation approach is most certainly not an ideal or healthy way for the protagonist to recover, she rises above the occasion and realizes that all of these labels do not have to define her or limit her. She frees herself in a way so that she can begin to recover. And while that is pretty powerful, it does not change the fact that loving support towards the narrator could have expedited her recovery. This short story seems like a leap towards success for women, and maybe it is, but it surely acknowledges shortcomings in the realm of treating mental illness and caring for those who are struggling with their mental health.

Chapter 6: *Valis*

Creating a toolbox of “proper etiquette” to talk to those struggling with their mental health

Philip K. Dick's *Valis* focuses on the main character Horselover Fat and his struggle with mental illness, specifically how it affects those around him, and how the actions of those around him affect his mental state. As the novel starts to unfold, it becomes apparent through Horselover Fat's delusions about religion and the existence of God, that Dick desires to argue that no one can save you but yourself in the case of struggling with mental illness. That is *not* to say that no one can *help* you, but again, you have to *allow* people to help and *empathize*. *Valis*, published in 1981, touches *heavily* on the *lack* of empathy and sensitivity towards the fragility of one's mental state. This theme is seen as early as the first page of the novel, as Dick writes, “Horselover Fat's nervous breakdown began the day he got the phone call from Gloria asking if he had any Nembutals. He asked her why she wanted them and she said that she intended to kill herself” (Dick 8). The tone in this excerpt and throughout the novel feels very “matter of factly.” There is no avoiding the subject or trying to use colloquialisms or slang to describe the situation. It is very clear that Horselover Fat's friend wants to commit suicide. Stylistically speaking, it is interesting that Dick uses “kill herself” from a twenty-first century perspective, as the most sensitive and perhaps politically correct term used in modern society is “commit suicide” rather than “kill herself.” But why? Why has the language shifted in the past forty years? To be more sensitive? Is it because people are less comfortable with the idea of one struggling with mental health? Is it because we as a society know *more* regarding mental health, yet somehow try to desensitize our response to it?

Valis acknowledges that Horselover Fat's closest friends and family are affected by mental illness. He shares that his wife died from mental illness, and calls it a "plague" (Dick 11). The word *plague* typically depicts some sort of contagion that travels from one person to the next and claims its victims. Was Dick's decision to depict mental illness as a "plague" this early in the novel emphasizes the idea that the mental illness of one person, if not treated with care and empathy, can have detrimental effects on another who may be spreading him or herself too thin in hopes of helping a loved one who is mentally struggling. But this also emphasizes that acting with empathy is important. A particular passage in *Valis* that illustrates the absolute opposite of empathy, and in fact, demonstrates pure selfishness, highlights a conversation between Horselover Fat and his friend, Gloria. Horselover Fat says, "'It would really make me feel terrible,' Fat said. 'For the rest of my life, if you did away with yourself.' Thereby, as he later realized, he presented her with all the wrong reasons for living" (Dick 13). Here, Horselover Fat is not empathizing with his friend Gloria at all, and in fact, he prioritizes the way that her suicide would affect *him* over her feelings that she simply cannot handle anymore. Just as in *The Bell Jar* and *The Yellow Wall-paper*, ego concerns crowd out empathy. This situation highlights the need for proper etiquette when talking to or comforting a loved one who is suicidal. One critical skill in this toolbox of proper etiquette is perhaps reassuring your loved one that not having the answers as to "why" he or she is feeling a certain way is in fact, okay.

To emphasize this point, Dick succinctly writes, "The first thing to depart in mental illness is the familiar. And what takes its place is bad news because not only can you not understand it, you also cannot communicate it to other people" (Dick 24). This is perhaps one of the best "a-ha" moments in *Valis*. Someone has articulated that which feels unable to be articulated. As the one struggling with mental illness, it becomes extremely confusing. "Why

me?” “What did I do for this to happen?” “How do I fix myself?” Variations of these questions which address that which is unfamiliar: new, unwanted feelings. It feels as though there are no answers and trying to communicate this to someone who is *trying* to understand is extremely difficult. Patience is key.

Another skill drawing on literature and narrative medicine that should accompany reassurance in the “etiquette toolbox” is being cognizant of the language used to talk about mental illness. Previously touched upon, during the earliest points of the novel when the phrase “kill herself” is used, this feels very *aggressive* and harsh. And this harsh attitude towards the baggage and implications which come with mental illness continues throughout the novel. Following a suicide attempt, Horselover Fat is “locked up in the Orange County mental hospital” (Dick 43). There is an extreme problem with the phrase “locked up” in this situation. It connotes someone who is mentally ill as dangerous, as a threat, as someone who needs to be “put away” from the public. No wonder people are uncomfortable with talking about mental health and struggles in the twenty-first century! Phrases such as this one creates a social construct which paints the mentally ill as a hindrance to the success and advancement of society, to the point where they must be stored somewhere, away from *others*. Dick’s decision to frame Horselover Fat’s stay in the institution as being “locked up” allows readers to perhaps *attempt* to understand the ways in which stigmatizing mental illness results in overwhelming feelings of being an outsider or *misunderstood*.

The decision to “lock up” mentally ill persons creates a sort of parallel between those who are mentally ill and those who are criminals. This parallel makes it is obvious that mental health is not getting the proper attention it *needs* in modern society, because of the negative connotations that it has been unable to detach itself from which existed decades ago. The parallel

structure between a prison and a mental hospital allows people to make a claim that mentally ill persons are dangerous, even criminal. Those struggling with their mental health must be treated with empathy, reassurance, patience, and kind, encouraging words. If anything, Dick certainly makes the argument for the *need* to reevaluate how one interacts with and *supports* a loved one through his or her mental struggles.

***Valis* as a way for one to come to terms with reality**

It is no secret that people write as a way to *understand* their feelings. It is a way to come to terms with how someone is feeling, and perhaps, a way to outline what help someone may need when talking with a trusted friend or relative. But until the moment comes when a person feels *comfortable* enough to talk about how they feel to someone, paper, a pen, and your thoughts can be a great way to work through feelings. This seems to be what Horselover Fat is doing throughout *Valis*, as it becomes apparent that Horselover Fat is actually Philip K. Dick, the author of the book. He makes references to his other texts throughout the novel, and finally, the connection comes to fruition when Lampton, a newly introduced character who is trying to help the narrator make sense of it all, says, “‘You’re not on drugs now?’ Lampton laughed. ‘I’ll withdraw that question. We know you’re squared up right now. All right, Philip; I’ll be glad to meet you and your friends personally. Was it you who got—well let’s see. Got told things.’ ‘The information was fired at my friend Horselover Fat.’ ‘But that’s you. ‘Philip’ means ‘Horselover’ in Greek, lover of horses. ‘Fat’ is the German translation of ‘Dick.’ So you’ve translated your name.’ I said nothing” (Dick 168).he narrator (whose name readers do not get until he is called Phil) never shares his name, but talks of this person “Horselover Fat” who he knows *a lot* about may push us as readers to question whether Fat is *real*. It becomes clear that Fat is an alternate personality that the narrator (who seems to be based off of author Philip K. Dick) grapples with.

This confusion as a reader is perhaps a shred of the confusion that someone suffering with schizophrenia may feel.

Dick's decision to approach his novel *Valis* from this perspective creates a lot of confusion for the reader, and as a result, the reader can *begin* to imagine how confusing it would be to live like this—live with an alternate personality that feels so incredibly real that it is hard to differentiate between the two. This experience is not something that many people can relate to, or perhaps they do not know someone who is schizophrenic and have only come to understand it from a psychological perspective. In the case of *Valis*, readers can try to understand schizophrenia through stepping in the narrator's shoes, who we come to realize, is based loosely off of Dick and his experiences with schizophrenia. Suddenly, that which was once inaccessible to many (the day-to-day experiences with schizophrenia), is accessible to so many people—all through the decision to write a story and publish it, with the intention of sharing it with others.

More about *Valis*

All too often we as a society see mental illness as a sign of *weakness*, and are incredibly quick to write it off. And often times, this *weakness* is paired with gender, and the main character who is going through depression or anxiety or another mental illness is a *woman*. I love that Philip K. Dick was *honest* and told his story within the pages of *Valis*. Mental illness is something that can affect everyone, even men, who are portrayed as strong and untouchable. Mental illness is certainly not something that anyone would willingly choose, and it is a sign of true strength that those who are affected work at it each and every day.

Dick has a series of moments throughout the novel that truly point towards being your own savior—that is in the sense that *you* are the only one who can do it—who can ask for help. And he makes this connection through a reference to Jesus Christ, saying, “The Redeemer

redeemed! In other words, Christ saved himself” (Dick 131). Throughout *Valis* there is certainly tension between the narrator’s thoughts and his faith, but this sentence combines both in a way. It serves as almost a “call to action” too; if Christ saved himself, and *we* are living as Christians, who look to Christ for strength and direction, perhaps this is Dick’s way of crafting an answer to the age-old question of “How do I get better?” This concept is again, seen throughout the novel, as towards the close of the novel, the narrator is reflecting on his experiences, and he shares, “Faith is strange. It has to do, by definition, with things you can’t prove” (Dick 224).

It *feels* as though Dick is encouraging readers, whether they are struggling with mental illness, or they know someone who is—to have hope. Connecting this idea of faith with Christ being his own redeemer, I truly do think that Dick is emphasizing the need for self-advocating in situations of mental instability and doubt. Asking for help is scary, but through circulating texts like *Valis*, people will begin to see the need for both empathizing with and supporting their friends and loved ones in their journey towards mental wellbeing.

Chapter 7: *Howl*

Allen Ginsberg uses poetry to illustrate the ways in which mental illness affected individuals living in a post-World War II society. His poem, *Howl*, was published in the 1950s. It portrays a group of people within society that are struggling with their mental health. The poem opens with the speaker saying, “I saw the best minds of my generation destroyed by madness, starving hysterical naked, dragging themselves through the negro streets at dawn looking for an angry fix” (Ginsberg). As seen in *The Bell Jar*, *The Yellow Wall-paper*, and *Valis*, experiences can have negative, lasting effects on an individual. With the end of World War II, it is not surprising that the post-war society drove people to mental instability. The mental instability expressed in *Howl* seems to be rather public, which makes me as a reader think that the feelings that come along with mental instability were very common in society. Ginsberg writes that he knows of people, “who created great suicidal dramas on the apartment cliff-banks of the Hudson under the wartime blue floodlight of the moon & their heads shall be crowned with laurel in oblivion” (Ginsberg).

This excerpt is particularly striking. Taking one’s life on the apartment cliff-banks of the Hudson seems rather public. And furthermore, there seems to be more than one person committing suicide, because Ginsberg writes that “their heads shall be crowned with laurel in oblivion.” This phrase is particularly important in emphasizing the need for empathy and *understanding*. Crowning one’s head with laurel branches is a recognition or award for victory. But the presence of laurel combined with oblivion—how can we have victory and oblivion—oblivion to what is *really* happening. The people in the poem who commit suicide are crowned as saint-like by outsiders who have no understanding of what mental turmoil truly is or feels like. Or maybe, those who have committed suicide are crowned saint-like by outsiders who too wish

that they could get out of the society which is driving them to insanity. The way that this scene is described almost establishes a perception that suicide is a valiant death. If people were more empathetic and understanding, and *knew* how to help those grappling with mental instability, I have to wonder if this perception would change.

In an article titled, “An Emotional Time Bomb: Allen Ginsberg’s *Howl* at 60,” author John Tytell works to uncover the backstory of *Howl*, explores Ginsberg’s inspiration, and discusses public perception and reaction of the poem. Tytell writes, “‘Howl’ presents the record of the suffering and magnanimity compounding the experiences of a marginal group of outsiders during the particularly repressive period of the 1950s. They were a small part of what was considered a ‘Silent Generation,’ although Ginsberg vociferously raises the volume of their pain to an almost Artaudian Level” (Tytell 640). This provides a bit of context for *Howl*, and furthermore, the “marginal group of outsiders” and “repressive period” are key points in this brief analysis that Tytell shares. The ways in which people were *treated* resulted in extreme *suffering* and *pain*. Tytell continues to share that Ginsberg’s poem is based on his friends’ experiences—several of whom were sent to mental institutions or tried to commit suicide.

An important stylistic aspect of Ginsberg’s poem is that it is composed of fragments that are connected together with commas, which *feels* like an emotional rollercoaster to read. This allows Ginsberg’s readers to share in the experiences that he and his friends were going through.

Another critical excerpt from *Howl* emphasizes the *need* for empathy during this post-war era. Ginsberg discusses instances of “treatment” provided to those who were marginalized in a way that illustrates that the treatment was less than desirable. Those struggling with their mental health were, “demanding instantaneous lobotomy, and who were given instead the concrete void of insulin Metrazol electricity hydrotherapy psychotherapy occupational therapy pingpong &

amnesia...” (Ginsberg). Lobotomies were a common way of attempting to mitigate mental illness and disparity in the 1950s—and thought to be a some-what easy fix. In short, lobotomies involved cutting fibers or removing a part of the frontal lobe in the brain to alter the way that one was feeling (Kucharski). Pairing this invasive surgery with the word “instantaneous” it is very apparent that the mental suffering was very serious—people wanted an immediate escape from their minds. It seems in this excerpt that rather than lobotomizing people, the routes taken involved types of therapy that did not rely on talking or *sharing* how one was feeling, but rather, it was a performative therapy. Would outcomes be different if therapy were founded on the premise of trust and sharing of one’s story? Ginsberg, it turns out, had to approve a lobotomy on his own mother, a decision he struggled with his entire life.

Allen Ginsberg is writing this poem for *someone*—who readers learn is Carl Solomon. Carl Solomon was a fellow writer during that time and Ginsberg met him at a psychiatric hospital in New Jersey. Ginsberg references their meeting place a lot—nicknaming it “Rockland.” Ginsberg writes: “Carl Solomon! I’m with you in Rockland / where you’re madder than I am/ I’m with you in Rockland/ where you must feel very strange...”

Following later in the poem, “I’m with you in Rockland / where fifty more shocks will never return your soul to its body again from its pilgrimage to a / cross in the void” (Ginsberg).

The first excerpt emphasizes Solomon’s marginalization based on his mental state, and the second one highlights just one practice that the institution was implementing--which is described as an experience which separates one’s *body* and *soul*. *Howl* is a great example of an empathetic gesture. Ginsberg repeats “I’m here with you in Rockland,” which solidifies his intent to listen and support Solomon. And as a result, he does not support *just* Solomon, but many others during the 1950s who were going through similar battles inside their heads,

searching for an escape or an answer. Perhaps *Howl* isn't an answer, but it surely has healing qualities. After Ginsberg shares many experiences that are quite tough to articulate throughout *Howl*, he closes with saying that "I am with you..." and sometimes, that's all you need to hear to keep going. To wake up another morning. I am with you...and I'm not going anywhere. And clearly, Ginsberg's *Howl* is not going anywhere, as it has been published on paper for us to read.

Chapter 8: What can we as educators do?

The stories that Alain de Botton, Sylvia Plath, Charlotte Perkins Gilman, Philip K. Dick, and Allen Ginsberg share are not to be taken lightly. They are resources, if used correctly and in a timely manner. And considering the mental health “climate” of the present, there is a dire need for resources which will get through to people.

The suicide rate among youth has skyrocketed within the past ten to fifteen years. The Wall Street Journal says, “The suicide rate among people ages 10 to 24 years old climbed 56% between 2007 and 2017, according to the report from the Centers for Disease Control and Prevention” (Wall Street Journal). This statistic should not be taken lightly. A 56% increase in suicide over the course of ten years means that the numbers have doubled, and then some. It is not coincidental that the age group of which research has been conducted includes school children and college students. These are environments with the most pressure and competition, and that can feel *isolating*.

The novels discussed touch on isolation, as Esther in *The Bell Jar* seems to feel this way in inpatient treatment at times, and she frequently feels this way around her mother, who lacks empathy and does not *try* to understand how Esther feels. The narrator of *The Yellow Wall-Paper* is literally isolated in a room alone, and her husband does not try to *understand* her feelings, but rather, writes them off. Both novels illustrate the negative implications that isolation and loneliness have on people and their mental, and as a result, physical health.

How ironic that the 10-24-year-olds included in this research conducted by the Centers for Disease Control and Prevention are literally surrounded by peers, faculty, staff, educators, counselors, friends, family, yet they feel so *isolated* and misunderstood to the point where they take their own life. To escape from it all. If a virus were causing these deaths, we would have a

national mobilization in response. Yet mental health issues, however lethal they become, do not garner attention in the same way as a virus. This needs to *change*.

As a future educator, I believe it is my duty to contribute to this change. Incredible authors have suffered tragic ends, such as Sylvia Plath and Charlotte Perkins Gilman. Both took their own lives via suicide, and have written stories that read as first-hand accounts detailing struggles with mental illness. And what better way to honor these authors than teach their stories in classrooms, to students, so they too can grasp what it *truly* means to be empathetic.

I think that is what is missing in the recipe for increasing awareness surrounding suicide and enforcing “programs” to prevent it. Suicide prevention programs are at times, impersonal, as they are scripted and not scenario based. They detail step-by-step actions in order to get someone the help that they need. This is critical, yet what if these programs were supplemented with stories that pushed people to act in response to situations more? What if *The Bell Jar* could become part of the life-solving and life-giving equation?

I propose teaching a collegiate level course on these critical works. I propose to expose students to the relationship between mental health and literature, which does not seem to be a critical relationship that most courses address. The class would be titled, “Mental Wellness Literature: How Literature Saves Lives.” This higher-level English course would allow for students to receive exposure to renowned and respected authors that struggled with very serious health implications, and this struggle becomes very apparent through reading each novel. But furthermore, the creation of this English course would expose students to a world of experiences previously unknown. Students, through reading texts such as *The Bell Jar*, *The Yellow Wallpaper*, *Valis* and *Howl* will be exposed to the reality of how mental illness affects one’s day-to-day life, one’s experiences and interactions with others, and one’s overall health. Students, by the

close of the course, will understand that this is not a life that anyone chooses. In order to improve, patients and those suffering need to be treated with empathy.

Although *The Bell Jar* may be renowned as a classic because it was written by an incredible poet, it should become a classic because it discusses an aspect of the human condition. *The Bell Jar*, *The Yellow Wall-paper*, *Valis*, and *Howl* educate readers, so in the case that their best friend, or their mother, or their teacher's mental health is compromised, they can look back to experiences with character's health and apply what they learned to any situation. This is an extremely interactive approach to mitigating the suicide rates and decreasing the sense of isolation that the physical realm of education breeds, especially at the collegiate level.

With the exposure to stories based on mental struggles, written by authors whose lives were extremely similar to the stories which they shared with the world, perhaps students can become future changemakers in the world of mental health and beyond. Students could become advocates for promoting mental health and promoting the exposure to stories that may change perspectives and outlooks on life. This is sounding a lot like the goals of narrative medicine, which could be accomplished with the brainpower and empathy of students. All it takes is one person to be affected by the stories that Plath, Perkins-Gilman, Dick, and Ginsberg share. Then, a chain reaction can begin from there. It is time for the best kind of contagion to spread, the contagion of empathy and mental health.

Appendix A

Mental Wellness Literature Course

English XXX

Mental Wellness Literature: How Literature Saves Lives

Course Description

This course aims to discover the ways in which literature serves as a critical tool for increasing and promoting awareness of focusing on one's mental health. Through reading critical texts published in the twentieth and twenty-first century, along with examining the current research in the field of Narrative Medicine, students will be able to take away thematic concepts which illustrate the pressing need to learn to better communicate the importance of mental wellness. Furthermore, through analyzing communications and connections between characters in selected novels, students will be able to determine best practices to encourage others, and perhaps themselves, to embark on their journey towards healing.

The course will be based largely on discussions, and students are to prepare two discussion questions prior to class, which aims to address an aspect of the text that argues towards the importance of mental wellness. In addition to weekly discussions, students will be working collaboratively to create a thorough lesson plan for an elementary school class (any grade is sufficient, but students must keep the students' age and attention span in mind), which addresses the importance of mental wellness, and draws from experiences and lessons addressed in discussions in relation to literature.

There will be two checkpoints for the lesson plan--the first will require any and all handouts that would be used on lesson day, and the second checkpoint will require a 5-7-page paper which details the process of creating the lesson, focusing on how the literature affected

decisions made about what to cover. The seminar will culminate with a conference presentation, where students will present their lesson plan to the class, and walk the class through their paper, which should again, draw on the literature of the course and themes discussed throughout the semester. The conference will include a panel that will foster discussion among classmates surrounding proper practices and methods of teaching a sensitive subject to young children.

Objectives

- Students will demonstrate engagement with the text through preparing weekly discussion questions that are focused on the current text, or draw from past texts to connect one text to another.
- Students will be able to draw critical themes and lessons discussed in the novels, and synthesize this information to create a framework for the ways in which literature promotes mental wellness.
- Through analyzing communications and connections between characters in selected novels, students will be able to determine best practices to encourage others, and perhaps themselves, to embark on their journey towards healing.
- Students will collaborate to plan a mock lesson for elementary schoolers, which draws on themes discussed in novels, such as empathy, kindness, understanding, compassion, and the importance of listening/being there for others.
 - Students will work to determine appropriate language and method for conveying a lesson to elementary schoolers surrounding mental health.

Texts: *How Proust Can Change Your Life*: Alain de Botton; *The Bell Jar*: Sylvia Plath; *The Yellow Wall-Paper*: Charlotte Perkins-Gilman; *Valis*: Philip K. Dick; *Howl*: Allen Ginsberg; *Narrative Medicine: Honoring the Stories of Illness*: Rita Charon

Assignments

Two discussion questions must be prepared *prior* to class-time and submitted on the discussion board. Through reading the discussion questions before class, I will determine key points of interest for the class's discussion, along with composing a handout of the key points and questions. These will guide class discussions, but are not a catch all, so the discussions will not be scripted, and should be free flowing. The questions will be based on the readings done for the class that week.

Based on the readings for the course, we as a class will work towards identifying skills/takeaways which could culminate into a handy "toolbox" for proper etiquette when interacting with someone who struggles with mental illness or when talking about it as a whole. Furthermore, this "toolbox" could include tips and tricks for someone who is anxious, depressed, etc. The function of the "toolbox" is to illustrate that we can in fact comb through literature and the stories that authors share and apply it to daily life.

Throughout the semester, students will take what they have learned via the four novels and supplemental research works and begin to work in groups of three to draft a lesson for an elementary school grade of their choosing. The lesson should be about ten minutes in length, and should be able to clearly convey a theme or aspect of mental health drawn from the readings. Students are not limited to just the readings assigned, and are encouraged to do some outside research and see what is being implemented in elementary school classrooms at the given moment. Is research showing that a certain method implemented isn't working? How would you propose to fix that? This is one avenue that you can explore for your lesson plan.

The first check in for the lesson plan will require a submission of any and all handouts. If students would like to incorporate multimedia resources into their lesson, such as videos, photos,

picture books, etc. they are more than welcome to do so, but must also submit this portion at the first check in.

Following the first check in, students will take their lessons out into the world--to a local elementary school. Following the presentation of their lesson at the elementary school, the second check in will require a submission of a reflection paper to which the *entire* group contributes. This assignment is heavily based on collaboration. In this paper, students will detail their objectives for the lesson, and *how* and *why* this lesson should be implemented in an elementary school classroom, and *how* the lesson was perceived, and how students did or didn't interact with the content. Discuss ways in which you as teachers could work to engage students in the lesson, and if they were not engaged, discussed other ways to spark their interest. Address how you talked about a difficult subject such as mental health.

The final portion of this course will be in the form of a conference, where the lesson plan groups will not only present an overview of their lesson to the class, but will also talk about their paper and the discussions that gave way to decisions made on how to convey and address the information. The conference will include a panel, where students can ask questions to presenters.

Prior to the conference, students will need to submit the title of their lesson, which will be circulated to the class, so all students will be prepared and aware of the content which will be in lesson plan presentations.

ENGL XXX Weekly Course Plan

Week 1: Overview of the course// Preconceptions of Mental Illness: How have *you* been taught to handle and talk about it? **Assignments:** Read Alain de Botton's *How Proust Can Change Your Life* and prepare two discussion questions which draw from the reading and connect it to mental wellness.

Week 2: Discuss *How Proust Can Change Your Life*//Begin the document of mental wellness "toolbox. **Assignments:** Prepare discussion questions for second discussion of *How Proust Can Change Your Life*.

Week 3:Discuss *How Proust Can Save Your Life*// Build on prior week's tools for promoting mental wellness//Present Final Project. **Assignments:** Read Sylvia Plath's *The Bell Jar* and prepare two discussion questions.

Week 4: Discuss *The Bell Jar*. **Assignments:** Prepare discussion questions for the following class regarding *The Bell Jar*.

Week 5: Discuss *The Bell Jar*. **Assignments:** Read *The Yellow Wall-paper* and prepare discussion questions for class.

Week 6: Discuss *The Yellow Wall-paper*. **Assignments:** Read *Valis* and prepare discussion questions for the following class.

Week 7:Discuss *Valis*. **Assignments:** Read *Howl* and prepare discussion questions for class. Come in with a stanza or two you would like to discuss/found important.

Week 8: Discuss *Howl*. **Assignments:** Read *Narrative Medicine: Honoring the Stories of Illness* (Part 1: What is Narrative Medicine?) and prepare discussion questions.²

Week 9: Discuss *Narrative Medicine*. **Assignments:** Find an artifact-- journal, scholarly article, etc. that discusses narrative medicine and bring it in to discuss next class. How has it helped people? Where is it practiced? Keep these questions in mind.

Week 10: Share artifacts in class; do they offer tools to add to the toolbox?

Week 11: In Class Workshop, where students will work on their lesson presentations, which will be given the following week.

Week 12: Present Lessons to Elementary Schoolers: No class meeting. **Assignments:** Prepare a quick debrief of lesson presentations to share with the class next meeting.

Week 13: Debrief Lesson Presentations. What went well? What could have gone better? Share positives and negatives of your experiences.

Week 14: In Class Workshop for composing reflection papers and presentations to be given next class.

Week 15: Conference Presentations. **Assignments:** final reflection paper is due at the end of class.

Appendix B

Elementary School Lesson Plan Example

Since this course is an idea at the moment, and no lesson plan projects exist for me to discuss, critique, and praise, I would like to discuss a lesson plan that I believe would be really effective towards reaching an elementary school audience.

A key theme in *The Bell Jar* is *empathy*. This is a very challenging and abstract word, and I would like to teach it to a class of first graders.

First Grade Lesson Plan

Objective: Define compassion, which is synonymous with empathy, and practice strategies to show compassion and grace towards people who may be going through something different than you.

Duration: 10-15 minutes

Procedure:

1. Ask students if they have ever heard the words “compassion” or “empathy.” “What does it mean to you?”
 - a. Now, we will show you a video that teaches you a way to recenter yourself to be more compassionate and understanding towards people.
2. Show Go Noodle Video: Have Compassion - Empower Tools (~5 minutes)
 - . This is a quick meditation--encouraging kids to send kind words and thoughts to people around them. Maybe even people that they don't like.
3. Discuss after--what did the kids like? What didn't they like?

- . Did this video help them to understand that even if someone is “bothering” you, that they might be feeling something different than you?
- a. How can we as a school practice empathy and compassion?
- i. Have students provide examples.

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ACADEMIC VITA

Madeline E. Leamy

Experience

August 2017—December 2018

Art Class Instructor and Studio Supervisor

Penn State Center for Arts and Crafts

University Park, PA

- Instructing art classes for students and faculty members
- Strengthening communication and customer service skills
- Supervising ceramics studio and its members

March 2018—present

Substitute Teacher at Calvary Lutheran Preschool

Calvary Lutheran Preschool

West Chester, PA

- Assisting teacher with full classroom duties
- Providing directions and supporting task completion among students

August 2018—Dec 2018

Hemingway Letters Project Intern

Hemingway Letters Project

University Park, PA

- Researched Ernest Hemingway's correspondences
- Uploaded documents to databases accessible across universities
- Strengthened skills with Microsoft Office
- Proficiency in Microfilm reading

January 2019—May 2019

Research Assistant at The Cognitive and Social Development Lab at Penn State

504 Moore Building

University Park, PA

- Collaborating with others in an office setting on research projects
- Conducting literature review
- Creating advertisements for lab participants
- Interviewing parents and children for the lab's studies

June 2019—August 2019

Content Development Intern at Elsevier

1600 JFK Boulevard,

Philadelphia, PA 19103

- Collaborated with global offices on health care related projects rooted in global information analytics
- Developed knowledge and refined skills related to various electronic platforms for analyzing and organizing data
- Utilized web-based communication platforms to contact and converse with both constituents and medical professionals

October 2019-May 2020

Nittany Lions Read Mentor

Easterly Parkway Elementary School
State College PA, 16801

- Work with elementary school students to improve upon critical reading and writing skills
- Collaborate with instructors to create a successful environment for students
- Facilitate student interaction and growth within the classroom

December 2019- May 2020

Center for Democratic Deliberation Intern at The McCourtney Institute for Democracy

327 Pond Lab
University Park, PA 16802

- Co-lead and develop a multi-media research project which works to discuss the Rhetoric of the Civil Rights Movement, which is designed for both an academic public and a general public
- Research critical moments in the timeline of the Civil Rights Movement and gather primary sources to supplement research
- Collaborate with one additional intern regarding ways to best organize, format, and approach

Education

August 2017- May 2020

The Pennsylvania State University

Dean's List all semesters

University Park, PA

BA in English with concentration in Literary and Cultural Studies

Minor in Spanish

August 2018-May 2020

Schreyer Honors College

- Completing academic coursework with the intention of becoming a well-rounded student
- Producing a senior thesis in desired area of Honors
- Taking part in study abroad program to promote stronger understanding and appreciation of other cultures

Aug 2018-May 2020

Paterno Fellows Program, College of the Liberal Arts

- Liberal Arts Honors program including advanced academic coursework, including honors-level classes and an enhanced minor
- Completing of study abroad experience
- Completing internship
- Focusing on civic engagement, leadership, and service

Volunteer Service

September 2017

The Arboretum at Penn State

The Pennsylvania State University

- Completing community service as a form of civic engagement
- Working to preserve natural state of Pennsylvania lands

July 2018

Pennsylvania Writing and Literature Project (PAWLP)

West Chester University of Pennsylvania

- Working with elementary school students to improve writing skills in group settings and one-on-one
- Assisting in fostering classroom dynamic that allows all students to participate
- Instructing students on usage of Microsoft programs
- Collaborating with colleagues on content used in classrooms, i.e. lesson plans, handouts, etc.

September 2017—May 2020

THON student volunteer

Penn State Dance Marathon (THON)

University Park, PA

- Serving families impacted by childhood cancer through fundraising
- Fostering and building relationship between Penn State student volunteers and Four Diamonds families
- Collaborating with Penn State student volunteers to spread THON's mission effectively

Extracurricular Activities

August 2017—May 2020

Penn State Club Cross Country

- Establishing and promoting strong relationships among those with a common interest of running
- Strengthening communication skills
- Improving interpersonal skills
- Engaging in the community through THON efforts and races

January 2018—May 2018

Writer for *The Daily Collegian*

- Improving reporting skills and learning the process of journalism
- Strengthening interviewing skills
- Collaborating with others on events and stories
- Utilizing constructive criticism given from peers and editors to improve written works