

# Literary Advice or Literally Advice?

A comparative analysis of memoirs and self-help manuals as  
therapeutic devices for mental illnesses

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## Sammendrag

Å bruke litteratur som verktøy for å forbedre seg selv har økt betraktelig i løpet av det siste århundre. Overalt hvor man ser, finner man litterære verk med ønske om å forbedre aspekter med livet. En sjanger som har bemerket seg spesielt på dette området er selvhjelpssjangeren, som angivelig har et steg-for-steg-svar på nærmest alt. Samtidig som denne sjangeren har utviklet seg, har også søkelyset på mental helse økt betraktelig. Et utfall av dette er at selvhjelpssjangeren tilbyr lesere raske kurer på ulike mentale sykdommer. Til tross for gode tilbud, stiller jeg spørsmål til at en slik monologisk guide kan ha enkle løsninger på kompliserte mentale sykdommer, og foreslår at man heller kan utforske memoarer som et godt alternativ til selvhjelpsbøker.

Gjennom teorier hovedsakelig av Mikhail M. Bakhtin, Marielle Macé, Wolfgang Iser og J. Hillis Miller, finner jeg at forståelse av litteratur, diskurs og tilnæringer til litterære verk er avgjørende for leserens utfall. Memoarer kan fremme et dialogisk samspill mellom tekst og leser, og forfattere av memoarer inviterer leseren til å ta del i leseprosessen og finne ut selv hva de ønsker å få ut av teksten.

Denne avhandlingen gjennomfører en analyse av selvhjelpsboken *The Depression Cure* av Stephen L. Ilardi og memoarene *Prozac Nation* av Elizabeth Wurtzel og *Girl, Interrupted* av Susanna Kaysen. Ved å lese disse litterære verkene som terapeutisk litteratur, ønsker jeg å fremme leserens rolle i lesningen og se på hvilke muligheter forfatteren og teksten legger til rette for.

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## **Introduction**

For as long as the concept of literature has existed, authors and writers have communicated both knowledge and helpful advice to their readers. Literary guidance on how life should be lived has for millennia been a core subject among both religious and secular writings. As literature developed into the concept we can recognize today, literary help and advice have not diminished. The culture of literary help has also adapted in time to address contemporary issues. Today the literary field offers an almost unlimited variety of help to readers, and one topic has developed to become especially popular among authors.

Though mental illness has received increased attention in the last decades, the topic has been familiar to the literary field for a long time. Novels such as *The Yellow Wallpaper* (1892) by Charlotte P. Gilman and *The Bell Jar* (1963) by Sylvia Plath have marked themselves as central works in portraying the aspects of what mental illness is, how life can be when diagnosed with a mental illness, and how society perceives mental

illness. Both of these novels were classified by their respective authors as semi-autobiographical, in which they portrayed their own experiences to their audience. For authors to share personal experiences with their readers has also marked a shift in the history of literature, which will be further explored in this thesis.

In addition to personal literature, another approach to sharing knowledge has rapidly expanded. Ever since Benjamin Franklin shared his attempt to achieve the perfect, harmonic life through a daily schedule in his *Autobiography* (1791), we see that similar recipes have developed into its own genre, namely self-help. In our contemporary world it seems as if self-help manuals are to be viewed as the first choice of genre when seeking help in literature. Titles such as *The 7 Habits of Highly Effective People* (1989) by Stephen R. Covey or *The Life-Changing Magic of Tidying Up* (2014) by Marie Kondo, are among the first books you will find when you enter a bookstore, demonstrating the presence of self-help manuals in the literary field. These titles also reflect the essence of the genre, namely simple steps to follow in order to improve aspects of life that the reader perhaps was not even aware of needed improvement. In other words, how could anyone resist becoming even *more* effective or organized? However, it did not take long since the very first self-help manual arrived the bookshelf until also this genre addressed mental illness. *Change Your Brain, Change your Life* (1996) by Daniel G. Amen and *The Cognitive Behavioral Workbook for Depression: A Step-by-Step Program* (2006) by William J. Knaus are among many self-help manuals which almost guarantees to the reader that, in just a few simple steps, he/she can be fully recovered from his/her respective mental disorder.

The monological, instructional self-help genre becomes a great contrast to the culture of shared personal experiences, and the semi-autobiographies mentioned above share many features to a genre I experience as overshadowed by the self-help manuals,



namely memoirs. I find that this nonfictional genre has been given a limited territory in the culture of literary advice and help, and I argue that the genre should receive more attention, especially in the conversation of mental illness. Memoirs can provide the reader with a unique insight into how to manage mental illness, as the reader is invited to follow the path and reflections of the narrators and the authors. In this thesis I would therefore like to explore the field of memoirs and see how memoirs can be a source of help for readers with mental illness by contrasting the genre to the self-help manuals. I specifically want to explore two memoirs that both portray a life that suffers from depression and borderline personality disorder, respectively. *Prozac Nation* (1994) by Elizabeth Wurtzel and *Girl, Interrupted* (1993) by Susanna Kaysen describe how the authors experienced their mental illnesses and the treatments they underwent. To contrast these two memoirs, I will examine Stephen S. Ilardi's *The Depression Cure* (2009), which present a step-by-step program on how to recover from depression. In this thesis I would like to see how memoirs can, through activating the reader, stimulate conversational therapy and thus be an equivalent, or perhaps a better option to helping the self than the self-help manuals. To best answer this thesis statement, I will examine both how the literary works address mental illness respectively, and how they offer a treatment or help to the reader. How the reader can be activated by the literature, will depend on both the approach the reader has towards the literary texts, but also literary elements and discourse the authors apply in the written works. The aim of activating the reader, however, is to make the reader critical and reflected towards the material he/she is reading by judging the work and questioning its intentions.

I will in this introduction closer examine the emergence of memoirs and self-help. A central aspect of these two genres, especially in relation to the self-help manuals, is the aspect of the *self*. To better grasp the concept of the self and the self-

help genre, I will mainly apply theories by Sigmund Freud and Beth Blum. Sigmund Freud is viewed as a pioneer in psychotherapy, and thus becomes highly relevant in this thesis. The literary scholar, Beth Blum, has recently published her book *The Self-Help Compulsion* (2020), which I will mostly rely on in my discussion of the emergence of the self-help culture. As for the memoirs, I will explore the emergence of the genre as well, and especially comment on the “*pacte autobiographique*” which the philosopher, Laura Di Summa-Knoop, addresses. This pact constitutes the relation between the reader and the narrator which has a strong impact on the reader’s approach to the genre.

In the comparative analysis of two distinctive genres, it also becomes a necessity to comment on the concept of literature. In the chapter “Literature: The Easy Complexity”, I will address the complex discussion of the term “literature”. The understanding of “literature” has engaged many scholars, mainly due to the difficulty of determining a simple definition of the term. After commenting on attempted definitions by Dale R. Parker and Steiner Haugom Olsen, I will mostly apply J. Hillis Miller’s understanding of literature, which highlights a “performative dimension” of textual work and raises the relation between reader and text. To further comment on this relation, I will address approaches to literature where Wolfgang Iser and Marielle Macé are highly relevant. Both comment on approaches to reading that can determine the essence of the text and consequently makes the process of reading subjective. How a text invites the reader to make own interpretations and reflections then becomes a central aspect throughout this thesis.

Subsequently, I will, in the following two chapters, closer examine both the memoirs and the self-help manual by comparing the authors’ and the texts’ relation to the reader. In the chapter “The Manifestation of Mental Illness in Literature” I will comment on how the literary works present the respective mental illness and to what

extent they allow the readers to take part in this description. As will be revealed, the self-help manual, which mainly deals with depression, apply a monological discourse and pedagogically explains how depression functions. The well-known literary philosopher, Mikhail Bakhtin, becomes a central figure in this discussion and I will rely on his theories of monologic and dialogic discourse throughout. His theory on dialog is also applicable when contrasting the self-help manual to the memoirs, as the latter invites more to a conversation about mental illness, rather than information. The last chapter, “Treatment: Literary versus Literally” demonstrates a distinction between the two genres when presenting a treatment of the respective mental illnesses. Ilardi’s *The Depression Cure* provides the reader with a set program to follow in order to recover from depression, and the author strongly instructs his readers through a step-by-step program. As for the memoirs, Kaysen’s *Girl, Interrupted* and Wurtzel’s *Prozac Nation*, we see a more subtle approach towards a treatment depression and borderline personality disorder, respectively. None of these literary works offer the reader a recipe on how to recover, but rather invite the reader to follow the narrators’ paths and consequently reflect on these experiences throughout the memoirs.

The conclusion of the thesis reveals a clear distinction between the two genres. Needless to say, the self-help manual has a set goal where the reader is aware of what is expected. However, in viewing the memoirs as a therapeutic tool, it can be argued that a dialogical discourse and an invite to reflection, judgement and interpretation can result in the reader independently becoming more aware of his/her own situation. As for the self-help manual, the reader becomes passive due to the authoritative narrator and thus is more told how to feel and how to act. The self-help manual can thus persuade the reader into committing to the program, rather than allowing the reader to come to a conclusion himself/herself as the memoirs facilitate. Before these explorations it is

necessary to see where the self-help culture comes from, and consequently establish a background for the genres of self-help manuals and memoirs.

### **The Emergence of Self-Help**

The dissolution of the medieval church in the Renaissance provided a space for secular manuals, making the Renaissance viewed as the golden age of guided and instructional texts. This period saw the rise of parenting manuals such as *The Mothers Legacie to her Unborn Child* (1622) by Elizabeth Joceline, along with sexual manuals for “middlebrow Renaissance Italians” as Rudolphe Bell states (quoted in Blum, 202, p. 9). Parenting manuals have ever since been present in the self-help culture, illustrating that the self-help culture somewhat circulates. However, as Live Nelvik especially comments on in her NRK-series *Lives Oppdragelsesreise* (My translation: *Live’s parenting journey*), the necessity of these parenting guides, along with other topics of self-help, can be questioned (Mosti, 2020). The Renaissance also continued to evolve the tradition of the “Commonplace Book”, which still is used by many today. This book was meant to be used as a personal archive of “ideas, quotations, observations, anecdotes” and other information that could become useful for collectors at some point later in life (Holiday, 2013). The Commonplace Book represented the idea of reading as a preparation for life, enhancing the tradition of manuals that had the same goal. Tracing back the religious form of advice, scholars acknowledge the Puritans’ prescriptive writing as fundamental, which provided works such as *A Sure Guide to Heaven* (1689). Blum writes that the tradition of prescriptive manuals of the New England settlers developed into guides of manner through the seventeenth and eighteenth centuries, which highlighted the importance of “household management, courtship and parenthood” (Blum, 2020, p. 11).

These guides were certainly here to stay, but the aspect of personal growth would not arrive until the late 1700s.

The influential Benjamin Franklin (1706-1790) is a central figure when tracing back the development of self-help and he is by many viewed as the grandfather of the field of self-improvement manuals (Blum, 2020, p. 11). Franklin wrote one of the earliest works in the field, *The Autobiography of Benjamin Franklin* (1791), where he revealed his scheme that exposed his goals and how he worked towards achieving them.

<b>The Morning Question, What Good shall I do this Day?</b>	5	<b>Rise, wash, and address <i>Powerful Goodness</i>; contrive Day's Business and take the Resolutio the Day; prosecute the present Study: and breakfast. -</b>
	6	
	7	
	8	<b>Work</b>
	9	
	10	
	11	
	12	<b>Read, or overlook my Accounts, and dine.</b>
	1	
	2	<b>Work</b>
	3	
	4	
<b>Evening Question, What Good have I done to day?</b>	5	
	6	<b>Put Things in their Places, Supper, Musick, or Diversion, or Conversation, Examination of th Day.</b>
	7	
	8	
	9	
	10	<b>Sleep. -</b>
	11	
	12	
	1	
	2	
3		
4		

*Figure 1: Reconstruction of Franklin's daily schedule. The Norton Anthology, American Literature. Franklin, 1868, p. 281).*

As the chart above demonstrates, his work displayed elements and aspects of life that he wanted to achieve in a better manner through the virtues he presented<sup>1</sup>. Franklin underlines that he aimed to become a better, more efficient person, and wanted to make the correct decision between right and wrong in every scenario. In this way, he would ultimately arrive at “moral perfection” (Franklin, 1868, p. 276-280). The aim of improving the self was highly present in Franklin’s *Autobiography*, making his work central in the later field of self-help and self-improvement. The way of thinking that Franklin demonstrates, encourages the idea of evolving and improving the individual, which is naturally related to the American individualism that slowly begins to emerge in the same period. Franklin thus becomes a central figure in the flourishing of the self-help genre, as he exposed his vision of improving the inner self in order to improve the general quality of society.

Despite how Franklin’s *Autobiography* set the tone for a literature that aimed for self-improvement, the next work that would remark itself within this field came in 1859, along with several movements that became central through the nineteenth and twentieth century. Scotsman Samuel Smiles published his conservative handbook *Self-help: With Illustrations of Character, Conduct and Perseverance* (1859) that would introduce a new focus within self-improvement. He financed his book himself as publishers did not want to fund his project, not knowing that this book would become a world best seller. Smiles’ work invited working-class men to secure their future of “happiness and well-being,” without relying on scholarly institutions or education. The book presented principles of “industriousness, perseverance, honesty, and self-discipline,” and became an overall sensation to the field of self-improvement (Blum, 2020, p. 13). In contrast to

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<sup>1</sup> Franklin’s virtues: temperance, silence, order, resolution, frugality, industry, sincerity, justice, moderation, cleanliness, tranquility, chastity and humility (Franklin, 1868, p. 277)

Franklin's attempt of improving the inner self, Smiles marked the beginning of self-help as improvement of not only personal growth, but also outer factors such as practical skills and knowledge applicable for work. A study made by Good Reads reveals that male readers of self-help manuals today, mostly commit to Smiles' focus on practical skills and knowledge of a successful career, demonstrating Smiles' success in the literary world (Zhou, 2017). His success developed into a commercial industry, and several authors began to follow his path (Blum, 2020, p. 14). Smiles is, by many, also viewed as the establisher of the term "self-help," although, as mentioned, this concept was already established previous to Smiles' work (p. 13). That being said, he has certainly become a central figure in the emergence of the self-help culture.

Both Franklin and Smiles' works demonstrate that the genre of self-help, even if it was not called that at this stage, was well established long before the mid- to late-twentieth century, and thus long before Dale Carnegie's *How to Win Friends and Influence People* (1936) was published, which for many is seen to be the beginning of the contemporary self-help genre (Blum, 2020, p 3-5). To highlight central movements that followed these early works, Blum argues that several factors were essential in terms of what we today can identify as the field of self-help. Among these were the promotion of the "self-culture" that flourished towards the end of the Victorian Era, the increase in literacy for the masses due to the acts of education in the nineteenth century, and the "mail-order scheme" which provided a platform for self-help brochures that could easily reach out to the masses (p. 16). Last, but not least was the emergence of the "New-Thought"-movement that became central to the flourishing of the genre, which will be explore further in the discussion of the "self".

As briefly mentioned, Dale Carnegie published his book *How to Win Friends and Influence People* in 1936, entering the self-help field with a few similarities to

previous authors. He suffered, however, a similar destiny to Smiles, as publishers did not realize the possibility of success for his work. The title of his book illustrated a growing feature of the self-help genre, namely textual recycling. Only a few decades previous to Carnegie's work, Victor Segno, founder of the "Segno School of Success", titled a chapter in his book "How to Win Friends and Affection" (Blum, 2020, p. 5-6). The contemporary self-help genre rarely presents new theories or new methods, but simply rewrite ideas of previous thinkers, presenting a "collaborative textual ethos" (p. 7). Self-help thus simply becomes a continuation of the long tradition of providing empirical advice to and from other humans. Similar to Smiles' *Self-Help*, Carnegie's *How to Win Friends and Influence People* has marked itself as central in the development of the self-help genre, displaying an intellectual tradition through a mixture of quotations (p. 37). In many ways, as mentioned in relation to parental manuals, it is as if the self-help tradition moves in circles, presenting older guidance, only in a new shape and by a new author.

However, despite the work of Franklin and Smiles, the self-help genre has flourished into a field with different intentions than previous practitioners promoted. Previously, the self-help genre promoted the idea of improving the self in order to improve the society, but today the genre is more concerned with improving the self for more self-centered reasons, which has received conflicted responses. Many publishers have realized that self-help is here to stay and advocate the idea of presenting authors who "share a passion for living well," publishing books "to help you feel great" (Penguin Life, 2020). However, the genre situates itself ambivalently in the literary field. Scholars such as Michel Foucault argues that self-help is a "narcissistic self-indulgence" that objectifies the self and only gains the reader a feeling of "social control" (quoted in Blum, 2020, p. 30). Some also argue that the self-help genre we see



today is quite selfish in comparison to how Smiles and Franklin, for instance, meant for it to be. Both Smiles and Franklin wrote self-improvement manuals for inspiration as to how the individual could improve society as a whole. Today, self-improvement is aimed at the individual to improve simply for their own sake (Reimann, 2016). However, this shift of focus has also engaged authors of other literary fields to utter their opinion of the self-help genre.

Several authors of fiction have been in opposition to the self-help genre and to how the genre argues for providing the reader with easy solutions to complex issues. Among these authors was Virginia Woolf who “refused to supply the readers with the easy solutions the self-industry thought that they wanted” (Blum, 2020, p 19). On the other hand, there are theorists, among them feminist critics and working-class readers, who defend the genre’s influence in the literary field. Verta Taylor argues that “self-help is the distinctively postmodern project that allows women to combine the tenets of feminism with the professional discourses of medicine, law, psychology, therapy, and the social science in the ongoing struggle to reconstitute the meaning of the female self”, exemplified by titles such as *Lean In: Women, Work, and the Will to Lead* (2013) by Sheryl Sandberg or *Girl, Stop Apologizing: A Shame-Free Plan for Embracing and Achieving Your Goals* (2019) by Rachel Hollis (Taylor, 1996, p. 23). One can thus argue that self-help can help to improve the status or social role of certain groups that have historically been victims of the structure of society, simply by promoting the values and possibilities of the individual, regardless of their social status in society.

The self-help industry itself also admits to the ambivalent status they carry in the literary field. In the radio program *Fresh Air*, Jessica Lamp-Shapiro discusses her experience with self-help manuals in her memoir *Promised Land* (2014). In particular, she describes her experience with a self-help manual that promised the reader to make a

man fall in love with you, and thus how she could “keep up the appearance of being the perfect women”. She further elaborates about a step in the self-help book that instructed that “if a man comes over to your apartment, you should hide things like dirty bathrobes, medication and self-help books, including this self-help book” (NPR *Fresh Air*, 2014, 17:30). In the same episode she presents the contradiction that self-help manuals underline the importance of believing in the method it presents. If the reader does not believe in it, then the method does not work (14:00). This attitude results in the self-help industry being able to make the reader believe that it is simply his/her own fault if the method does not work, as the reader perhaps does not do it correctly or does not believe enough in the procedure. In doing so, the self-help genre maintains a control of the reader, regardless of the outcome of the self-help process. Placing the responsibility on the reader and manipulating the self thus becomes part of a much larger field of psychological theories.

### **The Self and Mental Illness**

As briefly mentioned, the end of the nineteenth century and the beginning of the twentieth century became the setting for the emergence of the movement that later was named “New-Thought”. This movement was mostly concerned with the individual’s power to accomplish good health and growth through visualization. The tradition emerged from religious and philosophical aspects in Christianity, Hindu and Transcendentalism, among others (Blum, 2020, p. 16). The French pharmacist and pioneer of the “New-Thought”-movement, Émile Coué, began to treat patients using hypnotism to promote thoughts and emotions of the self, thus encouraging the cultivation of self-awareness. His work and educational methods later became known as

“New Nancy School” and was viewed to be more optimistic than another approach that evolved within this period, the theories by Sigmund Freud (p. 17). Freud is considered by many the father of psychoanalysis as he argued that psychological issues could be traced back to childhood trauma, especially repressed sexual desires. He argued that “human behavior was driven by unconscious sexual and aggressive drives” (Curtis, 2015, part 4, 2:57:35). He was also a pioneer within treatment methods of psychological issues as he highlighted the value of therapeutic conversations.

Sigmund Freud founded his treatment methods based on his view on human forces of sexuality and dangerous inner desires. In the beginning of the twentieth century, he established the treatment method that we today can recognize as psychoanalysis and consequently psychotherapy. What is perhaps lesser known is that his nephew, Edward Bernays, was fascinated by his uncle’s theories, and became remarkably influential in the American society as he implemented the theories by Freud into the field of consumerism. The theory claims that every individual has an inner drive that cannot be controlled, and thus one could be manipulated by others. Bernays transferred Freud’s theories into the world of consumerism in America, and through experiments found ways to help companies manipulate the masses into committing to certain purchases or actions (Curtis, 2015, part 1,11:30). These experiments highlighted Freud’s idea that humans had an unconscious self and would easily be influenced by external factors. The idea that people in power could control the unconscious mind of the masses would indicate that they found ways to control what the masses *thought* they needed to be wealthier and happier.

As mentioned, Coué’s thinking was part of the “New-Thought”- movement, which claimed that the unconscious inner desires of individuals could be put to use in a more productive and optimistic manner than what Freud and Bernays portrayed.

However, it is worth noticing that “in light of their opposing methods, it is ironic that so many of the key concepts of psychoanalysis – for instance, the discourses of childhood trauma, self-destructive behavior, and wishful thinking – came to be absorbed and reanimated as clichés of self-help culture” (Blum, 2020, p. 18). Despite the two distinctive approaches towards the psychological self and therapeutical methods, Freud and Coué’s theories have certainly been influenced by each other, and both have had their central role in the field of self-help that we recognize today. The discussion of the internal space of the self remains relevant also in our own time, despite the roots of the discussion having been explored for centuries.

The concept of the internal space of the self can moreover be traced back to the Enlightenment, where science and rational reason distinguished themselves from the internal and psychological self (Pribram, 2016, p. 42-43). This conflicting understanding of the self and how to approach it is also present in the field of contemporary literature. The cultural scholar, E. Deidre Pribram, whose research on the psychological self I will rely on in the following, explores the emergence of an interior self that can be perfected and helped. Her theories are related to Franklin’s attempt of harmonic living in his *Autobiography*, as well as to the problem of mental disorders as represented in literature. She highlights that the “[...] psychological interiority [...] is a complex personality partially hidden and partially overt, an individual with an unconscious, with internal conflicts that have to be unearthed, a person both mysterious and endlessly fascinating to him or herself” (p. 45). However, the knowledge of the psychological self and how to improve it, also raises the interest of how to recover from mental illnesses.

In the discussion of treating mental disorders, it is crucial to determine what the term refers to. From a societal perspective, aiming for a final definition of the term has

been a theoretical journey, and still continues to be so. In the nineteenth century, mental illness was viewed to be mostly neuroses which related to diseases as “monomania, hysteria, and neurasthenia” (Pribram, 2016, p. 54). In the beginning of the twentieth century, those who suffered from these mental diseases were often institutionalized, thus removed from the society as they did not represent the “normal”. The idea that mental illness had to be experienced of extreme measures, such as clinical depression, anxiety or trauma, excluded the minor, less obvious forms of these diseases. Eventually, the rise awareness of “certain ‘lesser’ emotional behaviors” emerged, which sets the tone for the difficult discussion of what are “normal” emotions and what is a “disease” (p. 55). This discussion remains, however, controversial, as every human being experiences some form of depressive and unhappy stages in life, making the periods of unhappiness a natural emotion in a “normal” life. However, being unhappy is also an expression for conditions such as anxiety and depression, making it part of the abnormal aspects of life (p. 16). It is evidently difficult to identify where normal emotions end and mental illness starts, and the treatments have ranged, and continue to do so, from self-help manuals and psychiatry to physical methods such as electrotherapy. This thesis will not go into this discussion, but instead focus on what role literature can play in the understanding of mental illness. Having addressed the emergence of self-help and the concept of the self, I will further explore the emergence of the genre of memoirs.

### **The Emergence of Memoirs**

Memoirs have been written for hundreds of years, and the notion of authors sharing reflections and empirical knowledge through literary works slowly became a unique success. However, the genre of memoirs gradually separated itself from the already

established genre of autobiography, as memoirs focused more on the aspect of intimacy. A central literary work that marks this difference is the work of St. Augustine. His *The Confessions of Saint Augustine* (A.D. 397), is by most classified as an autobiographical work, however, the intimacy that reveals itself through confessions and by him letting the readers recognize themselves within his stories, marks an aspect that becomes highly central within the emergence of memoirs (Dukes, 2018). Memoirs have consequently been present in the literary field for centuries and through many literary periods, and though the popularity of the genre has varied, memoirs have marked themselves as highly present, also in the contemporary literature.

The term “memoir” derives from the middle French word *memoire* which referred to a “written account”. However, the term is also found in old French where the word originally referred to a “document containing the facts in a case which is to be judged” or “document containing instructions on a certain matter” (OED, 2020a). Already at this stage it is certain that memoirs were not only written for the author himself/herself, but the narration highly focused on the reader. The genre, then, intentionally aimed for an active reader, which I will return to, encouraging the reader to “judge” and reflect on the written text. Today, the literary genre of memoir is a large field, which scholars have attempted to categorize into subcategories such as “personal memoir,” “confessional memoir,” “coming of age memoir,” and “travel memoir” to name a few (Hood, 2010). Needless to say, authors may combine these categories, but the variety demonstrate the large aspect of what memoir is and can be.

Despite these categories, there are a few factors that remain common in the discussion of what memoirs are. Laura Di Summa-Knoop, among others, highlights the “*pacte autobiographique*”, which is viewed to be required from a memoir. This pact allows for the reader and writer to have a common understanding of what “I” should be

associated with within the memoir. She argues that “I” is associated with “the name and last name printed on the cover, while also tacitly conceding that the reader will act as a confidant who, [...], is nonetheless asked to believe the events narrated, to identify the portrait conveyed by the memoirist as authentic, and to eventually judge its content”. She further underlines that the memoirs require the readers to be in a specific “mode of reading” (Summa-Knoop, 2017, p. 2). Much like the original understanding of the term “memoir”, it is desired that the reader is critical to the work, as well as to judge and question the text.

The “*pacte autobiographique*” also represents how the reader is invited into the author’s own personal life, making the reading experience based on the aspect of intimacy. Sara K. Day introduces the term “narrative intimacy”, which she explains as a relation between the narrator and the reader. She further states that these pacts “reflect, model, and reimagine intimate interpersonal relationships through the disclosure of information and the experience of the story as a space that the narrator invites the reader to share” (Day, 2013, p. 3). The memoir is consequently based on a first-person narrator who shares intimate information with the reader and, purposely or not, “signals an awareness and expectation” of the reader. These signals are either to be found through the textual topics itself, through the thoughts of the narrator, or through stories of, or conversations with, other characters represented in the memoir (p. 4). What the signals are and can be, depends on what the reader’s empirical background is, as well as the reflection and understanding of the memoir the reader has. The “interpersonal relationship” combines both Freud’s idea of therapeutic conversations and how one might understand the concept of literature in general, which will be returned to. Nevertheless, it is certain that the genre of memoir invites the reader into a private,

intimate space in which the reader and writer can connect on a deeper level, thus providing the reader with advice and thoughts concerning, in this case, mental illness.

### **The Narratives**

In this comparative analysis I have chosen to examine two memoirs and one self-help manual. As discussed above, the genre of memoirs presents a large variety. However, I chose personal memoirs, given the focus on mental illness. Both Elizabeth Wurtzel and Susanna Kaysen maintain a determined focus on their respective mental diseases, and both apply a critical, reflective discourse in their attempt to share their stories. Both memoirs have also revealed themselves as quite popular in the field of memoirs, especially through their focus of reaching out to the reader. As for the self-help manual, the range of options was also large. However, Stephen S. Ilardi presents a “typical” self-help structure and discourse. I wanted to focus on the genres’ “step-by-step” recipe, and his “Therapeutic Lifestyle Change-protocol” stimulates this requirement. Before examining these genres and specific works, I will, however, briefly present each literary work individually.

### **Prozac Nation**

Elizabeth Wurtzel was an American memoirist, who was one of the first clinical depressed patients who began experimenting with the medical drug, Prozac<sup>2</sup> (Tofting, 2001). In 1994 she published her memoir, *Prozac Nation*, with an urge to share her difficult story. Wurtzel suffered from a long-lasting depression, and through her memoir she invites the reader to take part in her reflections, worries and thoughts concerning her

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<sup>2</sup> Prozac is a medical antidepressant that first appeared in the U.S. in 1988. “It is mainly used to treat major depression, obsessive-compulsive disorder, and panic disorder” (Nordqvist, 2017).



condition. When she was only 12 years, she survived her first drug overdose, however she only received a diagnosis when she was in her twenties. From a young age, she struggled with a deep depression, but continued to find it difficult to be taken seriously by those around her. Wurtzel attempts to escape her depression by moving away, first to New York and later to England. However, she realizes that her issues are solely in her own head, making it impossible to escape her panic and depression. Wurtzel attempts to go to therapy and eventually, the doctors end up offering her the antidepressant, Prozac, which only makes her emotionless and not necessarily better.

Wurtzel represents a community of clinical depressed people that experience hopelessness and loneliness. In her memoir, she makes it clear that her desire is to reach out to others who share her frustration with hope. She announces that she thought many people would find comfort in her memoir, knowing that if she had found a way to deal with her depression, the readers could find a way as well. But she also underlines how some people who read her memoir would respond in an opposite manner, as what worked for Wurtzel may not have worked for the reader (Tofting, 2001). Due to the mental challenges brought up in the memoir, as well as thoughts, concerns and reflections on the topic which Wurtzel presents to the reader, I argue that this memoir is highly relevant and representative for my thesis statement. I will see how mental illness is understood in the memoir and see if the memoir may provide some sort of help or advice concerning mental diseases.

### **Girl, Interrupted**

*Girl, Interrupted* (1993) is a memoir written by Susanna Kaysen. The American author is eventually diagnosed with borderline personality disorder, which she describes in

depth in her memoir. Kaysen is initially sent to an institution, McLean Hospital, to rest for a few weeks. The weeks soon turned into months and years, and the readers follow her closely as she attempts to figure out what her diagnose might be, alongside with nurses and therapists. Kaysen's memoir also includes her close relationship with her fellow patients, providing the readers with an even broader understanding of what mental illness can be. Additionally, the readers closely follow Kaysen's reflections and thoughts concerning the nurses and therapists, who attempt to provide her with help and understanding of her mental illness. Eventually, she is diagnosed with a character disorder. Kaysen reflects on the symptoms of her given diagnose and compares them with her own experience of the disease, highlighting that everyone experiences mental illness differently.

The memoir portrays Kaysen's journey from going to the doctor due to fatigue but ends up living at an institution for two years with a mental illness diagnosis. After her stay at McLean the readers get an insight into how life could be after a stay at such an institution, highlighting the challenges that may occur. Susanna Kaysen has earlier claimed that this memoir should be categorized as fiction, due to her subjectivity and uncertain memory. However, I will treat this as a non-fiction memoir simply because memoirs are based on memories, which always will be uncertain and subjective. Both *Girl, Interrupted* and *Prozac Nation* are representative within the category of "personal memoirs" as they portray intimate details about a specific situation of the authors' lives, inviting the readers to increase their understanding of what mental illness can be and maybe even receive some sort of advice.

## **The Depression Cure: The 6-Step Program to Beat Depression Without Drugs**

In the search for a self-help manual that would be representative for the self-help genre in this thesis, I certainly became aware of the enormous selection the genre offers.

However, I wanted to highlight central features of the genres that were discussed in the introduction, such as promise of improvement, pedagogical discourse, and efficiency.

*The Depression Cure* (2009) by Stephen S. Ilardi promises already in the introduction and title that he has the cure for depression, and anyone can get well by sticking to his “6-Step Program”. Ilardi is an author and a clinical psychiatrist who argues to have found the ultimate cure for beating depression. The book has received generous attention and is frequently mentioned as one of the top-rated books of self-help manuals concerning mental illness, especially in relation to depression.

The book is sectioned into three main parts: understanding depression, information of the TLC-protocol (Therapeutic Lifestyle Change) and lastly, making the change. In the first part, Ilardi provides the reader with his understanding of what depression concerns and who the book is mainly aimed for. Among other things, he lists symptoms of depression and asks the reader to reflect on his/her emotion to see if he/she can recognize himself/herself. If not, the reader is encouraged to continue reading and commit to the process after all, due to the book's positive impact on simply every individual. In the second part, on therapeutic lifestyle change, he introduces his concept and reason for the treatment, which I will address in the last chapter. Ilardi argues that everyone needs to look back to the basic roots of human needs, which he claims are the following: dietary omega-3 fatty acids, engaging activity, physical exercise, sunlight exposure, social support, and sleep (Ilardi, 2009, p. 9). Through his program and by improving these aspects of life, he promises that people struggling with clinical depression can be cured, and others can achieve beneficial experiences in general.

This introduction has briefly examined the background of the genres of self-help and memoir. I have shown that the self-help culture derived from the aim of improving the performance of the individuals in the interest of the society as a whole, especially based on the ideas of Franklin, Smiles and Carnegie. Eventually, the aim of the self-help culture emerged to become solely focused on the individual for the individual's own interest and gradually grew to become its own industry. The concept of self-help in the literary field also ultimately attempted to provide the readers with help in every field, including help and advice concerning medical health. In today's society, quick solutions to complex mental issues are found attractive, and thus might overshadow other literary genres that can provide the readers with the knowledge they are seeking, and maybe even in a better manner – such as memoirs. However, in the discussion of how literature can be applied as therapy for the readers, it is necessary to examine what literature actually is, as well as which approaches to literature becomes critical to apply in the reading process. The next chapter will thus examine how we can understand literature, which approaches one can apply towards the literary works, and lastly provide a clear distinction between the genres of memoirs and self-help.

# 1 Literature – The Easy Complexity

*The answers you get from literature depend on the questions you pose.*

- Margaret Atwood

In the discussion of using literature as a tool for therapeutic guidelines, it becomes natural to raise the question what literature is and approaches towards it. It seems, however, as if scholars mainly agree to disagree in this discussion, and the term is often presented as either a broad or narrow term. *The Oxford Dictionary of Literary Terms* defines “literature” as “A body of written works related to subject-matter, by language or place of origin, or by prevailing cultural standards of merit” (Baldick, 2008a), illustrating the broad understanding of what “literature” can signify. The literary scholar, Robert Dale Parker, underlines in his *How to Interpret Literature* (2015) that this broader understanding of “literature” has emerged in recent years, as the platform of expressions too has further developed. He claims that literature can be presented in forms of “written, aural, visual, kinetic or some combination of those” (Parker, 2015, p. 4). This broad understanding of what literature is then becomes significantly contrasted to a more traditional, narrow understanding where literature “refers to poetry, drama, and fiction and perhaps sometimes to more self-consciously artful essays or autobiography” (Parker, 2015, p. 4). Parker’s reference to a narrow understanding of the term “literature,” however, excludes many aspects of literature that scholars might view as highly related to the term. Evidently, the notion of a clear definition of the term “literature” does not exist. The literary field is broad and complex which makes each attempt at defining the term no less correct than the other. As the example of Parker’s definitions demonstrate, this forces us to set clear boundaries at the expense of certain features. Therefore, this chapter will discuss a few definitions of “literature” and suggest

one that will be used throughout this thesis. It will also discuss approaches to reading, as well as reader-response, which explores the activation of the reader, as addressed in the introduction. Lastly, this chapter will comment on the aspect of genre and give an account of some of the distinctive literary features of memoirs and self-help manuals.

The definitions of “literature” that scholars present and defend are varied. Some participate in the discussion by offering an “either/or” format of what literature can be. Others suggest that defining literature is actually about defining the abilities of literature, not the actual text itself. The aspect of defining literature by the outcome of the text is, among others, presented by the literary critic and scholar, J. Hillis Miller. He argues in his *On Literature* (2002) that literature is simply the creation of a new world or a “hyper-reality” (Miller, p. 18). Miller’s understanding of the term “literature” may differ from a complete textual understanding, but on the other hand it highlights the emotional connection the reader might gain by reading a text. Miller argues that literature is simply more than words on a paper, but rather a “creation, or discovery of a new, supplementary world, a metaworld, a ‘hyper-reality’”. Additionally, he argues that “this new world is an irreplaceable addition of the already existing one” (p. 18). To view literature through this aspect is to acknowledge that the “power” of words on paper are able to create an imaginary world, or as Miller refers to it, the words simply become “magic” (p. 20). Though this understanding of what literature is seems broad and abstract, it does invite to the discussion of who the definition refers to. Is it the author himself/herself who creates an imaginary world that the reader is invited into? Is it the reader’s responsibility to use the words as tools in order to create this “hyper-reality”? Or is this imaginary world simply created through the relation between the author and its audience? These questions are all relevant when considering Miller’s understanding

of “literature” and will be further explored in the discussion of the author-reader relation in the section below.

Nevertheless, Miller’s understanding of what literature is becomes highly central within the discussion of how memoirs and self-help manuals may offer the reader help and advice through literary features. While he refers to literature as a creation of an imaginary world, the literary scholar, Stein Haugom Olsen, presents another significant view on what “literature” may involve. In his article “Literary Aesthetics and Literary Practice” (1981), he addresses two answers on the question of what literature is, namely the “reductive” answer and the “non-reductive” answer (Olsen, 1981, p. 521). The reductive answer refers to the “attempt to determine what textual features are necessary and sufficient for classifying a text as literary work” (p. 522). This way of looking at literature then seeks concrete textual features such as “style, content and structure” in order to be able to determine its literary form (p. 521). The non-reductive answer “would deny that those features which make a text literary work of art can be defined as sets of textual features” (p. 522). In other words, the non-reductive answer would rely more on aesthetic aspects of a text rather than pure textual features. Consequently, this focus would enhance the idea of looking at a text as an artistic work, rather than something that can be mechanically analyzed. Additionally, the non-reductive way of analyzing literature would, to some extent, resemble Miller’s suggestion. It refers more to the readers’ escape of reality, rather than focusing on the concrete textual features. Miller and Olsen present a vague understanding of what literature is and can be, as both mainly focus on the outcomes of the literary works, rather than what actually can be categorized as literature.

The literary scholar and philosopher, Tzvetan Todorov, writes in his article “Reading as Construction” (1996) that:

When it [literature] refers to the text itself, it is sheer distortion. What exists first and foremost is the text itself, and nothing but the text. Only by subjecting the text to a particular type of reading do we construct, from our reading, an imaginary universe. (Todorov, 1996, p. 259).

Viewing literature as only the text itself, according to Todorov, is to limit the abilities of literature, as the text only functions fully when being read and interpreted by an active reader. As will be further addressed subsequently, viewing literature as simply a basis for interaction between text and reader, also supports the aspect of intimacy. Through an interactive relation between text and reader, one can create a bond in which the reader can recognize himself/herself to the narrator and in the textual work. The focus on the outcomes of literature is also the aspect that I will mainly focus on in this thesis, as I will see how literature may activate the reader in order for he/she to receive advice or help through the literary works. I will mainly apply Miller's understanding of what abilities literature has, and his idea of creating a "hyper-reality" between the text, narrator and the reader.

### **Approaches to Literature**

Reader-response theory attempts to "provide a generalized account of what happens when human beings engage in a process they call 'reading'" (Harkin, 2005, p. 411). In other words, it is only by examining the response of the reader that the meaning of the text becomes revealed, whether that specific meaning was the intended message or not. As we saw in the previous section, Miller underlines how literature uses words as tools to create an imaginary world that the reader is gradually exposed to. However, this imaginary world may not be accessible to the reader if he/she is not receptive towards



what the text may facilitate. Evidently, different genres require different approaches to the text, but how the reader experiences the outcome of the text is mainly a consequence of which attitudes the reader himself/herself brings into the literary work. To illustrate this further, one can turn to the field of philosophy, where one is often presented with the concept of “the hermeneutic circle”. This concept roughly portrays how one can only understand something by interpretation of something already interpreted or known (Blackburn, 2008). This idea can be transferred to the field of literature as the reader can only interpret a text based on her/his own empirical experiences. The intentions the author may have with his/her work becomes irrelevant once published, and what counts is the reader and his/her relation to the textual work.

In the discussion of reader-response, there are three types of readers scholars tend to include, the “ideal reader,” the “implied reader” and the “actual reader”. Though categorized, it seems as though all of the types of readers presented agree on the fact that the reader and his/her relation to the textual work is the main aspect. However, there are a few features that distinguish the different types of readers. For the “ideal reader”, according to Stanley Fish, “the text raises certain expectations in the reader and the text frustrates or fulfills them as it proceeds along” (quoted in Parker, 2015, p. 333). The reader of this type will not give up whenever he/she is challenged, but rather respond to these challenges with great appreciation. A second classification of a reader is the “implied reader”. A significant figure within this category is the literary theorist, Wolfgang Iser, who highlights the importance of the correspondence between the text and the reader. He claims that textual works assemble “gaps” throughout the text, in which the reader can “fill in” using his/her imagination in the reading process. These gaps may or may not be revealed to the reader eventually, but the reader will maintain the power to compare his/her own thoughts to what the text gradually reveals (Parker,

2015, p. 334). The third type of reader, the “actual reader”, was initially fronted by Norman Holland. He represents a psychological approach in which he argues that “each reader forms a particular ‘ego’ or ‘primary identity’ based on early childhood and then projects the concerns of that identity onto a literary text” (quoted in Parker, 2015, p. 334-335). In more recent years, David Bleich has continued this theory by encouraging readers to write down how they respond to the text in order to clearly view how the textual work affects the readers personal life (Parker, 2015, p. 335). However, Parker criticizes Bleich’s approach as he claims that the reader’s personal experience will overshadow the initial text itself (Parker, 2015, p. 355). His critique, however, is central in this thesis, as my aim is to see how the interplay between author, text and reader can result in personal growth.

Having discussed the different types of readers and characteristics of the readers’ approaches towards a textual work, it is necessary to also briefly look into how a text may activate the reader in different manners. If and how the reader is activated is mostly determined by how a text is presented to her/him (Macé, 2013, p. 213-214). In a memoir, the reader closely follows the voice of the protagonist and author. While doing so, the reader also transfers the essence of the text into her/his own existence and life situation. The activation of the reader, when following the voice of the memoir, then forces the reader to reflect on their own situation and notice other paths or other solutions. The reader consequently receives, through reading, the opportunity to try out other paths and different possible outcomes of the situation. This approach is what the literary scholar, Marielle Macé, refers to as the “Aesthetic Conduct” (2013, p. 216). She argues that “the aesthetic notion of ‘conduct’ is precisely what enables us to unite a phenomenology of reading experience with a pragmatics of the relationship to the self, because it is precisely the phenomena belonging to reader’s experience that produce

lasting effect in the grammar of existence” (Macé, 2013, p. 217). This means that every individual reader will approach a text with its own background, which determines the outcome the reader will receive by reading the text. Similarly, in her *Limits of Critique* (2015) Rita Felski underlines the importance of how the reading outcome is especially present when the reader experiences an emotional attachment to the text (quoted in Fluck, 2019, 233). This way of reading relates to the individual process of reading, omitting the collective outcome of literary texts.

The theories presented above all underline how literature can promote emotional attachments and express to the reader possible ways to handle mental illness, for instance, and may even provide the help and advice he/she was seeking. As discussed in the introduction, memoirs invite the reader to a “narrative intimacy” which creates a unique space and bond between the reader and the narrator. This interpersonal space also highlights Miller’s understanding of what literature is when he refers to the “hyper-reality” that the reader is invited into. However, “hyper-reality” and “narrative intimacy” are aspects I find highly present in the genre of memoirs, but unfortunately are missing in the genre of self-help manuals.

### **Characteristics of self-help and memoir**

Having discussed what literature is and possible ways to approach literature, it is necessary to briefly look into the term of “genre”. Subsequently, it is necessary to see how the genres of memoirs and self-help manuals are classified. The term “genre” itself originally came from Latin and referred to gender, before the term was traced to Modern French and referred to ‘kind’ or ‘style’ (OED, 2020b). In the earlier stages of literary works, there were not as many ‘styles’ of writing as we reckon with today. The

most common genres were poetry, drama, and prose, which each had their own subcategories (Chandler, 1997, p. 1). Today, classifying a genre has become more complex, as authors and writers tend to combine elements from different genres in their creation. However, *The Oxford Dictionary of Literary Terms* highlights certain aspects to be central in the classification of a genre; formal structure, length, intention, effect, origin, and subject-manner (Baldick, 2008b). This does not necessarily mean that every classification is guided by these aspects, but rather can be used for the reader to approximately know which genre he/she is approaching. Accordingly, genres can facilitate the readers' expectations towards the text, as mentioned above. Some authors or creators choose not to classify their work within a specific genre, as an attempt to prevent the reader from gaining expectations. This simply demonstrates how powerful classification of genre can be and why genres are so important to be aware of.

Before analyzing the primary works of memoirs and self-help manuals, I find it necessary to briefly clarify distinctive features of the respective genres. Memoirs have a clear voice or protagonist that the reader can follow closely throughout the book. It is written from the authors perspective in a first-person narration. Additionally, memoirs are based on empirical experiences that the author guides the reader through, focusing on special events or situations that the author has in his/her memory. Memoirs often have an implicit intention of forcing the reader to reflect on his/her life and think inwards in order to grow according to the central themes the writer is focusing on. The aspect of intention is highly contrasted to the genre of self-help manuals, where the intention of the book is extremely explicit. The aim of the book is often the title, giving the reader no room for interpretation or inward reflection concerning the topic. Self-help manuals often promise certain results if the reader is able to closely follow the steps which he/she is told to do and are thus far more specific about which aspect of life is to

be improved or changed than the memoirs. The latter leaves it more up to the readers empirical experience and approach. The self-help manual requires little reflection from the reader, but more commitment. As mentioned above, these features do distinguish the genres to some extent, but will be further elaborated and examined in the next chapters.

## 2 The Manifestation of Mental Illness in the Literary Works



*[...] there's this thing creeping up on me, first from behind, then from in front and from the sides and all over, and I feel certain I am being drowned by some kind of black wave. (Wurtzel, 2017, p. 89, italics in original)*

Figure 2: “Jeg er så glad det er jeg som har angst. Venninnene mine hadde ikke tålt det» (My translation: *I am so glad I am the one suffering from anxiety. My friends could never handle it*”, 2018, by Lisa Aisato (Skåber, 2019, p. 60).

After having addressed the complex discussion of what literature is and approaches towards it, the following chapter will further explore the theories by Iser, Miller, and Macé, in addition to the theories on dialogism by Bakhtin, which will be presented below. This chapter will investigate how the two genres, memoirs and self-help manuals, distinguish themselves in the attempt of defining mental illness. Common to the three works of discussion, is the authors' attempt of constructing a relation with the reader, which is highlighted when trying to understand what mental illness can be. I will at this stage argue that the memoirs apply a more subtle and subjective understanding of mental illness, whereas the self-help manual is more direct and concrete. Both genres create some sort of agreement with the reader, though in quite different manners. The first section of this chapter will examine more closely this relation, through defining the

respective mental illness presented in the works discussed. The second, and last, section will further explore how the narrators of the works experience mental illness, as well as present other perspectives and attitudes.

As previously stated, mental disorders are difficult to categorize and diagnose due to their abstractness and subjectivity. Wurtzel claims in her memoir, *Prozac Nation*, that “Every person who has experienced a severe depression has his own sad, awful tale to tell, his own mess to live through” (Wurtzel, 2017, p. 327). This excerpt demonstrates clearly how subjective mental disorders can appear, thus making them difficult to define and categorize. One cannot simply scan the mind of a mentally ill person in order to determine symptoms and treatment methods, as we do with physical diseases. There is rarely any objective conclusion to a diagnosis in terms of mental diseases, so it generally takes time for nurses, doctors, psychologists, and patients to unite in a decision. Accordingly, memoirs and self-help manuals examined in this thesis approach the aspect of determining their respective diagnosis, as well as establishing what mental illness can be, quite differently. *Prozac Nation*, *Girl, Interrupted*, and *The Depression Cure* all suggest an understanding of their respective mental disease, but the genres already at this stage distinguish themselves from each other through different literary approaches and discourses. These differences will be further addressed and examined, initially highlighting how the literary works define mental illness, and through that creating a relation between the author and the reader.

### **The author and the reader**

In the discussion of defining mental illness, and consequently constructing a relation between the author and the reader, the theories by the philosopher and literary scholar,

Mikhail Bakhtin, becomes central. He is often recognized by his theory of the distinction between dialogic and monologic discourses, which will be further exemplified later. As briefly mentioned, self-help manuals continuously maintain a guided approach where the author is the central figure of the literary work, thus emphasizing a monological dialogue. In her “Dialog, samspill og læring”, Olga Dysthe makes use of Bakhtin’s thinking in relation to pedagogy. She is arguing that the monological approach expects the participant, here the reader, to adopt passive features and seek approvement by another, authoritative participant, which in this case means the author or the literary work (Dysthe, 2013, p. 92). Bakhtin’s theory is often applied in pedagogical fields, where instructions are narrated by an authoritative figure, and the recipient is to follow these instructions. To exemplify this theory further, the self-help manual continuously repeats the approach of monological dialogue through guidance and instructions in the attempt of defining mental illness. Ilardi’s *The Depression Cure* expresses itself as clean and organized throughout, and he consequently present a clear definition of mental illness, especially depression.

Ilardi devotes one chapter of his book to specify how he understands the concept of depression that he gives the title “Making Sense of Depression”. He introduces his chapter by providing the reader with examples from his patients where he displays how the patients have been underestimated when they express their struggle with depression. One patient in particular, Wendy, describes her frustration of not being understood by her surroundings, as she claims everyone has an idea of what depression is, but not in the sense of clinical depression.

“You guys – you psychiatrists or psychologists or whatever – really need to come up with a better name for this thing. *Depression* just doesn’t cut it. I mean,



everyone knows the word, so they think they get what it's all about. But most of them have no idea.” (Ilardi, 2010, p. 26, italics in original).

In this excerpt, Ilardi applies the examples in order for readers to recognize themselves in the frustration of not being understood by others when claiming they suffer from depression. He continues to state how the lack of understanding from the surrounding community has developed into a common issue among people suffering from mental diseases such as depression. Accordingly, he specifies that the term “depression” is in need of two distinctive definitions due to the common use of the term in the “everyday conversation”. Ilardi claims that the term “depression” has “two very different meanings – depending on the context- and people mix them up all the time” (Ilardi, 2010, p. 26). The first definition of depression he offers is related to “everyday conversation” and is an emotional concept which everyone can relate to at some point in their life. He exemplifies further by referring to an emotional response such as the following excerpt displays: “I’ve heard people say they were depressed after watching their favorite team lose a big game, or even after ripping a hole in a good pair of blue jeans” (p. 26). The use of “depression” in this context is quite different to the other understanding of the term which represents a clinical diagnosis of “*major depression disorder*” (italics in original). Clinical depression is recognized by a more severe state of mind over a longer period of time (p. 26). Ilardi continues to categorize clinical depression by listing nine symptoms that are known to be common when suffering from this disease and asks the readers to diagnose themselves based on these nine symptoms<sup>3</sup>.

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<sup>3</sup> Ilardi’s nine symptoms are the following: 1. Depressed mood, 2. Loss of interest or pleasure in all (or nearly all) activities, 3. A large increase or decrease in appetite/weight, 4. Insomnia or hypersomnia (greatly increased sleep), 5. Slowing of physical movements, or severe agitation, 6. Intense fatigue, 7. Excessive feelings of guilt or worthlessness, 8. Difficulty concentrating or making decisions, 9. Frequent thoughts of death, or suicidality (Ilardi, 2009, p. 28).

Ilardi adopts Bakhtin's pedagogical approach of monologue to a larger extent by providing the reader with such clear definitions and symptoms of what depression is. The author embraces the authoritative role, and the reader is to be passive and accept the knowledge and follow instructions given by the author. That is to say, the reader is invited to be active at this stage, as he/she is asked to reflect and determine whether or not he/she agrees with the symptoms listed. However, as the reader is instructed to do so, Ilardi maintain his authoritative role and thus does not facilitate an active reader. Despite a limited interaction between the author and reader, as will be found in the memoirs, the monological discourse can come across efficient and clearly. In this sense, Ilardi makes it quite simple for the reader to understand what mental illness, such as depression, involves, and he/she can easily diagnose himself/herself according to the listed symptoms and "his requirements". However, he does, to a lesser degree, include the concept of the reader's subjectivity in the process of defining mental illness, and his list of symptoms may come across as static and unchangeable. Additionally, he excludes the reader's opportunity to engage in the literary dialogue as he mainly provides the reader with clear statements and instructions. By having such a definite understanding of what depression and mental illness are, it can be difficult for the readers to recognize themselves in the either/or-pattern. Applying a direct method towards a subjective issue, such as determining a diagnosis, may be beneficial for the readers who struggle with reflection related to his/her own mental health. However, it may also be problematic as complex illnesses then becomes categorical and static, overshadowing the subjectivity such diagnosis requires.

*The Depression Cure* is evidently for the most part based on monologue, which, unfortunately, may ignore central features of how literature can be understood. As will be examined further, the principle of dialogue is a centrality among scholars of

literature. Bakhtin exemplifies the contrast between monologism and dialogism by utilizing the term “polyphony”. The expression is borrowed from the fields of music and involves multiple tunes that together produce harmony: “Within a novel perceived as a musical score, a single “horizontal” message can be harmonized vertically in a number of ways, and each of these scores with its fixed pitches can be further altered by giving the notes to different instruments” (Holquist, 2006, p. 430). In other words, characters, perspectives, and other features that contribute to the literary work with a single voice (score), will result in an endless variety of interpretation, knowledge and meaning (music). The dialogical discourse will thus provide more combinations of possible outcomes for the reader, rather than the monological discourse which mainly derives from the author himself/herself and can cause a limited result of possibilities for the reader.

As *The Depression Cure* operates with a more mechanical, monological approach in the attempt of defining mental illness, the memoirs, *Prozac Nation*, and *Girl, Interrupted* function almost as a contrast by relying much more on the reader’s subjectivity in the understanding of such a disease, which can be detected in the use of figurative language. Both the memoirs present a more gradual, reflective, and critical understanding of the respective mental diseases they focus on. Wurtzel and Kaysen invite the readers to use the narratives as an instrument to gradually understand what mental illness is and how he/she might recognize themselves in the descriptions presented. These attempts of dialogically presenting an understanding of mental illness to the reader are continuously returned to throughout the memoirs and the authors tend to use figurative language to subtly form these explanations. When using figurative language rather than concrete definitions, the author and the reader enter “the performative dimension of the work’s words” (Miller, 2002, p. 38). Miller addresses

this dimension as a contrast to the “constative”. “On the one hand, a constative statement names some state of affairs, as in the assertion. [...] A performative utterance, on the other hand, is a way of doing things with words. It does not name a state of affairs but brings about the thing it names” (p. 37). Miller continues to comment on the necessity of an active reader in order for the “performative dimension” to occur: “Right reading is an active engagement. It requires a tactic decision to commit all one’s powers to bringing the work into existence as an imaginary space within oneself” (p. 38). By using figurative language, the reader is encouraged to use his/her imagination in order to enter an imaginary world, or “hyper-reality”, where he argues that the essence of the literary work exists.

To better understand the creation of a “hyper-reality”, I will examine more closely Wurtzel’s memoir. In *Prozac Nation*, the reader is continuously exposed to the author’s thoughts and reflections of her own mental state. In the very beginning of the first chapter, the narrator attempts to provide the readers with an understanding of how horrifically deep depression can be. Wurtzel initially compares it to a cancer that slowly takes over the body and suddenly is difficult to do something about. She expresses how depression occurs in the following excerpt:

But you won’t even notice it coming on, thinking that it is somehow normal, something about getting older, about turning eight or turning twelve or turning fifteen, and then one day you realize that your entire life is just awful, not worth living, a horror and a black blot on the white terrain of human existence. One morning you wake up afraid you are going to live (Wurtzel, 2017, p. 1-2).

As this excerpt illustrates, her memoir initially addresses the readers directly. Her explanation of the mental disease reveals the uncertainty of what is actually happening

to the mind over time, which makes it difficult to assert certain reasonings or symptoms of how she developed into becoming mentally ill. Wurtzel reflects on this idea of the mental illness' progression later in her memoir by stating that she "went down gradually and then suddenly" (p. 305). Already at this stage the memoirs distinguish themselves from the self-help manual, by highlighting the process of developing a mental illness, whereas *The Depression Cure* simply state that if the reader recognizes himself/herself in the symptoms, he/she should continue reading.

The sentence, "a horror and a black blot on the white terrain of human existence", gives the reader a chance to use imagination in order to visualize the narrator's pain and loneliness. This metaphor exemplifies the use of the figurative language Wurtzel applies in her memoir. The image of "the white terrain" can describe the image of something clean and vulnerable, which the reader can interpret as someone who is vulnerable and fragile. When Wurtzel describes a black blot on this white, fragile blanket, it can cause the reader to make the assumption of something being present that should not be there, as if something disrupts the peaceful image of the white terrain. The black blot can then symbolize the burden a mental disorder can cause on a person. The excerpt above demonstrates how mental illness can develop without recognition, and suddenly there is a black blot that takes control over the body.

The excerpt inserted at the beginning of this chapter, demonstrates how Wurtzel also uses "the black wave" as a metaphor for depression: "[...] *there's this thing creeping up on me, first from behind, then from in front and from the sides and all over, and I feel certain I am being drowned by some kind of black wave.*" (Wurtzel, 2017, p. 89, italics in original). A wave can both carry connotations of peacefulness and harmony but can contrastingly symbolize something alarming, or at worst, deadly. Waves also emerge subtly but can suddenly become unavoidable. Additionally, Wurtzel

describes the wave as black, which certainly can deepen the image of something unpleasant. Wurtzel subsequently returns to the idea of a black wave representing depression. She addresses how she attempts to run away from it, but it never goes away:

*And I can't stop running. Mostly I am running away from the black wave. [...] finally run into bed, where I hide under the covers and pray that the black wave won't drown me. Pray that if I lie here quietly it will pass. Pray that if I get up in a little while and go to dinner at the Union, that if I just go on with life as if this feeling were normal, the black wave will throw its tidal force at someone else.*

(Wurtzel, 2017, p. 88-89, italics in original)

As the excerpt demonstrates, the black wave represents something Wurtzel is in need of running away and hide from. The black wave is in control of her and has the power to follow her around with its “tidal force”. Depression then, as the black wave, has undergone personification as it is attributed with personal features such as the control of where to “throw its tidal force”, and the power to chase someone deliberately.

Personification of depression then gives it a life of its own, with powers of its own that people suffering from depression cannot control. The black blot was described as something disturbing the white terrain. Depression can then be viewed as something that should not be there, but that also has a life of its own. Describing depression in this manner, makes the reader understand the complexity of the mental illness, but also how difficult it is to control it. How can one control something that should not be there at all, and additionally has a life of its own? Miller's theories of adding a performative dimension to the work, in order to enter a hyper-reality, then becomes central in the examination of *Prozac Nation*. The readers are, if reading actively, able to determine themselves how they read this excerpt describing a “*black wave*”, which can enforce the reader's individual situation.

As previously mentioned, *Prozac Nation* mainly is concerned with depression specifically, which is constantly highlighted in the memoir. Wurtzel involves the reader in her search for a diagnosis, emerging from the frustration she carries knowing something is wrong, but not exactly what: “*I had not heard the word depression yet, and would not for some time after that, but I felt something very wrong going on. In fact, I felt that I was wrong – my hair was wrong, my face was wrong, my personality was wrong*” (Wurtzel, 2017, p. 26, italics in original). This excerpt displays how Wurtzel acknowledges that something is wrong, without knowing what, when and how. The contrast to Ilardi’s understanding of mental illness is thus major, due to the vagueness the memoir presents. The approach of not directly claiming what the symptoms are or how she is feeling, opens up for the reader to gradually, and critically, recognize themselves in the author’s state of mind, rather than checking of a list. Wurtzel also allows the readers to acknowledge the feeling that “something is wrong”, and to legitimize that emotion. In the examining of the excerpt above, one can apply Bakhtin’s dialogic discourse, as the subtle attempt of understanding depression allows the reader to recognize himself/herself in the description. Similarly, the excerpt displays Miller’s “hyper-reality”, where the reader is encouraged to himself/herself find the essence of the literary work, in this context what depression is, as opposed to being told directly what the essence is.

Wurtzel frequently returns to the frustration of not understanding what is wrong with her. While she is at the university, she regularly goes to see a psychiatrist. In her first session with Dr. King, she explains how badly she needs help, and she attempts to explain to the psychiatrist how she feels inside:

*[...] my foundation is crumbling, and shattered glass is falling all over the sidewalks, all over my feet. I am walking barefoot on broken glass in a very dark*

*night. I am collapsing and I am collapsing on myself. I am shards of glass and I am the person being wounded by the glass. I am killing myself* (Wurtzel, 2017, p. 95, italics in original).

The narrator describes a painful scene of darkness, shards of glass and devastation. The darkness is frequently returned to, especially through the illustrations of the black wave and the black blot on the white terrain. These images can describe an absence of happiness and hope. In the darkness, Wurtzel also involves “shards of glass”, which often can be associated with scars and blood, but also something being broken. The figurative image can make the reader question how the glass became broken in the first place. When glass is demolished, it is usually not intentional and is quite difficult to repair. The reader can accordingly interpret the broken glass as a broken human, and the darkness can symbolize the pessimism of ever regaining a healthy mind. Additionally, Wurtzel describes a trembling foundation she is walking on, and which she continues to walk on in spite of the broken glass in the darkness. However, her strength shines through when she continues to walk through these challenges. The reader can accordingly be encouraged to him/herself continue to get through the pain and Wurtzel can signal some sort of hope. However, she also adds that she is slowly killing herself by continuing to stumble through the painfulness these figurative images symbolize. She also portrays herself as *being* the shards of glass, as well as being wounded *by* the shards of glass. An interpretation of this excerpt could be that the person suffering from mental illness is himself/herself responsible for seeking help in order to improve their mental health, removing shards of glass piece by piece.



The use of figurative language illustrates Macé's theory, which she refers to as "In Swallow Style"<sup>4</sup>. In her article "Ways of Reading, Modes of Being" (2016), she states that "reading means attempting something at such speed, gaining a sense of being comparable with it, and, in repeating the words, hearing an echo of our own situation" (Macé, 2016, p. 215). Her theories will be further explored in the next chapter, but already by viewing the preceding excerpts, one can determine the subjectivity of the memoirs and how "In Swallow Style" becomes central to the reader's reflection and outcome. By applying figurative language, as exemplified by Wurtzel above, the reader is forced to interpret the images described his/her own way. In other words, the reader will interpret the meaning of the figurative description in the textual work from his/her own perspective, making the essence relevant to the individual reader. Having examined how Wurtzel attempts to form an understanding of what mental illness is, and attempt to create a relation with the reader, I will further analyze *Girl, Interrupted* to reveal similarities and differences to the preceding works.

In Kaysen's memoir, *Girl, Interrupted*, the protagonist is at first perceived as mentally stable to the reader, as she does not reveal much of her emotions and thoughts in the beginning. The reader is, however, exposed to the condition of Kaysen's fellow patients, and is allowed to examine the other characters of the memoir through the eyes of the protagonist. The author invites the reader to view mental illness from several perspectives, not just her own. This reveals a large variety of what mental illness can be: "Lisa Cody didn't have a diagnosis yet. Cynthia was depressive, Polly and Georgina were schizophrenic, I had a character disorder" (Kaysen, 1993, p. 59). Throughout the memoir, the reader is informed of the mental state of the other patients, as well as

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<sup>4</sup> Macé uses the title of a poem named "Swallows" by Francis Ponge to illustrate an example of the way reading invites to identification. Full poem: Ponge, F. (2017).

Kaysen's state of mind and perception of the others. As will be further examined in the next chapter, Iser claims that by revealing several perspectives, in this case through the characters, the reader is invited to maneuver in between these, resulting in the meaning and essence of the text. Kaysen displays how the patients are all different and they contribute with different perspectives on what mental illness involves. As a result, the reader can combine these differences in order to create a broad understanding of what mental illness can be, as well as recognize themselves in certain features of different characters, not solely based on one perspective.

As mentioned, Kaysen does reveal her diagnosis eventually: "I had a character disorder" (Kaysen, 1993, p. 59). Before the reader receives further information concerning the diagnosis, he/she is exposed to Kaysen's medical journal, kept by the nurses. This allows the reader to learn more about her mental state from a perspective other than Kaysen's own. An excerpt from the journal portrays one of Kaysen's rougher periods where she suffers a depressive reaction. The following is observed by one of the nurses in McLean Hospital:

*She became fearful and agitated requiring a call from the doctor on call. She expressed her fears regarding her parents and lack of communication, the fact that she has been unable to make satisfactory decisions throughout her life to the present time, and also, that her therapist is away. [...]. She is most extremely upset about her parents and their lack of understanding and she relates this to other people, and that they can't understand or can't be trusted. (Kaysen, 1993, p. 105, italics in original).*

Expressions such as "extremely upset" and "fear" describe emotions that any reader can relate to, to some extent. In this excerpt, Kaysen does not apply figurative language in

order for readers to reflect and create their own relevance to the literature, but she does refer to emotions that apply for most people, making mental illness more “normal” and easier to grasp and understand. The reader will thus be able to reflect on his/her own emotions, despite the measurements of mental illness he/she might carry.

Similar to *Prozac Nation*, Kaysen describes her diagnosis to the reader, but in a more scholarly manner. She informs the reader about her diagnosis, “*Borderline Personality Disorder*” (italics in original), quite formally, such as one would find it described in a dictionary. Her chapter, named identical to her disorder, begins as follows: “An essential feature of this disorder is a pervasive pattern of instability of self-image, interpersonal relationships, and mood, beginning in early adulthood and present in a variety of contexts” (Kaysen, 1993, p. 147). The chapter continues to describe central symptoms of the diagnosis which reveals itself as quite broad. Subsequently, Kaysen highlights central symptoms that she finds applicable for her own state of mind and refers to them as “charges against me” (p. 150). As this diagnosis was viewed as appropriate to Kaysen by her psychologists, doctors, and nurses, she does question some of the symptoms listed, as they represent life itself, not necessarily a mental disease. “[I]nstability of self-image, interpersonal relationships, and mood ... uncertainty about ... long-term goals or career choice ...’ Isn’t this a good description of adolescence? Moody, fickle, faddish, insecure: in short, impossible” (p. 152). The excerpt highlights the problematic concept of defining a mental illness as a whole. Mental diseases are complex, vague, and subjective, and can be difficult to narrow down to explicit symptoms. However, *Girl, Interrupted* lays a foundation for reflection, but also supports the critical aspect of defining mental illness. By not applying the same approach as *The Depression Cure*, the memoirs consequently invite the reader to a dialogue *about* mental illness, rather than a monologue which merely informs the reader. Bakhtin

argues that meaning and understanding are created through dialogue, simply by allowing the reader to acknowledge other perspectives than his/her own, as well as engage in question, doubt, and test of other perspectives (Dysthe, 2013, p. 90). By expressing criticism towards the respective diagnosis through a dialogic discourse, Kaysen encourages the reader to maintain a judgmental and critical attitude towards the literary work, which can provide the reader with a deeper insight into his/her own situation. This section has illustrated how the memoirs and self-help manual differ in the attempt of defining their respective mental illness, and both discourse and the reader's approach towards the literary work have remarked themselves as distinctive features. Subsequently, I will further explore the narrator's perspective towards the mental illness, as well as other perceptions presented.

### **The perception of mental diseases**

The previous section addressed how the primary works attempted to provide the readers with a general understanding of how the respective mental illnesses could be understood, and in doing so created a relation with between the narrator and the reader in distinctive manners. Continuing this path, the following section will take a closer look at how the narrators relate to mental illness, as well as how other characters involved present attitudes towards the respective diseases.

As viewed, Macé is highly concerned about reading not being separated from life itself, but “one of the daily means by which we give our existence form, flavor, and even style” (Macé, 2013, p. 213). She further claims that “literary styles offer themselves to the reader as genuine forms of life, engaging behaviors, methods, constructive powers, and existential values” (p. 214). As the literary works present two

contradictive characters, the mentally ill versus the mentally healthy, the reader can create his/her own understanding of what mental illness is, as well as his/her own perception of the disease. These perspectives also function as an “experience of literature”, which the reader can transfer and adopt into his/her real existence (p. 213). Reading can then be viewed as an environment where the reader can try out different paths and directions and consequently reflect and respond to these possible outcomes. Macé refers to this concept as the “Aesthetic Conduct” and claims that one has to “consider reading as conduct rather than a decoding. This conduct happens ‘in’ books, a product of attention, perception, and experience, representing mental, physical, and emotional navigation within linguistic forms” (Macé, 2013, p. 216). Rather than viewing literature as something that should be interpreted on its own, the reader should use the plot, characters, and her/his own interpretation to get a better understanding of his/her own life and situation. Macé’s theories prove themselves to be applicable to both of the memoirs. However, the self-help manual genre features distinctive characteristics than the memoirs, and consequently relates less to these theoretical realms. *The Depression Cure* approaches the perceptions of depression especially quite differently, and perhaps lacks central features that Macé claims is necessary to involve in order for the reader to gain an understanding of his/her own situation. That being said, the self-help manual is certain that the reader can achieve great results if following the instructions provided.

As addressed in the previous chapter, self-help manuals are mainly guided by the author, who additionally can be referred to as both the narrator and the protagonist. However, Ilardi allows the reader to be the focal point of the book, in spite of the self-help manual lacking central features, which scholars argue should be present in order for the literary work to function to its full potential. An example of the author

deliberately focusing on the reader was addressed in the previous section, where I discussed how Ilardi allows the reader to diagnose himself/herself, facilitating an active reader, however to a limited degree. That being said, Ilardi includes very few other perspectives, for instance, through characters and plot. The main perspective of depression presented, is the author's point of view, which can offer the reader a limited insight of how such a disease functions and is perceived. As will be returned to, Ilardi can in his literary work be viewed as an "ideologist", where his ideas alone are set to be the only perspective. However, as addressed above, Macé highlights the importance of allowing the reader to attempt different paths, which often is executed through characters and plot, as Iser also highlights. Simply being presented with a singular understanding and attitude towards mental illness, goes against these theories by Macé and Iser. However, self-help manuals do often have as a goal to guide and instruct the reader, rather than encourage reflection through a variety of perspectives. *The Depression Cure* presents different examples of patients and their struggles, but often to benefit the author's point of view. Ilardi additionally describes himself as a "clinical psychologist" and he emphasizes that he has "worked with hundreds of patients to help heal depression's debilitating effects" (Ilardi, 2009, vvi). Such a title and dedication as he evidently has, can help the reader to gain trust and an urge to commit to the program presented.

There is an underlying understanding in the self-help manual, that people suffering from mental illness can become healthy just by following the steps which the author/narrator thoroughly presents. Throughout the book there are a great number of examples that both reveals success, but also challenges that might occur through the process of becoming healthy. The main perspective that is being presented, appears through examples of Ilardi's patients and their commitment to the TLC-protocol

(Therapeutic Lifestyle Change). As this is their ultimate goal and achievement, the contrast of mentally ill and mentally healthy becomes available by looking at present self and future self. An excerpt from the self-help book reveals a patient's realization of changes happening while she feels frustrated and wants to give up. Here in conversation with Ilardi himself:

“But I must be doing something wrong”, she said, “since I’m not getting better at all. [...] I was really hoping the TLC (Therapeutic Lifestyle Change) stuff would work for me.” “Well,” I offered, “why don’t we take a look at the things you’ve been doing, and maybe we’ll get some ideas about why they haven’t helped”. She quickly ran through an impressive litany of lifestyle changes. (Ilardi, 2009, p. 89).

Further on, the female patient admits she has improved progressively and regains motivation for sticking to the program. Of course, presenting such encouraging examples offers the readers, who might recognize themselves in the examples and histories that are presented, motivation to continue. The inner dialogue between the present self and the future self is activated, which consequently activates the reader. In that sense, reading becomes part *of* life and not a separate activity *in* life, as Macé addresses. However, there is a lack of perspectives in the self-help manual which will exclude the reader's power to interpret and intertwine aspects within the text. As mentioned, both Iser and Miller argue that the essence of the text is created through both the text itself and the reader's interpretation and imagination. Additionally, the “Aesthetic Conduct”, as Macé presents, is not involved as the reader is provided with concrete examples, rather than figurative paths, which may be more difficult to adopt and incorporate into the reader's own life and situation.

In his essay, “Interaction between Text and Reader” (1980), Iser is essentially engaged with phenomenological theory, in which he is mainly interested in the individual reader and how texts apply to his/her personality, situation and personal experience. Unlike Fish, who argues that the essence of a literary text is produced mainly by the reader’s subjectivity and interpretation, Iser claims that both the text itself and the reader’s interpretation should be measured equally when finding the essence of a literary work. In his essay he illustrates this statement by claiming that there are two poles which he refers to as “the artistic pole”, the text itself, and “the aesthetic pole”, the interpretation executed by the reader. He continues by stating that

In view of this polarity, it is clear that the work itself cannot be identical with the text or with its actualization but must be situated somewhere between the two. [...] As the reader passes through the various perspectives offered by the text and relates the different views and patterns to one another, he sets the work in motion, and so sets himself in motion, too (Iser, 1980, p. 21).

When reading *The Depression Cure*, it is difficult to employ this theory, as the book does not invite the reader to interpret and intertwine various perspectives. Consequently, the reader is not able to recognize how the transition from mentally ill to fully recovered functions, only that if the reader commits to the protocol, he/she will recover. Iser also underlines that the literary work has to involve gaps and blanks for the reader to fill in, in order for the textual essence to reach its full potential (Iser, 1980, p. 24). The self-help manual is quite straight forward, omitting these gaps and blanks that the reader could use as tools for making the reading experience adaptable for his/her own situation in life. Of course, the self-help genre does not rely on these theories in order to function, as the goal of the genre is precisely to be efficient and direct. It is therefore difficult to critique *The Depression Cure* on the basis of the theories addressed, but I continue to



argue that literary works, such as the memoirs, will provide the reader with a deeper understanding of his/her own situation and relate to the narrator. Having viewed how the self-help manual relate to depression mainly through Ilardi's perspective, I will proceed to examine the memoirs. I will see how the memoirs relate to their respective mental illness, as well as presenting other perspectives and attitudes, which evidently is missing from *The Depression Cure*.

In *Prozac Nation*, Wurtzel describes surroundings displaying a clear distinction between those who understand what she is going through, and those who simply ask her to get it all together, which represents two distinctive perspectives on mental illness. One central character who has been in denial of her daughter's emotional state is Wurtzel's own mother. In major parts of the novel, the reader witnesses how the mother is frustrated over her daughter's attitudes, especially that she cannot be reliable and that she does not function in normal situations. Wurtzel has expressed the devastation of not receiving the emotional support she needs. The attitude of the mother reveals itself especially in a scene where Wurtzel addresses her interest in dating. Her mother explicitly directs her to behave during her dates: "You were supposed to be peppy and bright for boys, no matter how bad you felt inside. At least that's what Mother always told me. *Don't let him see how crazy you are*, she'd say. *No one wants anyone who's down like you*" (Wurtzel, 1994, p. 174, italics in original). The mother, in this excerpt, reveals herself as judgmental and ignorant, and somehow forces Wurtzel into a difficult position. It is as if the mother believes that depression is something that can be hidden or turned off. The use of the term "crazy" can often give negative connotations, highlighting an insulting lack of understanding from the mother. The attitude the mother represents in this situation, can reveal itself as unnecessary, but may actually perform as the contrary to the reader. Through characters, such as Wurtzel's mother, the reader is

revealed to new perspectives and consequently can better understand the fragile situation the protagonist is in. Iser argues that “as a rule, there are four main perspectives in narration: those of the narrator, the characters, the plot and the fictitious reader” (Iser, 1980, p. 25). Characters, such as the mother in *Prozac Nation*, enhance other perspectives and the reader can put these perspectives into dialogue with each other, in order to construct meaning. The contrasting perspectives presented, will allow the reader to create an even broader understanding of what mental illness is, as well as attitudes towards mental illness. Using these different perspectives that appear in the memoir, can benefit the reader into reflecting on and relating to the situation of focus.

Additionally, the mother, represents herself as a complex character, and the relationship she has with her daughter can be described in the same manner. Wurtzel describes a close relationship with her mother, but at the same time feels like being strangers. The following excerpt displays how Wurtzel views this complex relationship:

She was the person closest to me, the only one I trusted, and we were in the most distorted, dependent relationship. I was completely wrapped up in a person who didn't know me at all, like a claustrophobe who chose to live in a small dark cage, trying to whip the fear. (Wurtzel, 1994, p. 71).

The aspect of love presented in this citation, is described as being so strong, to the extent of almost being unhealthy. Wurtzel further describes herself as “a claustrophobe who chose to live in a small dark cage, trying to whip the fear”, which illustrates how she is torn between the mother. On one hand being the biggest love of her life and, on the other hand, her biggest fear in life. The toxic relationship seems to go both ways, as the mother also describes her daughter as draining, but also the love of her life. The mother represents the perspective of a stable, strong love, but she also reveals a struggle

in understanding and accepting the challenges of her daughter's mental illness. Applying Iser's theory concerning both activation of the readers and the polyphony of using both the text itself and the interpretation of the text, strengthens the mother's character. Such a complex character, with an equally complex relationship with Wurtzel, can resemble relations the reader can relate to in his/her own life. Additionally, the reader can apply the "performative dimension", as Miller calls it, to find a deeper essence of the literary work. This will strengthen the reader's engagement and reflection, which will make the memoir easier to relate to.

Another scene in the memoir which promotes other perceptions and perspectives than the narrator's own, involves Wurtzel and her cousin Pamela. Wurtzel reveals throughout the memoir how she experiences a sense of loneliness in her suffering from mental illness. She strongly addresses the urge of fitting in and to have something in common with the people she interacts with. In her reflections on this matter, she thinks to herself: "Where on earth would I ever fit in? [...] Would it be too much to ask to be in an environment where I had *something* in common with the people whose lot I shared?" (Wurtzel, 1994, p. 69, italics in original). One summer, Wurtzel's father places her with his sister's family of four, including Cousin Pamela. Spending the summer with Pamela and her friends, makes Wurtzel acknowledge the feeling of loneliness to a greater extent, as she sees how a "normal" teenage life should be. However, later in life, she learns that Pamela actually did have something in common with her, only no one ever spoke about it.

It was years later that I found out that Pamela had repeated episodes of depression. [...] I didn't know about her, she didn't know about me, and in the cable of silence and shame that seems so integral to depression, no one had bothered to tell us (Wurtzel, 1994, p. 70).

Mental illness is addressed, in this excerpt, as being a topic of tabu, and certainly represents Macé's theories of "Aesthetic Conduct", where the reader is invited to follow the protagonist's path of ignorance and see how mental illness can be treated as a shameful secret. As family members later tell the girls that they share an experience with depression, the idea of mental illness being shameful and the sense of feeling lonely is strengthened. These emotions can additionally strengthen the illness of depression itself, making it even more difficult to cope with. From the reader's perspective, however, I argue that these representations of attitudes towards mental illness, can be beneficial to address. As *Prozac Nation* presents how suffering from a mental illness can be lonely and shameful, the reader can receive some sort of comfort. Knowing that others acknowledge these emotions, creates a community where first of all, these feelings are allowed and present, and second of all that the reader is not alone in his/her situation.

As viewed in both *The Depression Cure* and *Prozac Nation*, different perspectives on mental illness are addressed, though in different manners. *Girl, Interrupted* also highlights different attitudes and perceptions of mental illness, and the author applies contrasts as a tool in doing so. In the reading of this memoir, the reader is presented to the aspect of "us versus them", which Kaysen refers to as the mentally ill versus the mentally healthy. She views herself as almost separated from nurses, family members and other characters whom she encounters in her life. Already in the beginning of the memoir, she addresses how people suffering from a mental disease, for instance, are part of a parallel universe.

*People ask, How did you get in there? What they really want to know is if they are likely to end up there as well. I can't answer the real question. All I can tell them is, It's easy. And it is easy to slip into a parallel universe. There are so*

*many of them: worlds of the insane, the criminal, the crippled, the dying, perhaps of the dead as well. These worlds exist alongside this world and resemble it but are not in it.* (Kaysen, 1993, p. 5, italics in original)

Applying the metaphor of a parallel universe, illustrates Kaysen's idea of being separated from people who are not suffering from a mental disease. Kaysen, later in the memoir, illustrates this further when she is watching television in the main room of McLean Hospital, where she is institutionalized. She, and her fellow patients, watch soap operas that can be related to the *real* world, while they simply observe from a distant. As the last sentence of the excerpt states, "these worlds exist alongside this world and resemble it but are not in it", Kaysen addresses how she is part of a world that stimulates the real world. The reader, through this image, understands how separate and alone one can feel when suffering from mental diseases. As healthy people are not part of her community, Kaysen addresses how they could never fully understand the meaning of suffering from a mental disease. However, she does highlight the community that is constructed in a "parallel universe", and that her fellow patients, among other, are too part of this. The reader can then, similarly to *Prozac Nation*, be comforted by not being alone, but rather being part of another society. This "parallel universe" can also be viewed in the light of Miller's "hyper-reality". The author invites the readers to add a performative dimension to the literary works, which can both create a relation between the two, but also allow the reader to use reflection in order to relate to his/her own life situation.

After staying at McLean Hospital for more than two years, Kaysen is preparing for an independent life outside of the institution and "the parallel universe". A centrality of a "normal" life is to work for a living, which she decides to acquire. Kaysen describes one of her job interviews, and the reader is further exposed to the concept of

“us versus them”. As mentioned, Kaysen is institutionalized, which means that McLean Hospital has become her home address. The address is not foreign to those who live around, and those who lead the job interviews are no exceptions.

You’re living at One fifteen Mill Street?” asked a small, basement-colored person who ran a sewing-notions shop in Harvard Square, where I was trying to get a job. “Uh-huh.” “And how long have you been living there?” “Oh, a while”. I gestured at the past with one hand. “And I guess you haven’t been working for a while?” He leaned back, enjoying himself. “No,” I said. “I’ve been thinking things over.” I didn’t get the job. (Kaysen, 1993, p. 123-124).

Revealed in this excerpt is not only judgment on an individual level, but also at a societal level. Evidently, there is a common understanding in the surrounding society that patients at this institution are mentally ill, to the extent of not being able to perform satisfactory to the employer. Not only, does this situation present attitudes towards people who suffer from mental illness, but it also addresses doubt about ever becoming healthy from such a disease. Presenting such perspectives and attitudes, strengthens the theories by Iser’s use of characters and plot, in order to allow the reader to create his/her own interpretation of the text. As Kaysen is certain that she is ready to get back to the “normal” society, the attitudes towards mental illness addressed may stop her from doing so. One interpretation of this excerpt is for the reader to be prepared for these obstacles to occur in his/her own situation. Being institutionalized for years, and consequently become healthy, does not necessarily signify that life outside of the institution will be easy. However, as will be further examined in the next chapter, it is not impossible.

This chapter addressed how the narrators of *The Depression Cure*, *Prozac Nation*, and *Girl, Interrupted* attempt to create a relation with the readers, especially through defining their respective mental illness, but also by presenting other perspectives and attitudes. The genres, self-help manuals and memoirs, have distinguished themselves in that *The Depression Cure* mainly presents the narrator's own perspective. On the contrary, the memoirs have addressed several attitudes and perspectives of what mental illness can be. Theories by Macé, Iser, Bakhtin and Miller have been applied in this chapter to strengthen the theory of how the genres distinguish themselves from each other. It is necessary to underline that the genres do have different goals, as the self-help manual attempts to be straight forward and concrete, rather than subtle and subjective as the memoirs can come across. However, after this chapter, I will argue that the memoirs offer more depth to its readers, which can provide the readers with help and advice relevant to the specific readers with different life situations. What the memoirs and self-help manuals actually do and suggest as further help, will be closer examined in the next chapter. In the succeeding chapter, I will further apply more of the theory used already, especially Iser and Macé. Additionally, I will involve more of Bakhtin's theories of monological and dialogical discourse, as well as communicative theories by Jones and Gerard.

### 3 Treatment – To Pursue or to be Persuaded?

“Pull yourself together”, I told myself. Stop indulging yourself. There’s nothing wrong with you. You’re wayward” (Kaysen, p. 157).

The preceding chapter addressed how both the memoirs, *Prozac Nation* and *Girl, Interrupted*, and the self-help manual, *The Depression Cure*, attempted to create a relation with the readers, especially through the understanding of what mental illness is, as well as showing how the authors themselves relate to their respective diseases. The present chapter will mainly examine what the literary works suggest to the reader, in terms of advice and help, in order to recover. The chapter will further examine how the literary works interact with the readers, especially through Bakhtin’s view on monological discourse and Iser’s perspective on interaction between text and readers. Additionally, I will argue that the self-help manuals are forced to apply a rhetorical language to a larger extent than the memoirs, as the self-help genre constitutes a much more conversational pattern of communication. In the examination of the self-help manuals, I will therefore make use of a communicative theory by the social psychologists, Edward E. Jones and Harold B. Gerard, which will be further explained in the following.

In Iser’s *The Act of Reading* (1978), he comments on a theory by Jones and Gerard, that highlights and categorizes interaction between two partners in a social setting. Jones and Gerard assemble four distinctive categories of the process of interaction, referred to as “pseudocontingency, asymmetrical, reactive, and mutual contingency” (Iser, 1978, p. 163). These categories mainly observe to what extent the



companions of interaction influence each other throughout a communicative process and maintain or omit the original “behavioral plan”. Behavioral plan in this context, signifies the expected outcome of the partners’ contribution to the communication, which can change in the communicative process, and thus make an impact on the outcome for both partners involved. The types of interaction by Jones and Gerard, thus attempt to describe different outcomes of interaction as an activity. The first of four categories, pseudocontingency, refers to “when the partners know each other’s ‘behavioral plan’ so well that the replies and their consequences can be accurately predicted” (p. 163). Secondly, asymmetrical contingency refers to how one of the partners willingly adopts and follows the plan of the other partner, and consequently omit his/her own original behavioral plan. The third category, reactive contingency, appears when the behavioral plan of the partners is being dominated by the constant reactions and interpretations of both partners. Lastly, mutual contingency takes place when one can react “in accordance with one’s behavioral plan *and* with the momentary reactions of the partner” (p. 164). These categories reveal a great variety of outcomes and consequences of interactions, demonstrating the complexity of communication.

In the view of these features of social interactions, it is also necessary to address the limitation of understanding perspectives other than its own, as each interpretation is based on empirical experiences and knowledge. As mentioned in a preceding chapter, the hermeneutic circle constitutes how an individual can interpret a text, for instance, based on his/her own empirical background, which becomes a centrality in both social settings, and in the interpretation of a textual work. Communicative features of social settings, as viewed by Jones and Gerard, can thus be implemented in the act of reading. As reader, one is forced to involve his/her empirical background in the interpretation, making reading an activity with a constant interpretation based on himself/herself and

the text. In Iser's words: "Reading is an activity that is guided by the text; this must be processed by the reader, who is then, in turn, affected by what he has processed" (Iser, 1978, p. 163). The limited interpretation thus naturally decreases in the process of reading, as the interaction between the text and reader increases its complexity and invites more varieties of communication (p. 167). Iser further claims that

the guiding devices operative in the reading process have to initiate communication, the success of which is indicated by the constitution of a meaning, which cannot be equated with existing frames of reference, as its own specific qualities manifests itself in questioning existing meanings and in altering existing experiences (p. 168).

The literary text requires facilitation of communication to the readers in order for literature to function in its full potential. Doing so, require for the literary works to question the "existing frames of reference", thus engaging the readers to reflect on own respective experiences, as well as other, unfamiliar interpretations. In light of Iser's theories especially, the memoirs and the self-help genre distinguish themselves from each other to a large extent, and the categories of interaction mentioned above becomes a centrality of this distinction. The memoirs invite the readers to communicate through reflection and "fill-the-gaps" much more than the self-help manuals. Thus, I argue that the four categories of social interaction become more present in the self-help manuals, which will be further explored below.

The author of *The Depression Cure* presents to the reader a concrete goal of his self-help manual, setting the tone for the book throughout. In doing so, the presence of the monological discourse becomes natural to the reader, establishing a relation between the roles of an authoritative author and passive reader. However, due to the self-help

manuals' reception in general, as mentioned in the introduction, many readers approach the genre with some sort of skepticism (Blum, 2020, p. 34). This attitude forces the authors of the genre to enhance their rhetorical language of persuasion, such as ethos, logos, and pathos. Aristoteles' aspects are strongly applied in Ilardi's *The Depression Cure*, providing the readers with logical reasoning, emotion, and credibility (Aksnes, Økland, 2018). These elements strengthen the narrator's authority, as well as establish some sort of trust between the narrator and reader. Throughout the self-help manual, the reader is presented with factual reasoning, emotional support and understanding, and Ilardi himself has a central, authoritative role. These features are part of convincing the readers to complete the steps of the TLC-protocol (Therapeutic Lifestyle Change), which presumably will provide the readers with positive results and perhaps even a life without depression all together. Additionally, though in a limited degree, Ilardi allows the readers to participate in order to customize the TLC-protocol into a personal lifestyle change, by encouraging them to find activities or strategies that best fit the reader himself/herself. However, ethos, logos, and pathos, in addition to Jones and Gerard's asymmetrical and reactive contingency, are highly present in Ilardi's detailed instructional guide, providing the readers information of, not only what to do, but also how and why.

In Ilardi's presentation of the cure against depression, he already establishes his role as an experienced, dominative narrator. The reader is at this stage, if not already from the title of the book, encouraged to have faith in the treatment, as this is the solution people suffering from depression have been waiting for. Early in the book, Ilardi makes the following statement:

[...] I've devoted my career to fighting the disorder: I know it far too well to make any blanket promises of a one-size-fits-all cure. Yet here's what I *can* say with

complete confidence: Depression is beatable. And the six-step program outlines in *The Depression Cure* is the most promising treatment for depression I've ever witnessed (Ilardi, 2009, p. vii).

In opposition to his claim of not providing the reader with a “one-size-fits-all cure”, he continues to elaborate on his TLC-protocol, which he truly has faith in. The cure contains the following “six major protective lifestyle elements”: dietary omega-3 fatty acids, engaging activity, physical exercise, sunlight exposure, social support, and sleep (p. 9). In other words, the recipe for recovering from depression, according to Ilardi, comes down to having a nutritious diet, avoid rumination through activities, exercise, be exposed to sunlight, interact with others, and get enough sleep, which all have a scientific or historical reasoning.

The TLC-protocol offers a 12-week program where the participants, or readers, incorporate new factors each week. By the end of the program, the participants are left with a concrete way of living without depression. Ilardi devotes one chapter to each of the steps involved, which all include the aspects of what, why and how. In various amounts, the chapters offer the readers with an understanding of why the respective topic is problematic, often illustrated with examples from Ilardi's previous patients, scientific or historical facts from our ancestors, and exemplified solutions. Throughout the process of making the lifestyle change, the participants are encouraged to track a “depression scale”, which in many ways mimic Franklin's daily schedule in order to achieve “moral perfection”, as we saw in the introduction.

Time	Activity	Rumination (minutes)	Negative Mood (0-10)
6:00	Sleep, then lying in bed awake	25	7
7:00	Breakfast, shower, and so on	20	6
8:00	Drop off kids, commute	15	6
9:00	Work	2	4
10:00	Work—boring staff meeting	30	6
11:00	Work	5	5
12:00	Lunch with coworkers	2	3
1:00	Work	0	4
2:00	Work	0	3
3:00	Work—told about upcoming deadline	30	7
4:00	Work	10	5
5:00	Commute, picked up kids	15	6
6:00	Made dinner, ate with family	0	5
7:00	Helped with homework	0	4
8:00	Watched TV	30	7
9:00	Got kids ready for bed, watched TV	15	7
10:00	Watched TV	40	8
11:00	Bedtime routine, sleep	10	7
12:00	Sleep		
1:00	Sleep		
2:00	Sleep		
3:00	Woke up for 45 minutes	40	8
4:00	Sleep		
5:00	Sleep		

Figure 3: “Sample Rumination Log”. *The Depression Cure*. Ilardi, 2006, p. 98

Time	Activity	Notes
5	The Morning Question, What Good shall I do this Day?	Rise, wash, and address <i>Powerful Goodness</i> ; contrive Day’s Business and take the Resolution of the Day; prosecute the present Study: and breakfast. -
6		
7		
8	Work	Work
9		
10		
11		
12	Read, or overlook my Accounts, and dine.	Read, or overlook my Accounts, and dine.
1		
2	Work	Work
3		
4		
5		
6	Put Things in their Places, Supper, Musick, or Diversion, or Conversation, Examination of the Day.	Put Things in their Places, Supper, Musick, or Diversion, or Conversation, Examination of the Day.
7		
8		
9		
10	Evening Question, What Good have I done to day?	Sleep. -
11		
12		
1		
2		
3		
4		

Figure 4: Reconstruction of Franklin’s daily schedule. *The Norton Anthology, American Literature*. Franklin, 1868, p. 281.

Ilardi’s rumination log becomes the baseline for tracking progress, as well as examining in what situations the participants experience most symptoms of depression. Seeing his log side by side with Franklin’s daily schedule, one can initially see a structural similarity. Though Ilardi’s log is part of a tracking process and Franklin’s aim is to accomplish his schedule, it is interesting to see how the structure has remained the same. One can also see how the self-help culture has shifted from setting personal goals for improving societal as a whole, as illustrated by Franklin’s morning and evening questions, to only focusing on the self for self-centered reasons. In Ilardi’s log, the participants are to include both their mood and the degree of rumination (deconstructive thought-process), in addition to the activity in action, which will be further discussed

below. I will not examine each individual step, but rather exemplify how Ilardi presents these steps through rhetorical language, monological discourse, and communicative features.

In his presentation of the different steps to pursue, Ilardi applies scientific and historical facts in order to support his claims. The factual aspect ranges from lab-experiments to theories of psychology and sociology, as well as history of our ancestors and how they lived their lives. In chapter 4, “Brain Food”, Ilardi establishes the very first step of the TLC-protocol, which is to consume the correct amount of Omega-3 and Omega-6. Introducing the chapter, he describes a lab-experiment involving rats, specifically named “*forced swim test*” (italics in original). “It basically involves dropping the animal in a tall cylindrical tub of lukewarm water and watching as it tries to claw its way up the impossibly slippery sides to escape” (Ilardi, 2009, p. 65). He continues by stating that ultimately the rat becomes tired and stops attempting to escape. Evidently, that is the moment where the rats enter the stage of depression. Subsequently, Ilardi explains that there are paths to prevent the rats from entering the depressive state of mind, which also have been used on humans. This can be done either by feeding the rats medical drugs, giving them electroshock therapy, or as recent studies have showed, “supplementing their diets with *omega-3* fats” (p. 66, italics in original). Together with historical facts of how our ancestors consumed omega-3 and omega-6, Ilardi confidently recommends his readers to be aware of their consumption these fats. He also underlines that this step is far the easiest and quickest of the six steps in TLC, and he promises great results just within a few weeks (p. 82). The author facilitates little to no space for the reader to make up his/her own mind concerning the issue, and he expects the reader to be convinced by the arguments presented.

As mentioned, Ilardi also provides the reader with reasoning of history. Throughout the manual, he continuously refers to ancient times and the existence of our ancestors. In a preceding chapter named “Antidepressant Exercise”, Ilardi explains how exercise can be beneficial for beating depression. Initially, he comments on why many people today struggle with committing to an exercise regime, which he explains by returning to our ancestors:

So our wisest ancestors were the ones who followed a simple rule: *spend your energy only on activities that have a clear purpose*. This rule was so important to people’s survival that it ultimately became part of our genetic legacy, part of the brain’s built-in programming. It’s a rule that’s still with us (Ilardi, 2006, p. 115, italics in original).

Both scientific evidence and historical facts, as presented above, highlight the rhetorical language of ethos, credibility, and logos, logic sense. As a reader it can be difficult to argue against factual evidence, which benefits the narrator especially when referring to the roots of human existence, an aspect everyone can recognize themselves in. This accumulates the readers into a collective unit, which adds the aspect of pathos, emotion, and results in the feeling of being part of a broader community. Ilardi additionally, as viewed in the excerpt above, includes himself to this community, thus bonds with the reader through ethos, logos and pathos with facts and patient examples.

In addition to involving factual aspects to promote rhetorical language in his narration, Ilardi also promotes a few of the communicative aspects presented by Jones and Gerard. It is necessary to underline that the self-help genre in general promotes an asymmetrical contingency, as the reader seeks the “behavioral plan” of the narrator. However, as readers can approach the genre with some skepticism, the reactive

contingency is also present. Providing the readers with factual evidence can thus facilitate a response of confirmative reaction, which increases the reader's expectation and commitment to the TLC-protocol. Ilardi additionally applies what Bakhtin calls monological discourse in his conviction of the depression cure. In his paper, "The Silence of the Wives", Christopher B. Hays claims that "monologic discourse is discourse in which only one point of view is represented, however diverse the means of representation (Hays, 2008, p. 70). Hays elaborates on Bakhtin's theories, who argues in his *Problems of Dostoevsky's Poetics* (1963), that the author alone is an "ideologist" in a monologic discourse, and that all perspectives are manifested in the author's "ideological power":

All confirmed ideas are merged in the unity of the author's seeing and representing consciousness; the unconfirmed ideas are distributed among the heroes, no longer as signifying ideas, but rather as socially typical or individually characteristic manifestations of thought (Bakhtin, 1963, p. 82).

As briefly mentioned, Ilardi thus represent an "ideological power" in which he promotes his own perspectives and constitutes them as being normal or "socially typical", through facts and patient examples. In addition to his rhetorical and communicative discourse, Ilardi attempts to manufacture his own views onto the readers. In this view, he does to a large extent constitute a truth concerning what the readers should do in order to recover from mental illness, as well as establishing why by using factual evidence, utilizing his authoritative role as author and narrator.

A second tool Ilardi utilizes in the attempt of acknowledging what the problem is, why, and how to handle it, is examples from his previous patients. Through these examples, he expresses a strong empathy for the reader's frustration, which is confirmed



by his patients as well. The patient examples merely follow a certain pattern: a problematic situation resulting in positive results. These examples appear throughout the self-help manual in a variation of length and depth. In a chapter named “Habits of Healthy Sleep”, Ilardi illustrates the importance of achieving enough sleep especially through a patient named Stacy. She claims that the goal of eight hours of sleep each night, is too challenging for her, and simply unrealistic. She claims that attempting to sleep more than she already does, will be too time-consuming, and that it will result in a more stressful day: “I’m just not sure eight hours is a realistic goal for me, [...]. If I let myself sleep more than six hours, I don’t think I’ll ever be able to keep my head above water” (Ilardi, 2006, p. 196). However, after being convinced by Ilardi himself to prioritize sleep, especially for two weeks, she returns to conversational therapy with a more positive attitude. “Okay, fine, you were right – the extra sleep is helping. [...] Somehow, I’ve been finding a way to fit everything in anyway, because the sleep is a priority now” (p. 197). As examined above, the rhetorical concept of pathos speaks to the emotional aspect of the readers. Using stories from patients is an efficient method to approach the readers in such manner, as well as Ilardi bonds and identifies himself with the readers. Additionally, the utterance “okay, fine, you were right”, confirms Ilardi’s expertise and knowledge, strengthening his individual power as an authority, and constitutes the idea of his perspectives being viewed as correct and normal. Presenting merely one perspective and confirming this with patient examples and historical and scientific facts, marks itself as a strong contrast to the memoirs, as will be seen subsequently.

In contrast to Ilardi’s self-help manual, the memoirs do not provide the readers with a recipe or a clear instruction on how to recover from mental illness, but rather reflect on the treatments they endure, and thus invite the reader to make up his/her own

mind about the respective treatment. Having viewed how Ilardi utilizes his authoritative role and individuality, *Prozac Nation* and *Girl, Interrupted* reveal a different approach. In the following I will show how the two works can provide the readers of these memoirs with help and advice. Through a dialogical discourse they present different perspectives and consequently invite the readers to reflect on the methods of treatment presented. Though both memoirs present mainly the perspective of the narrators themselves, which is similar to *The Depression Cure*, they facilitate the readers being more involved in the process of reading. Both memoirs comment on different approaches of treatment of depression, and the reader explores these paths alongside with the narrator. Applying a dialogical discourse as illustrated by Bakhtin, the memoirs also invite Macé's and Iser's theoretical approaches, facilitating the act of reading to its full extent.

Wurtzel, in her memoir *Prozac Nation*, reflects on the commonly known treatment method of conversational therapy in her attempt to recover from her depression. Eventually, she also turns to medical treatment, where she shares both failure and successful experiences with the reader. The reflections Wurtzel has regarding these treatment methods can resemble Ilardi's use of patient examples. However, Wurtzel invites the reader to take part of her reflection, rather than simply persuading the reader. One excerpt that illustrates her discourse, is set in the beginning of her journey with therapy. She began going to therapy when she was only 11 years old, but already at this stage senses a lack of hope in terms of recovering from depression:

I go to Dr. Isaac's office twice a week, which, I think, if I were a normal eleven-year-old kid I would hate and resent, but being me, I like it fine. [...] I can't imagine that we're actually accomplishing anything in these sessions. I mean, I

really do believe we might have gotten to the bottom of the root of the mess if such a place existed, but my misery is just too random (Wurtzel, 1994, p. 23).

In her reflection, Wurtzel states how her issues are far too complex to take care of. In spite of acknowledging that she does appreciate the therapy sessions and thus express some sort of trust in the treatment method as a whole, she does lack faith in therapy functioning in her specific situation. By addressing conversational therapy in such a manner, she creates a bond with the reader as she shares her perspective of being a lost cause, which many readers might recognize themselves in.

A similar attitude of questioning a method of treatment, can be found in Kaysen's memoir, *Girl, Interrupted*. As viewed in the preceding chapter, Kaysen is committed to a mental institution, McLean Hospital, where she receives both conversational therapy sessions, but also more excessive treatments such as electroconvulsive therapy. In her two-year stay at the institution, where she is eventually diagnosed with borderline personality disorder, she questions the concept of being separated from the outside world. Being separated in this manner from other "normal" people, reinforces how they perceive themselves, simply through the eyes of others, thus creating a clear distinction between the "normal" and the institutionalized: "Someone who acts 'normal' raises the uncomfortable question, What's the difference between that person and me?" (Kaysen, 1993, p. 124). As reader one can recognize oneself in the emotion of being different from everyone else, especially when one is suffering from a mental illness. In her reflection, Kaysen also invites the reader to consider what it means to be "normal" in general. Both these interpretations manifest themselves in the fact that the reader has an active role, rather than a passive, receiving role as in Ilardi's *The Depression Cure*.

Both the memoirs already distinguish themselves from the self-help manual as they promote the interplay and correlation between the text and reader, which both Miller and Iser argue are crucial for the text to reach its full potential. As previously mentioned, Iser argues that the text should construct “gaps” into which the reader can apply his/her own empirical background and consequently construct a meaning to the text. The text itself is therefore not a finished product, but rather facilitates the reader’s ability to draw conclusion best suited for himself/herself (Iser, 1978, p. 107). His theory also contributes to Miller’s “hyper-reality”, where the reader’s own personal experience and imagination complete the “gaps”, resulting in a unique understanding creation of essence between the text and the reader.

The idea of the literary work functioning simply as a tool for the reader, also stimulates Macé’s theory of “Aesthetic Conduct”, where the reader is to “consider reading as a conduct, a behavior rather than a decoding” (Macé, 2013, p. 216). However, as previously mentioned, Macé’s theoretical viewpoint also emphasizes how readers are provided with the opportunity to follow the narrator’s path, and consequently can implement these paths into his/her own life. As the narrators of the memoirs commit to a treatment method, and reflect on the respective method, the readers are invited to take part in this reflection and arrive at a determination independently. Illustrating Macé’s “Aesthetic Conduct”, Wurtzel reflects on her experience with therapy, and in doing so speaks directly to the reader: “That’s the fallacy of therapy: It assumes that you will have a series of revelations, or even just one little one, and that these various truths will come to you and will change your life completely. But it doesn’t work that way (Wurtzel, 1994, p. 289). The reader is offered a concrete advice of being aware of what conversational therapy can appear as in a realistic context. Though therapy is viewed to be efficient in many circumstances, the

reader can interpret Wurtzel's reflection as therapy being difficult and full of disappointments. Her reflection and advice contradict to a large degree Ilardi's monologic "do as I tell you and everything will be fine", as she rather emphasizes the fallacies of treatment methods.

Though Wurtzel mainly turns to conversational therapy in her journey of recovering from depression, she eventually develops a necessity of turning to medical treatment. Having previously used different forms of illegal drugs to feel a sense of relief from her pain, she is motivated and urgent to attempt medical approaches. Wurtzel decides to discuss this opportunity with her doctor but does not receive the initial response she was seeking: "You don't need drugs, Elizabeth. What you really need is close, caring, relationships. You need to trust somebody. You need to think people are okay" (Wurtzel 1994, p. 127). Though this excerpt is part of a dialog between Wurtzel and her doctor, the readers can experience being directly spoken to by the narrator. In this manner, the doctor's advice, can function as a concrete advice to the readers themselves. The reader is here offered two specific pieces of advice: love and be loved. Though specific, the essence of the advice, love, can be quite abstract, and the memoir thus invites the readers to determine themselves what they associate with this utterance. In other words, the readers can, through reflection and interpretation, determine themselves the extent of applicability the advice can have to his/her own life. As Macé explains reading as "an 'opportunity' for individuation", the reader is at this stage provided with the opportunity to reflect on and apply this advice onto his/her own life (Macé, 2013, p. 218). By using the word "you", the narrator invites the reader into a dialog and consequently institutes an explicit bond between the text and the reader.

Having previously seen how Ilardi's self-help manual promotes a monological discourse, the distinction between *The Depression Cure* and the memoirs becomes

strengthened, as the latter genre utilizes a dialogical discourse to a much larger extent. As illustrated above, the narrators of the memoirs invite the reader to take part of the literary experience by being an active reader. In James P. Zappan's *The Rebirth of Dialogue*, he argues that "Bakhtin's concept of dialogue as an exchange of utterances – an exchange between speaking subjects – is not simply an exchange of voices, a kind of turn-taking, but a viewing of each voice from the perspective of the other (Zappan, 2004, p. 37-38). The dialogic discourse which the memoirs utilize thus promote Bakhtin's "exchange of utterance" as a concept of exchanging perspectives, not only an "exchange of voices".

To further illustrate how Bakhtin's theory of dialogue is represented in the memoirs, I will comment on a central scene in Kaysen's *Girl, Interrupted*. During her two-year stay at McLean Hospital, she describes a desperate need to find out whether her hands have bones in them or not. Sitting in the common area of the hospital with her fellow patients, all her attention is drawn directly to her hands, and due to her curiosity of her bones, she begins to peel of her skin on her hands. The scene develops to become dramatic, as she eventually begins to bite of her skin until she starts to bleed. Despite others around her clearly stating that she does have bones, she struggles to trust their utterances. She claims she must see her bones in order to be sure and consequently stop peeling off skin. As one of the nurses, Valerie, attempts to calm her down, she suddenly states "Valerie, I'm not safe" (Kaysen, 1993, p. 103). After being given Thorazine, a medical drug used to calm psychotic symptoms, she finds herself lying in her own bed. Looking at her nurse, she utters the following: "It'll be okay, won't it?" I asked. My voice was far away from me and I hadn't said what I meant. What I meant was that now I was safe, now I was really crazy, and nobody could take me out of there" (p. 104). This excerpt can illustrate Bakhtin's concept of a dialogical discourse in literature.

Initially, the reader is presented with a dialogue in the sense of two subject's "exchanging utterances". This alone, presents different perspectives to the reader, the perspective of the nurse and the perspective of Kaysen herself. In her utterance, "It'll be okay, won't it?" she reveals a sense of being scared or worried about herself and her condition, asking simply for an acknowledgement of hope. Additionally, she admits to the readers what she really means by her utterance, which mainly involves the feeling of being safe. In her manifestation of believing in her treatment methods, Kaysen strongly supports Bakhtin's theory of a dialogical discourse, by also creating a bond directly to the reader as well as presenting different perspectives of how mental illness can be expressed. Through this dialogism, the reader can be encouraged and advised to trust the treatment, and in this case the institution, and maintain hope throughout difficult experiences such as the one Kaysen illustrates.

The concept of dialogism is also central in Iser's concept of a "wandering viewpoint" in which he argues that the essence of a literary work is a correlation between the reader and the "dialectic movement" in the text. He describes the "wandering viewpoint" as "the way in which the reader is present in the text. This presence is at a point where memory and expectation converge, and the resultant dialectic movement brings about a continual modification of memory and an increasing complexity of expectations (Iser, 1978, p. 118). The "wandering viewpoint" can facilitate the reader's ability to be an active reader and include his/her own perspectives and reflections into the reading process. This underlines the complexity of the interaction between the text and reader, and additionally promotes Miller's idea of the essence of the literary text being constructed through the process of reading.

To better illustrate Iser's concept of a "wandering viewpoint", I will comment on a central reflection in Wurtzel's *Prozac Nation*. After years of therapeutic treatment, she

eventually turns to medication as a path to recover from her depression. In her experimentation with medication, she eventually comes to the conclusion to commit suicide. However, she failed at her attempt, and in a conversation with her doctor, she explains why she wanted to commit suicide, and why she ended up failing her attempt.

I wanted to know what it felt like to go that far. I wanted to brush with death to see if I'd like it better. But you know, there was a moment when I saw sitting in your car, and the Mellaril was hitting, and I thought to myself that maybe this will fork after all, maybe I really will die, and I didn't like that idea at all (Wurtzel, 1994, p. 300).

Though this excerpt is from a dialog between Wurtzel and her doctor, the reader is invited into her reflection and thoughts concerning suicide. In her utterance she says: "But you know", which the reader can interpret as being directly reached out to by the text. Additionally, the reader can experience *through* reading what thoughts can appear in the attempt of suicide, providing him/her with a literary experience of being so close to death. In the light of Iser's "wandering viewpoint", and Miller's understanding of literature, Wurtzel's reflection promotes a movement in the text, which modifies the "complexity of expectations". The reader's interpretation creates a new understanding and expectation, and consequently a new understanding of himself/herself.

Additionally, Macé's theories become applicable as she argues that it is "the phenomena belonging to reader experience that produce durable effects in the grammar of existence" (Macé, 2013, p. 217). Phenomenology of reading thus becomes a centrality of the reading process, as reading can provide the reader with a literary experience that he/she can implement into his/her own life.



The concept of individuality was previously discussed in relation to Ilardi's self-help manual, where he constitutes an "ideological power" in which he expects the readers to acknowledge his role, and thus maintain a passive, receptive role as reader. However, the concept of individuality is also necessary to mention in relation to the memoirs, as the genre in general is based on an individual experience in which they want to share with its readers. To illustrate this, I will especially comment on Wurtzel's epilogue of *Prozac Nation*, where Wurtzel speaks to the reader directly. The chapter involves both reflection of her story, but also how depression can be perceived and different treatment methods of depression. She highlights that the memoir was written with the intention of speaking directly to the reader, and sharing her story was part of reaching out to others who suffer from depression. "This [the book] is about attachment. It is mutual. I need you to know it worked out." (Wurtzel, 1994, p. 331-332). Wurtzel highlights the relation between text and reader, but she also expresses how the memoir was important for her to write. In spite of the memoirs presenting mainly the perspective of the narrator, the reflections and "gaps", and especially the epilogue in Wurtzel's memoir, invites the reader into a process of reflection, dialog, and interpretation, resulting in several perspectives being presented. As viewed in a preceding chapter, Iser argues that these perspectives merge from the narrator, the characters, the text and the reader, resulting in a dialogic, interactional process of reading. The narrator's "ideological power" thus becomes overshadowed by the act of reading, promoting a relation between the text and the reader.

A last word of advice Wurtzel gives to the reader, is to reflect on what goal the reader has in relation to recovering from mental illness. Having explicitly described dark and horrific scenes and emotions related to depression, she advises the reader to maintain a hope of relief from the darkness, rather than expecting a life of perfection,

happiness, and no concerns. She claims that having suffered from mental illness can provide a unique position in life where small elements of joy can present themselves as a larger achievement than the “normal” person would acknowledge. “*In between*. There’s a phrase that is far too underappreciated. [...] all I want is a life where the extremes are in check, where I am in check. All I want is to live in between” (Wurtzel, 1994, p. 306, italics in original). Throughout the novel, Wurtzel expresses an urge to appreciate being “normal”, which she refers to as “in between”. Also in this reflection, she invites the readers into becoming aware of own goals and own expectations to how life itself should be. Allowing the reader to become aware of this aspect, merges the theories by both Iser and Macé, which argue that literature can, through “wandering viewpoints” and “aesthetic conduct”, provide the readers with new experiences which can give the readers new “forms of existence”. Seeing how the memoirs present recovering from a mental illness as a subjective process, is a clear contrast to Ilardi’s self-help manual, where all readers are given the same instruction of treatment.

A similar reflection on the process of recovering from mental illness is offered in Kaysen’s memoir, *Girl, Interrupted*, where she specifically reflects on the term “recovered”. Towards the end of her stay at McLean Hospital, she is declared recovered, despite her not necessarily agreeing to this announcement:

Recovered. Had my personality crossed over that border, whatever and wherever it was, to resume life within the confines of the normal? Had I stopped arguing with my personality and learned to straddle the line between sane and insane? Perhaps I’d actually had an identity disorder. [...] I’m not finished with this diagnosis (Kaysen, 1993, p. 154).

Kaysen questions, in this excerpt, what it means to be recovered, as she does not find it suitable for her own situation that the nurses claim she is recovered. Although one can be released from institutions or no longer commit to a treatment method, Kaysen claims that one perhaps never is fully recovered from such an extreme mental disease. The critical view of ever becoming recovered from her borderline personality disorder is a pivotal contrast to Ilardi's *The Depression Cure*. In his self-help manual, he almost guarantees a positive result of beating depression, with no critical or subjective aspect to it. However, both Kaysen and Wurtzel claim that the goal of recovering from a mental disease is challenging and subjective, and each have to set a realistic goal for themselves.

This chapter has attempted to see how the two genres distinguish themselves in their views of how to recover from a mental illness. Through the examination of the memoirs, Kaysen's *Girl, Interrupted* and Wurtzel's *Prozac Nation*, and a self-help manual, Ilardi's *The Depression Cure*, we can see that there are certainly distinctions between the two genres. As the self-help manual has a specific goal and a concrete approach of how to reach that goal, there is no surprise that the genre approaches the readers much more directly than the memoirs do. Ilardi utilizes rhetorical language as a way to persuade the readers into thinking that his method will lead to success, in addition to relying on a communicative and monological discourse. Additionally, he presents historical and scientific facts, manifesting his reasonings and consequently convinces his readers. In opposition to Ilardi, the memoirs invite the reader to be an active reader and take part of a reading process. By presenting reflections and different perspectives, the reader is able to come to his/her own conclusions of how to best treat his/her mental illness. Through the memoirs and through the act of reading, the reader is

given literary experiences which he/she can utilize in the awareness of treatment methods of mental illness.

## Conclusion

Turning to literature in the search for help and advice has been a long tradition within the literary field, illustrating the importance of literature to readers in general. As many works of both fiction and nonfiction have contributed to the culture of literary advice, the self-help genre has been established as a favorite to many, and as the genre's name reveals, this can be difficult to question. However, as the concept of mental illness has received an increased attention in literature, it can be necessary to question the self-help genre's authority to provide readers with a cure towards such complex issues. In this thesis I wanted to see how memoirs could, through an activation of the reader and a dialogical discourse, in some ways mimic dialogical, conversational therapy, and consequently function as a better option than the monological self-help manual. Through the examination of the memoirs *Prozac Nation*, by Elizabeth Wurtzel, and *Girl, Interrupted*, by Susanna Kaysen, and the self-help manual *The Depression Cure*, by Stephen S. Ilardi, my findings are adequate to conclude that the memoirs can function as a good alternative to the self-help manuals in the search of literary help and advice related to mental illness.

My conclusion is based on the three chapters of this thesis which mainly focused on reading of literature, mental illness and treatment or advice found in the literary works. In the introduction we saw that self-help manuals have gone from maternal guidance in the renaissance, to Franklin's *Autobiography* consisting of the aim of personal growth, to Ilardi's self-treatment book *The Depression Cure*. Other titles which have marked the self-help genres' presence in the contemporary literary field are *The Four Agreements: A Practical Guide to Personal Freedom* (1997) by Miguel Ruiz and *The Subtle Art of Not Giving a F\*ck: A Counterintuitive Approach to Living A Good Life* (2016) by Mark Manson. Titles such as these also illustrates how the emergence of

the self-help genre has resulted in a selection of topics that is almost unlimited. A central shift of this genre has been the shift from improving the self for the sake of society to today's focus, namely improving the self for personal reasons. As for the memoirs, the genre created a platform where reflections of the author's life have been in the spotlight, but also the ability to share these reflections with others around the world. The genre of memoirs also marks its presence in the contemporary field with a major variety of topics and styles. Works such as *Born A Crime: Stories from a South African Childhood* (2016) by Trevor Noah and *Just as I Am* (2021) by Cicely Tyson are among memoirs which continued the long tradition of sharing personal stories with the world. As the introduction established central differences between the two genres, memoirs and self-help, it became central to determine approaches towards these genres and accordingly, what literature really is.

In the chapter "Literature – the Easy Complexity" we saw how complex the term "literature" is, as scholars do not seem to agree on a specific definition. As my focus was mainly on literature as therapy, I wanted to highlight possibilities of literature. With this in mind, I mainly relied on J. Hillis Miller's understanding of literature as he promotes the idea of how the text receives its essence when interpreted by the reader. Miller argued that by reading a text with a "performative dimension", the reader can enter a "hyper-reality" and consequently create a meaning of the textual work. In this sense, we can also see how the memoirs apply intimacy in order to strengthen a bond between the reader and the textual work, promoting Miller's "hyper-reality" and creating an essence outside of the words themselves. What literature can be, is strongly related to how one approaches literature. In this discussion I have mostly relied on Marielle Macé and Wolfgang Iser. The latter claims that in order for a text to function to its full potential, it is necessary to initiate "gaps" which the readers can fill out

themselves. This literary device invites the reader to adapt the literary work onto his/her own personal life, as experiences and knowledge will determine how these “gaps” will be filled out. Additionally, Macé argued that the reader should be invited to follow the path of the narrator and thus be able to reflect and make judgement based on these paths. On the basis of these theories, I find that memoirs offer a more discrete discourse, and consequently invites the readers to take part in the reading process, which was illustrated in the succeeding two chapters.

In the chapters “The Manifestation of Mental Illness in the Literary Works” and “Treatment – Literary versus Literally”, I specifically examined how the two different genres differed in terms of establishing what mental illness is, and how one can recover from such disease. In both chapters I mainly relied on Mikhail. M. Bakhtin’s theory of monologic and dialogic discourse, in addition to theories by Macé, Miller and Iser. In the first chapter I saw how the narrators of both memoirs and the self-help manual attempted to create a relation with their readers through both defining the respective mental illness and addressing different perspectives. Already at this stage we saw how the Bakhtin’s theory of monologic discourse could be applied to Ilardi’s self-help manual. As pedagogical as it came across, a monologic, instructional tone provides the readers with little to no possibility of reflection and interpretation, and consequently limits the outcome of the reading process. Ilardi, throughout the self-help manual, constituted how the reader felt in a “you feel this”-manner. Presenting only his own view on depression, the readers were offered a limited insight to what the disease could involve. As for the memoirs, the narrators applied much more reflection and figurative language, allowing the readers to come to a conclusion for themselves. In doing so, the readers were exposed to several perspectives with more depth and subjectivity. On the basis of this examination, I argue that the phenomenological approach of the memoirs is

much more inviting to the reader's complex and subjective disease than Ilardi's mechanical understanding of mental illness. As for the last chapter, we saw a clear distinction between the two genres. In addition to supporting the claims made in the preceding chapter, Bakhtin's theory of monologic and dialogic discourse became more evident. Ilardi's self-help manual thoroughly instructs the reader through a set protocol and claims that if the reader follows these steps closely, he/she will recover. However, he does not show how the movement from the past to present happens, only that it does. The memoirs, on the other hand, does not make such a promise, and rather invites the readers to follow the narrators attempt to recover from the respective mental illness. Through the examination executed in these two chapters, I feel confident to argue that the memoirs are a better option in the search for therapeutic advice in literature. However, it requires the reader to be active, as he/she needs to apply the literary work onto his/her own situation, in opposition to the self-help manual where one is told exactly what to do at all times.

To close this thesis, I would like to address the position of memoirs and self-help manuals in the contemporary literary field. As I have argued that memoirs have been forgotten in terms of literary therapy, the genre has certainly not diminished. On the contrary, the genre has expanded as memoirs have become popular for celebrities to write. TV-personalities, such as Kaitlyn Jenner and Jessica Simpson, and politicians, Barack Obama and Joe Biden to name a few, have all written a personal memoir, illustrating the variety of authors contributing to the genre today. However, we also find examples of personal memoirs with therapeutic dimensions, promoting Kaysen and Wurtzel's attempt of sharing personal experience with complex issues through literature. The Norwegian comedian, Else Kåss Furuseth, exposes in her psychotherapeutic memoir, *Else går til psykolog* (My translation: *Else sees a*



*psychiatrist*) (2019), her personal conversational therapy sessions, as the book is mainly the conversation between herself and her therapist. As an introduction to the book, the therapist argues how conversational therapy can be beneficial for psychological issues, where he especially refers to Sigmund Freud:

In the history of psychotherapy, Sigmund Freud is the major reference. He was a pioneer with his *conversational cure*. There is a rich documentation of it being effective, although not each time or for everyone. [...] Words are naturally essential in the conversational cure.

Improvement of health-issues, especially feelings, senses, or psychical discomfort, can often occur when the internal is given a form of words. Nevertheless, the psychotherapeutic space revolves much around the word being shared. One is not alone. Monologue is often a standstill, and the dialogue, on the other hand, is much more conducive for change. If two or more interlocutors share the language, there is a much higher chance of something new to reveal itself (Furuseth, 2019, p. 4-5. Translation mine, italics in original).

His argument, in other words, is that through dialogue and conversation, emotions are given a form, which consequently can construct a better understanding and clarity of the respective issue. As dialogism has become a central tool in the treatment of psychological issues, I will suggest that one can transfer the conversational dialogism to a literary dialogism which can be found in memoirs. By having two or more interlocutors, in this case reader, author, and text, the reader is provided with new thoughts and reflections, and can through this turn emotions into the form of words. As for the self-help genre, the use of a monologic discourse does not invite the reader into this kind of space, as the reader is rather instructed throughout the self-help manual. In addition to the aspect of intimacy in literature and Bakhtin's concept of dialogical discourse, I argue that memoirs can be a good source of therapeutic advice and help based on interpretation and reflection. By being aware of what type of memoir to read, and focus on being an active reader, one can find therapeutic advice in the genre of memoirs in the contemporary literary field.

As for the self-help genre, we can observe, as mentioned, a major expansion within the field, but also for the self-help culture in general. A central aspect of the self-help culture, is that everyone can improve no matter what stage one is in. According to Ilardi himself, even his self-help book focusing on depression can be beneficial to those who are not necessarily suffering from such as disease:

The question I'm most frequently asked is: Who might benefit from the program? My reply: Everyone. [...] you don't have to be diagnosed with a full-blown depression to benefit from TLC. The protocol can also help those who are simply feeling blue or fighting milder symptoms of the disorder (Ilardi, 2009, *viii-ix*).

In his view, anyone who purchase the book and consequently commit to the TLC-protocol, will achieve benefits. This idea is also to be found in the self-help culture in general and surrounds us each and every day. As the world has become smaller, the notion of becoming better has grown drastically. Today one cannot use social media, check the newspaper or go into a store without being told that one can and should improve oneself. A paradox that reveals itself through this major focus on improving oneself, is that the culture as a whole relies on insecurities among people. In other words, the self-help industry, which claim to simply want to improve your life, will barely survive if you are completely satisfied with yourself. As Franklin, Carnegie and Smiles were among the first authors who established the self-help genre as we recognize it today, it is disturbing to see how the genre has developed. From improving oneself for the sake of society, to improving oneself for more self-centered reasons, one can today question who the self-help manuals ultimately are beneficial for.

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