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"Chasing a Ghost" in Young Adult Literature: Mental Illness in *Am I Normal Yet?*

Genç Yetişkin Edebiyatında Hayaletin Peşinde: *Am I Normal Yet?*'te Ruh Sağlığı Sorunu

Nalan DEMİR*, Mehmet Başak UYSAL**

Abstract

The relative lack of attention given to mental health issues compared to physical health problems in society poses a significant barrier to the development of adequate literacy surrounding mental health concerns. Furthermore, the pervasive stigmatization of individuals suffering from these disorders exacerbates the burden they face. In light of the increasing prevalence of mental illnesses and the imperative for timely interventions, the potential of Young Adult Literature depicting mental illnesses to enhance literacy in this realm appears promising. Consequently, it is aimed to examine the representation of obsessive-compulsive disorder in *Am I Normal Yet?* by the British author Holly Bourne. Initially, the disorders are contextualized within a broader framework, followed by an exploration of their representation within the novel. Subsequently, a thorough analysis is carried out on these representations, with a specific emphasis on how symptoms and treatment alternatives are presented in the narrative. Furthermore, due to the impact of environmental factors on mental health problems, the reactions elicited by these disorders within the storyline are investigated and discussed.
Keywords: *Am I Normal Yet?*, Holly Bourne, obsessive-compulsive disorder, mental illness, young adult literature.

Öz

Fiziksel sağlık sorunları kadar dikkat çekmemesi ya da toplum tarafından dışlanma kaygısı, ruh sağlığı sorunları yaşayan kişilerin tedaviye erişiminin önündeki en büyük engel olarak kabul edilmektedir. Pek çok aile ya da genç ne olduğuna dair hiçbir fikri olmadığı bir kaosun içinde yaşayabilmektedir. Öte yandan, bu sorunlara zamanında müdahale etmenin önemi düşünüldüğünde, bu sorunları ele alan Genç Yetişkin Edebiyatının bu alandaki okuryazarlığı artırma potansiyeli umut verici görünmektedir. Bu sebeple, bu çalışmada çağdaş İngiliz yazar Holly Bourne tarafından kaleme alınan *Am I Normal Yet?* adlı romanda obsesif kompulsif bozukluğunun temsili incelenmiştir. Daha sonra, anlatıda sunulan ruh sağlığı sorunları belirtileri ve bu sorunlara yönelik başvurulan tedavi yöntemleri gerçek hayatla ilişkilendirilerek irdelenmiştir. Ayrıca, çevresel etmenlerin ruh sağlığı sorunlarına yönelik etkisinden dolayı olay örgüsü içerisinde bu sorunlara verilen tepkiler de araştırma konusuna dâhil edilmiştir. Bu bağlamda, eserde obsesif-

* Lecturer, Gümüşhane University, GÜSUD Coordinatorship, International Relations Office. E-mail: nlndmr1907@gmail.com, ORCID: 0000-0003-0346-8584

** Asst. Prof. Dr., Atatürk University, Faculty of Letters, Department of English Language and Literature. E-mail: mbuysal@atauni.edu.tr, ORCID: 0000-0002-7077-6475

◊ Alan Editörü / Field Editor: Alev KARADUMAN

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kompulsif bozukluk belirtileri olarak kirlenme ve hastalanma takıntısına ve bunu önlemeye yönelik aşırı yıkama/yıkanma gibi çeşitli zorlantılara başvurulmaktadır. Faydalanılan tedavi yöntemlerini incelediğimizde, hem psikolojik hem farmakolojik yaklaşımların birlikte kullanıldığını görülmektedir. Son olarak, ruh sağlığı sorunlarına karşı tepkiler incelendiğinde de obsesif-kompulsif bozukluktan mustarip bireyin ailesinin aldıkları terapi neticesinde tutumlarının değiştiği, ancak aynı tutum değişiminin bu bireyin özellikle romantik ilişkilerinde gerçekleşemediği ileri sürülebilir.

Anahtar sözcükler: *Am I Normal Yet?*, Holly Bourne, obsesif kompulsif bozukluk, ruh sağlığı sorunları, genç yetişkin edebiyatı.

Introduction

In the realm of young adult literature, scholarly attention has predominantly focused on the impact of novels depicting mental disorders on their readers (Chisholm and Trent, 2012; Collins and Lazard, 2021; Hughes et al. 2014; Prater, 2003; Prater et al. 2006). However, a significant gap exists between the diversity of mental health themes within young adult literature and the scope of academic studies addressing these issues. Much of the existing research centres on narratives featuring autism spectrum disorder (Dotterman, 2015; Greenwell, 2004; Gilbert, 2005; Hughes et al. 2014; Kuppers, 2008; Rozema, 2014; Semino, 2014), while thematic explorations of mental health issues have also garnered some interest (Altieri, 2008; Hipple et al., 1984; Hyltse, 2020; Kaplan, 2003; Koss and Teale, 2009; Leninger et al. 2010; Prater, 2006; Richmond, 2019; Scrofano, 2015; Trupe, 2006). Emerging studies are beginning to explore other mental health topics such as dyslexia (Altieri, 2016), eating disorders (Collins and Lazard, 2021; Johnston, 2019), and post-traumatic stress disorder (PTSD) (Gilmore and Marshall, 2013; Monaghan, 2016). Yet, there remains a notable paucity of research specifically exploring obsessive-compulsive disorder (OCD). This article seeks to fill this gap by analysing the portrayal of OCD in *Am I Normal Yet?* (2015) by British contemporary young adult author Holly Bourne.

The fact that they do not attract as much attention as physical health problems in society prevents the formation of an adequate level of literacy about mental health problems. Moreover, the anxiety of exclusion or stigmatization of individuals suffering from mental health problems is seen as one of the biggest obstacles in the treatment of these problems (DeLuca et al., 2021; Ferrie et al. 2020; World Health Organization, 2022). Taking into account that around one-eighth of the global population has these issues, it makes perfect sense for literature to examine this topic. The way that mental health issues are handled in literature is not particularly novel. Virginia Woolf's *Mrs. Dalloway* (2021) describes Clarrissa Dalloway's day and the experiences of a soldier with post-traumatic stress disorder following World War II. Bertha Rochester is portrayed as an ostracized "crazy" woman who is cast out of the attic in Charlotte Bronte's *Jane Eyre* (1997). Similar instances can now be found in Young Adult Literature (henceforth YAL) in addition to mainstream literature. YA novels that target the 9–19 age bracket, led by America, have gained a lot of popularity, particularly in the twenty-first century. The focus of YAL on mental health issues is still very new; it is positioned as a more easily read and attention span-friendly option for young people than the classics (Herz and Gallo, 1996, p. 2). This is a relatively new field that is highly productive in America; other countries have not yet adopted it with the same vigour. Given that the majority of mental health issues arise before the age of twenty-five (Uhlhaas et al., 2023), YAL could be a useful tool to raise awareness in this area.

Generally speaking, mental health problems are most common in America (15.6%), Eastern Mediterranean (14.7%) and European (14.2%) countries. 8% of children aged 5-9 and 14% of adolescents aged 10-19 in the world struggle with a mental health problem (WHO, 2022, p. 44). In the light of this information, the place of mental health problems in human life and their potential to affect society requires examining this issue. Consequently, this study endeavours to analyse the portrayal of OCD in *Am I Normal Yet?* (2015) by Holly Bourne. Firstly, a review of literature pertaining to OCD is provided in order to understand the essence of the disorder. Secondly, the novel's portrayal of OCD is examined through three subcategories: symptoms, treatment approaches, and reactions to OCD within the narrative.

Obsessive-compulsive Disorder

Mental health can be defined as "a state of spiritual well-being that enables people to cope with the stress of life, to realize their abilities, to learn and work well, and to contribute to society" (WHO, 2002, p. 8). Mental disorder is "a syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (American Psychological Association, 2013, p. 20). The most widely recognised source in the field as a reference for defining mental disorders is the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), which is prepared by the American Psychological Association (APA, 2013). According to APA, approximately twenty different categories of mental disorders are addressed. Due to the comprehensiveness of the problems in question, only OCD related to the novel is addressed in the current study.

OCD is diagnosed by the presence of obsessions and compulsions. Obsessions can be defined as "recurrent and persistent thoughts, impulses, or images experienced in an unwanted way". Compulsions can be specified as "repetitive behaviours or mental acts that an individual must perform in response to an obsession or in accordance with rules that must be strictly applied" (APA, 2013, p. 235). In order for an individual to be diagnosed with OCD, obsessions and compulsions must be present, these obsessions and compulsions must last at least more than one hour per day, or they must cause clinically significant difficulties in social, occupational and other functional areas (APA, 2013, p. 237). It must be determined that the symptoms are not caused by the effects of another drug or substance or another mental disorder as symptoms of many mental disorders can overlap with OCD.

Although it overlaps with adult OCD in many respects, child and adolescent OCD may differ, especially in terms of insight into the disorder. It is known that children often underestimate their symptoms compared to their families' narratives, and in this case, shame and poor insight are effective (Canavera et al. 2009). Children and adolescents may feel anxiety, shame or guilt in response to disturbing thoughts and may engage in compulsive behaviour to suppress this discomfort. They may also engage in intellectual activities such as being intolerant of uncertainties, perfectionism, exaggerated responsibility, exaggerating the danger, and superstitious or totem thinking styles. Individuals suffering from OCD try to ignore, suppress, or neutralize their obsessions with another thought or behaviour (compulsion). Examples of these thoughts and behaviours include silently counting, repeating words, washing and checking. Compulsions can also be seen as defence mechanisms that individuals develop against their obsessions. For example, an individual with an obsession with contamination may develop constant washing repetitions or some rituals may occur until something feels "just right" (APA, 2013, p. 238). The aim here is to eliminate the stress caused by obsessions or to prevent the emergence of a feared situation such as getting sick. However, the compulsions are not realistically connected to the feared situation, or the connection is quite extreme. For this reason, it is quite common for individuals with OCD to try to avoid people, places and objects that trigger their obsessions and compulsions. Although many people can have obsessive thoughts and are able to eliminate their obsessions, individuals with OCD exaggerate the importance of these thoughts. In other words, it is individuals' reactions to these thoughts rather than the presence of disturbing thoughts that determine OCD (Johnco and Storch, 2018, p. 236).

Familial transmission, genetic elements and neurobiological elements also play a role among the causes of OCD (Johnco and Storch, 2018, p. 234). Children whose first-degree family members have OCD are 32.5 times more likely to develop OCD than those whose first-degree relatives do not have OCD (do Rosario-Campos, 2005). In this case, environmental factors may be involved as well as genetic factors. It is possible to talk about the effect of genetics in approximately 45% to 65% of OCD cases in children (van Grootheest 2005). Although a gene thought to cause OCD is not yet known, there are cases of abnormalities in neurotransmitters such as serotonin, dopamine and glutamine in individuals with OCD (Pauls et al. 2014).

Among the risk factors for OCD, in addition to genetic transmission, the relationship of family members with the individual with OCD and their reaction to his/her condition also plays a very significant role. There is a mutually influencing cycle between both the individual with OCD and other family members. Family members may unintentionally create an environment conducive to avoidance behaviour in order to

reduce the obsessions of the individual with OCD or facilitate compulsions that may cause OCD symptoms to become stronger (Wu et al. 2016). Although this situation provides short-term relief for the individual and family with OCD, it may ultimately cause long-term harm to the child and increase the severity of the disease. In addition to the family accommodation, it has been stated that events such as abuse, grief, parental divorce and illness may also play a role in OCD (Rosso et al. 2012).

As to the treatment of OCD there are two basic categories: Psychological and pharmacological. The most accepted among psychological treatment methods is Cognitive Behavioral Therapy (CBT) (Krzyszkowia et al. 2018, p. 834). It includes studies on how to change the way an individual thinks and behaves that causes the disease. In Exposure and Response Prevention Therapy (ERP), which is one of the CBT methods, it is aimed to prevent the individual with OCD from developing or avoiding compulsions by exposing them to feared situations, thoughts and objects (Johnco and Storch, 2018, p. 242). For example, in contamination-related OCD, the individual is exposed to various dirty or filthy objects and attempts may be made to prevent washing behavior in order to prevent the compulsion to clean. Within the scope of CBT, Acceptance and Commitment Therapy is also used, which allows individuals to learn to observe their negative thoughts without reacting (Krzyszkowia et al. 2018, p. 836). In pharmacological approaches, serotonin reuptake inhibitors (SRI) and selective serotonin reuptake inhibitors (SSRI) (such as escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, citalopram, clomipramine) are used (Krzyszkowia et al. 2018, pp. 828-829). Additionally, antidepressants and neuroleptics can be used to increase their effects. Depending on the severity of the disorder, surgical interventions such as removal of various brain regions may also be possible. In general, it is stated that CBT can be more effective than pharmacological treatments, and the use of both methods together can be more effective than their separate use (Johnco and Storch, 2018, p. 242).

Representation of OCD in *Am I Normal Yet?*

OCD in the novel is examined in the light of the data presented above. In this context, the symptoms of OCD, treatment methods, and the reactions of others to mental problems are examined. However, prior to analysing the portrayal of OCD in the novel, it would be appropriate to offer a synopsis of it. *Am I Normal Yet?* marks the debut novel in Holly Bourne's The Spinster Club series. Originally working as a journalist, Bourne successfully wins the YA Book Prize awarded by The Bookseller. Published in 2015, the novel not only earns Bourne the Lancashire Book of the Year Award but also catapults her to renown in the young adult genre, particularly for her examination of feminism and mental health topics. The plot centres around Evie, the main character, who, after finishing high school, finds herself enrolled as a college student. She has made a diligent attempt to cope with obsessive-compulsive disorder (OCD), which unexpectedly develops during her ninth-grade year. By participating in weekly therapeutic sessions and receiving pharmacological interventions, she achieves a respectable degree of stability, and is even able to substantially decrease her prescription dosage. She currently desires to integrate herself into standard social activities that are common among teenagers, such as going to parties and establishing romantic relationships, which she believes are typical for her age. To achieve these goals, Evie fully engages in activities that pose significant personal difficulties. She regularly attends concerts with her close group of friends—Amber, Lottie, and Jane—and actively pursues romantic relationships, consecutively involving individuals called Ethan, Oli, and Guy. Although she feels regret after each romantic relationship, her engagement with Guy causes her health to worsen to the point where she needs to be hospitalized. Adding to her difficulties is Evie's unwavering determination to hide all of her troubles, which include obsessions, compulsions, and fears, from her companions, with whom she shares most of her daily experiences. This decision arises from a deeply rooted fear of endangering these cherished relationships, which drives her to uphold a façade of normality despite emotional distress.

The novel employs first-person self-narration, a characteristic commonly found in the young adult genre (Herz and Gallo, 1996, pp. 8-9). The events of the story are narrated from the viewpoint of a teenager called Evie. The reader attains control over the unfolding of events through the character of Evie, who is depicted as both the narrator and the one directly experiencing them. In addition to Evie's frame narrations,

the novel also includes her self-narrated monologues. These monologues are also known as interior monologues, and they differ in writing style and font size from the general self-narration. The primary purpose of these narrative instances is to convey the character's obsessive-compulsive thoughts using labels like “good thought,” “bad thought,” and “worse thought.” However, they also serve to express the character's reflections on different subjects and provide more detailed explanations about the events in the novel. As Cohn (1978) reiterates, self-narrated monologues can greatly enhance the reader's connection with the character by providing a direct glimpse into the character's inner thoughts and emotions.

Symptoms of OCD in Am I Normal Yet?

In the question-answer section at the end of the novel, the author Holly Bourne states that she did a lot of research for this book, meeting with many therapists, psychotherapists and many young people with OCD. She states that each individual suffering from this disorder has their own OCD and the situation experienced by each individual is unique; thus, a common representation is quite difficult. The author's sensitivity on this issue seems to have played a very successful role in representing the disorder in question realistically. Evie, the protagonist and narrator of the novel, is sixteen years old and mentions that she was diagnosed with OCD three years ago (*Am I Normal Yet?,* 52). She exhibits symptoms of several obsessions listed in the DSM-5, including fear of disease, contamination, and death.

Evie with the most common type of OCD, still spends most of her daily life with the fear of contamination, even though she is in the recovery process, as can be seen from the reduction of the drug dose in the treatment shared in the recovery diaries. For instance, she can't enjoy the happiness of a relationship when she meets a boy called Ethan for the first time, despite the fact that she views this as one of the first steps towards normalization. This is because she has to consider the potential germs that Ethan, who travelled to meet her by train, might carry and spread to her. Plenty of frightening scenarios race through Evie's head, like Ethan holding the stick on the train, sneezing into the hand of someone who has the norovirus, and then getting infected by holding the same stick and passing the virus on to Evie (19). As is common in partnerships, Evie worries about “typical” aspects of the connection, but her OCD causes her brain to go through “neurotic thought cycles” all day long, particularly when it comes to germs and contamination. The recovery diaries demonstrate that the consequences of OCD persist despite the advancement of the treatment process. No matter how hard she tries to protect herself, she can still become contaminated when Ethan touches her hand during their meeting (26).

> The funniest thing happened when I was fourteen. I, like, completely stopped eating because I thought all food was contaminated and would make me sick. Hilarious, huh? I dropped, like, two stone initially. Great diet, I know! And then, there was this one time, when my mum tried to force-feed me. She held me down and globbed mashed potato around my face, crying, and screaming, 'JUST BLOODY EAT, EVIE? But I wouldn't. And then I collapsed and they took me to hospital and misdiagnosed me with anorexia. So funny, right? And then I was super thin and still wouldn't eat so they, like, SECTIONED ME. And it took them, like, WEEKS to finally diagnose me with OCD…” I couldn't really tell them that, could I?

Evie’s interior monologue above (52-53) reveals the first several years of her sickness, when things are much worse. The disorder suddenly manifests itself when she is in the ninth grade. Then, she stops eating completely and loses about twelve kg because she thinks food is a haven for bacteria and is afraid, she will get sick (52–53). She gets so feeble that they have to bring her to the hospital so they can take samples. Initially, the illness is misdiagnosed because it is mistaken for anorexia. It is discovered after weeks of research that she has OCD. Evie's anxiety about contaminated food implies a symptom of obsessive-compulsive disorder (OCD). Obsessive-Compulsive Disorder (OCD) frequently entails intrusive thoughts and compulsions, which, in this instance, result in the avoidance of food. Her obsession with succumbing to bacteria and germs and getting sick becomes so intense that she tries to suppress this obsession with excessive cleaning and washing compulsion. The initial misdiagnosis of anorexia indicates the difficulties

in precisely diagnosing mental health disorders. The ensuing process of institutionalization and the difficulty in obtaining an accurate diagnosis highlight the intricacies and possible shortcomings within the healthcare system. Both Evie and her family experience profound distress. Evie’s collapse and subsequent hospitalization serve as a turning point, demonstrating the grave consequences of untreated or misdiagnosed mental health disorders.

One of the necessary conditions for the diagnosis of OCD is these compulsions used to relieve obsessions (APA, 2013; APA, 2018). Evie's obsession with avoiding pollution increases so much that she washes her hands until the pores open and bleed, she doesn't step out of the house because she sees everything and everyone as a possible source of contamination. She even gives up at the last minute and doesn't even attend her own graduation ceremony because everything is too “scary” (31). When she first menstruates, she feels very dirty, so she washes her genital area with soap, causing damage to that area (252). As a result, she suffers from pain and has to go to the doctor and use antibiotics. For her, “antibiotics are things that destroy the immune system”, so she tries to protect himself by staying at home for weeks against the risk of contracting germs. Moreover, she stops eating, becomes very weak, and her menstrual cycle stops. Since there is no longer a period, there is nothing to worry about cleaning during these periods. During that period, she turns to movies to overcome these obsessive thoughts and spends her day getting lost in other people's stories. She even takes this situation so far that she wants to prevent her family from entering the room by placing objects behind her door to prevent their intervention (69).

When she is asked to fill out the Worry Outcome Survey during the therapy, what she writes for just one day is like a map of Evie's OCD-suffering brain. The recurring thought of getting dirty and sick causes significant anxiety in her. To prevent this, she feels the urge to wash her hands constantly and thinks that she will face a “painful death” and kill her family by making them sick (77). Similarly, she is filled with the urge to seriously clean her room, since a dirty room is enough to breed germs and make her (and therefore her family) sick. She sees school as a dangerous place because it is full of “people touching everywhere.” Meals must be fully cooked, as it is inevitable that raw foods will upset her stomach, make her sick, and eventually kill her (78). She doesn't want to come into contact with people because she can never be sure that people are clean enough, which means another danger for her to get infected and die. Evie, who transfers many anxiety situations to the Anxiety Outcome Survey and fills out pages in this way, progresses considerably in the treatment process. At the time of the current narrative, that is, three years after the onset of the disease, she gives a survey with only one side filled and is proud of this progress. However, this does not mean that her fear of pollution has completely disappeared. She still wants to wash her hands “every second of the day” but can stop herself (92). She still cannot make any progress in washing dirty dishes because for her washing dirty dishes means that food residues are transmitted from one plate to another and mixed with the microbes in the sink. As a result, she consents to help her mother share household duties by setting the table (89).

Both reducing the dose of the medication she uses and trying to find a lover for the sake of being “normal” lead Evie's situation to become even more difficult and cause her obsessions and compulsions to relapse. It is known that individuals with OCD experience difficulties in friendships and have difficulty maintaining their relationships (Essau and Ozer, 2015). It is very difficult for these individuals to invite friends to their homes, to go to their friends' places, and to talk about their OCD to their friends out of concern of being stigmatized. In a similar vein, Evie struggles to stifle her nausea by telling them she is full when she visits Amber's house with her best friend Lottie. She observes that Lottie and Amber lick the orange residue off their hands while eating cheddar chips (245). In addition, she is preoccupied with compulsive thoughts about the mess in the room, the last time the carpet was vacuumed, or the last time the linens were washed when she is in Amber's room attempting to listen in on the discussions. However, as Essau and Ozer (2015) notes, she feels compelled to keep all of her obsessions and compulsions hidden from her friends out of fear of being shunned. She blames Jane, who was aware of her illness and was at her side throughout the early stages, as she is trying to get rid of her and her obsessions, which is why she doesn't see her as much as she formerly did. For this reason, she hides her illness from her other friends and is worried that they will similarly move away from her or exclude her as Jane did (79). The urge to hide her illness makes her situation even more difficult. While they are having fun when they go to a concert together,

Evie has to deal with her relapsing OCD and has to constantly go to the bathroom and wash her hands over and over (300-303). Moreover, the obsession with contamination that preoccupies her brain makes it difficult for her to even follow the routine she creates when washing her hands. One of the symptoms of OCD is the feeling of restlessness and incompleteness felt during compulsions (APA, 2013, p. 239). Even though Evie washes her hands over and over again, she still feels restless and feels the urge to wash them again because she doesn't find the amount of washing enough ("Do it again, Evie, just to make sure", 300). Of course, in the meantime, she has to miss the performance of her guitarist boyfriend Guy. She feels relief after washing her hands thoroughly every time, but it is not enough. She is obsessed with getting sick and dirty, which makes her feel compelled to wash constantly to avoid getting sick. The underlying reason for her compulsion is not to relax, but to get rid of her obsession with getting dirty and being sick, which leads to anxiety and tension, even if she feels relieved because the compulsion has relieved her of some of her anxiety and stress. While everyone may have some degree of concern for hygiene or anxiety about getting sick or dying, what sets OCD sufferers apart are the extent to which these ideas affect their life and how they respond to them (Johnco and Storch, 2018). It's obvious that Evie's overreaction—which results in her washing her hands until they bleed—keeps her from living her life. This excess is most noticeable when she finds herself in the hospital following Guy's attempt to have sex with her and bathing herself with bleach diluted with water (396-398). She damages herself to the point of burns because she feels unclean and believes she runs the danger of becoming ill and killing herself and her family. Even though her only motivation for engaging in all of this is to avoid getting sick and dying, the compulsions she uses to try and escape her obsessions end up doing more harm to her, creating a vicious cycle. Like many OCD cases, Evie's compulsions lead to dermatological issues.

Evie's obsessive behaviours extend beyond her need to tidy up and clean. She also engages in repetitive behaviours and counting compulsions, and totemic actions, among other sorts of compulsions described by Mataix-Cols et al. (2008), as a means of diverting her always cleaning-obsessed brain. For instance, she counts her steps to ten while walking on the sidewalk to divert her attention from the worries that are continuously racing through her head on the day that she and her friend Oli from the Film Studies class are heading to the movies (141). Similar to this, she attempts to fight off the temptation to throw up when she goes to a party with Guy and the alcohol, she consumes there makes her queasy. She breaths for ten counts, tries to increase it to twenty, and repeats the process in time to the bass guitar playing at the party (166). Her obsessions get worse as a result of her relationship with Guy. Evie's anxious life is made worse by Guy's erratic conduct, which alternates between giving her too much attention one day and acting as though they had no relationship at all. Evie expects a message from him about that day, at the very least, when they play a game of chestnuts and get extremely friendly. However, as the wait lengthens, Evie starts to develop more compulsions and creates her own totems. She thinks that Guy will send her a message if she touches each street lamp on the way home. She also has a strong compulsion to check her phone repeatedly (control compulsion) and mumbles repeating phrases like "message, message, message." (repetitive words). Here, she starts to touch the street lamps more frequently and intensely when the message does not arrive. When she eventually arrives home, she discovers that she has touched each one six times because "six feels right" (pp. 266-267). One of the "just right" compulsions observed in OCD sufferers is this mindset (APA, 2013, p. 239). In essence, Evie thinks that she will ultimately receive a reward for torturing herself in this way. She makes herself dirty by rubbing her hands on street lamps, thus subjecting herself to her worst dread. However, she uses this as a totem rather than as a means of obtaining any sort of therapeutic exposure. Similar to this, she believes that if she runs her finger around Jane's mirror from top to bottom before the concert, it will make for a wonderful evening (274). She dislikes having to leave the mirror to Lottie when she needs it, though as it prevents her from fully actualizing her totem. She behaves as though she must touch it "now" all the time. She is relieved when it is her turn again and she sees herself in the mirror, realizing her compulsion. However, even though she feels that she should repeat this conduct just in case, her success is insufficient, and she is compelled to stop there with the guilt over the urge that Jane interrupts her, leaving her with a sense of unfulfilledness. These compulsive behaviours persist when they attend a concert that day, and she wastes her time by pressing the taps six times and then washing her hands till they bleed (300). She believes that by acting in this way, she would be able to enjoy herself and

capture Guy's attention, which will make her night go well; therefore, she says that "My good night. My gorgeous perfect night it was my reward. For touching the mirror, for - touching all the lamp posts on the walk in. I'd done what the universe had told me to do and it had rewarded me (Bourne, 2015, p. 326)". Furthermore, she believes that the universe is rewarding her actions because, at the end of the night, she truly credits her intimacy with Guy to the totems she produces. She feels more compelled as a result of this circumstance, and even though she gets home in the middle of the night, she "thanks" the world by touching each of the movies in her room six times after removing them all off the shelf (326). The sun is about to rise when she fulfils her compulsion, and she can't resist the urge to take a shower. She pushes herself into the shower, screaming, even though her mother tries to stop her (329). Furthermore, this is a recurring circumstance. She wakes up in the middle of the night and spends hours in the shower without her parents knowing since they place restrictions on her hygiene (251; 331). This scenario has resemblance to numerous cases of OCD due to the presence of sleep-related problems such as duration, quality, and delay. (Paterson et al. 2013). Given the importance of sleep for human life, particularly for the brain, it is evident that getting enough healthy sleep is crucial for those who suffer from brain-related issues (Baglioni et al. 2016).

Similar to numerous OCD sufferers, Evie is fixated on numbers. She repeats certain compulsions six times in order to fulfil them. She puts her scarf around her neck six times (333), touches the school walls six times (380), touches the street lamps six times (285), and touches the taps six times (302). Even if it's just temporarily, this counting compulsion can help her avoid the preoccupation with continually washing herself or avoiding becoming sick. Furthermore, as mentioned in APA (2013), these compulsions are used as a totem to avert a situation that they fear.

Evie exhibits avoidance behaviour as a result of her obsessions. Avoidance of places and circumstances that upset the person may be a symptom of OCD (APA, 2013; Dar et al. 2012). When Evie first relapses, for instance, she spends weeks without eating or leaving the house because she perceives a lot of things as harmful (31). She also turns to movies as a haven from her racing thoughts, which leave her lost in neurotic abysses (67).

Treatment of OCD in Am I Normal Yet?

As noted earlier, the most popular treatment for OCD involves a combination of pharmaceutical and psychosocial interventions (Bandelow et al. 2017; Johnco and Storch, 2018; Kendall et al. 2018; Krzyszkowia et al. 2018). Similarly, Evie undergoes weekly therapy sessions and is prescribed medication.

CBT, which is thought to be safer in terms of having no side effects, is the most widely utilized technique in the treatment of OCD (Kendall et al. 2018). Similarly, Evie gains from CBT and she has been seeing her therapist once a week for the past two years (*Am I Normal Yet?*, 18). In order to become conscious of the ideas and actions that lead to obsessions, compulsions, and anxiety, she uses the Worry Outcome Survey and Worry Tree procedures as part of CBT (73; 137). Here, the goal is to identify Evie's "Bad Thoughts" and assess whether or not they stem from her anxieties. Stated differently, the goal is to determine the extent to which Evie's fears stem from her OCD brain and the extent to which they are tied to reality. Instead of giving in to her impulses, the goal is to recognize what OCD tells her and what she should do instead, and to attempt to discern how these urges relate to reality. This can be accomplished by practicing mindfulness techniques like breathing exercises (50) and attempting to remain present in the moment by concentrating on background noise (139). Exposure and Response Prevention Therapy (ERP) is a crucial component of Evie's therapy regimen in addition to these methods. This approach involves exposing the person to ideas and actions that can lead to anxiety and compulsions gradually while trying to stop the person from reacting in a way that would lead to a compulsion or avoidance behaviour (Johnco & Storch, 2018). Similar to this, Evie gains from ERP on a regular basis from her therapist Sarah, both in the form of assignments and during therapy. For instance, Sarah requests that she consume a chicken sandwich that is two days old during their therapy (196-196). Evie tried eating a ham sandwich that had gone bad earlier, but she felt sick all day. She is forced to make this endeavour despite her reluctance and the risk of drowning. When Sarah is asked to rate her anxiety during this exposure, she says it is an eight on a ten-point scale and says she is really concerned about being sick. As homework, she is also required to complete a variety of

exposure studies in her recovery journals. In the same way, she should not touch the rims of the kitchen trash can and not wash her hands ten times (5), nor should she wash her hands fifteen times (75) after using the restroom. These investigations can be said to be effective up until a recurrence of symptoms.

Another method in OCD treatments is the pharmacological approach. Evie provides the reader with information about the medication she will take after treatment and the psychological skills she should reinforce in her recovery diaries, which are presented chronologically at the beginning of the novel and in between narrations. For instance, Evie must take 20 mg of fluoxetine instead of the recommended 40 mg in the recovery diary, which appears on the novel's opening page (5). One pharmacological strategy for treating OCD is the use of fluoxetine, a kind of selective serotonin reuptake inhibitor (SSRI) (Krzyszkowia et al. 2018). It can be somewhat effective in young people, despite being more effective in adults (Lack, 2012). Throughout the novel, it is shown that Evie cuts her medicine from 40 mg to 5 mg, primarily on her own initiative and with her psychiatrist's approval. This is done to observe how Evie is free of the drug's effects and to eliminate those side effects. The research reports that children and young adults who use fluoxetine may experience adverse effects such tension, anxiety, sleep disturbances, and restlessness (Buchman et al. 2002; Riddle et al. 1991). It is well known that all symptoms return, particularly if the medication is removed altogether or its dosage is lowered. In a similar vein, Evie too has a variety of side effects, and when the dosage is lowered, some of her symptoms return. She claims that the medication causes her to have sleep problems, bloating, drowsiness, and heat-related numbness (198–199). One of the adverse effects of dose reduction, which is an increase in the amount of anxiety, is that the person gets more worried than during prior experiences, especially after ERP sessions on eating expired sandwiches (eight out of ten on the anxiety scale) (197). Her therapist even reminds her that this is what the dose reduction is supposed to accomplish. “Bad thoughts” significantly rise, particularly after fluoxetine is reduced to 10 mg. Before the dose decrease, she has no trouble giving her friend Lottie's mother a hug (179). However, in her post-dose reduction meetings, she uses her illness as a pretext to avoid giving her a hug out of concern for infection (336). Alternatively, after the dose reduction, even though she used to have no trouble hugging her closest friends, she now feels threatened by their contact (374). Her fear of concealing her ailments from her friends grows along with her problems. She naturally descends into a vicious cycle of worrying in an attempt to stop the situation from happening, and at some point, she finds herself back in a mental hospital. Additionally, this time, the dosage of fluoxetine is increased to 60 mg, and an extra 5 mg of diazepam is recommended because she seriously harms herself (405). A benzodiazepine derivative called diazepam is used to alleviate anxiety (Starcevic et al. 2016). Furthermore, Evie and her family undergo a rigorous therapeutic regimen that includes family counselling, mindfulness exercises, group therapy, and creative endeavours (405). Therefore, it may be inferred that Evie's use of medication and therapeutic techniques had a more fruitful outcome.

Regarding treatment, one crucial matter that must be addressed is the degree of insight that those with mental health issues possess. The American Psychological Association defines “lack of insight” as the whole belief that OCD symptoms are real; “poor insight” is the belief that these symptoms are likely to be true; and “good insight” is the belief that these symptoms are not true (APA, 2013, p. 237). Evie possesses sound judgment prior to encountering intricate issues and cutting back on medication. For instance, she uses the coping mechanisms she has learnt to convince herself that she has already cleaned her hands when she feels the need to do so before seeing her first boyfriend, Ethan. (“You're okay, Evie. You don't think you need to do another hand wash? You just gave them a wash. Come on, up you get.” p. 13). Alternatively, she can learn to focus on the present moment to get over her fear of missing Oli's movie with her (141). But when her symptoms worsen later on when she cuts back on her medicine, she thinks there's a chance that the expired chicken sandwich during one of her ERP sessions might have actually poisoned her (196). She claims that “she is not sick” and “she is fine” after discovering that Oli also suffers from agoraphobia. She refuses to accept Oli's sympathetic expression when he looks at her hands since the skin has peeled off from washing them (368). It is well established that people with strong insight outperform those with weak or no insight when receiving CBT (Johnco and Storch, 2018). Poor insight is indicated by symptoms including embarrassment, exaggerating the threat, and an inability to manage oneself (Lewin et al. 2010; Canavera et al. 2009). Evie is more anxious about the onset of her illness and is finding it harder to manage herself as a

result of the complicated events and dosage drop. If her friends learn about her condition, she fears they would desert her (274). But following her most recent episode, she resumes treatment with higher dosages and explains her condition to her friends who pay her a visit. She finally accepts her the situation no matter what happens. She is even capable of replacing her disruptive thoughts with sensible ones (423–424). This shows that both therapeutic and pharmacological approaches work together better, rather than just a therapeutic approach only, in Evie's treatment.

On the other hand, as she admits, returning to “normal” is for her “a ghost she chases” (419). This poignant realization is grounded in the reality of obsessive-compulsive disorder (OCD), which has a relapse rate ranging from 24% to 89% (Waldermar et al., 2019). Additionally, 41% of children and young adults with advanced OCD continue to struggle with the disorder into adulthood (Johnco and Storch, 2018). These statistics support a realistic portrayal of OCD in the novel, emphasizing the chronic nature of the disorder and the ongoing challenges faced by those affected. This fact brings the importance of social awareness in mental illness into the surface. Despite ongoing treatment efforts, many individuals still suffer from severe mental disorders. Therefore, society has a moral obligation to provide social kindness and empathy to these individuals. However, However, it is important for individuals to have a clear understanding of what OCD is before expressing empathy towards those who have OCD. Here, the potential of novels addressing mental health issues becomes evident.

Evie's experience highlights the significance of adopting a pragmatic stance on mental health conditions. Her experiences exemplify the intricacies of living with OCD and underline the imperative of a holistic approach to therapy. Utilizing medications and therapy, in addition to personal acceptance, offers a more comprehensive approach to controlling the problem, providing optimism and resilience despite the persistent nature of the condition. Evie's story provides readers with a comprehensive understanding of the complex process of managing mental illness, emphasizing the interaction between external assistance and personal development in the quest for mental well-being.

Reactions to OCD in Am I Normal Yet?

The opinions and actions of persons whose relationships significantly impact Evie's condition are examined in the narrative. The main characters in this story are her parents, sister Rose, and best friends Jane, Amber, and Lottie, as well as the boys she tries to connect emotionally with. The reactions of people around Evie will be examined since, as social creatures, people are influenced by those around them to a certain extent, and this is a crucial factor in mental health issues. It is evident that Evie's relationships with those around her play a critical role in both the course of her illness and its treatment, even if the novel does not explicitly address the causes of her disorders.

To start with her family, Evie's parents are educated about the disorders and take part in family treatments while undergoing treatment (219). A crucial factor in the therapy process is the family's sentiments toward the OCD sufferer (Johnco and Storch, 2018). It is well known that ignoring avoidance behaviours and compulsions to save the family harmony from being harmed by their disruptions or fussing will only worsen the condition and prolong the person's recovery (Merlo et al. 2009; Wu et al. 2016). Before the illness is diagnosed, in the early stages, her parents do not exhibit this kind of conscious behaviour. Evie stops eating completely out of fear of germs, and her mother tries to shove mashed potatoes into her mouth while she sobs uncontrollably (*Am I Normal Yet?*, 52). Alternatively, Evie's mother raps on the door and threatens to call the police because she is truant, forcing Evie to stay in her room and not attend to school for eight weeks because she believes that everyone and everything could be a source of pollution (69). In a similar vein, when Evie ties herself to the bed in order to stay home from school, her father douses her with a pail of water (217). He explains to her that he did this in order to startle her and bring her to her senses at their next family therapy sessions. But after the diagnosis and course of treatment, they start to tackle the issue with greater awareness and skill. It appears that Evie's family has taken action to stop her compulsive behaviours and is now aware of the problem. For instance, when Evie is at home, her mother limits the amount of time she spends in the restroom and steps in right away if she remains longer than five minutes (13). She conceals the cleaning materials (339) and attempts to stop her from over-organizing her room

(246). But occasionally, they can be excessively nervous. They are particularly concerned about how Rose will be impacted by Evie's illness. Rose wants to use the word "therapy" to inquire about Evie's treatment session's outcome when she gets back. Her mother corrects her, attempting to stress that this is only "control" rather than therapy (85). In a similar vein, Evie battles the impulse to quickly wash her hands when her illness relapses, but her father gets in the way and keeps her from going to the restroom. She overcomes every challenge, much like a "meth addict," and frantically washes her hands in the kitchen sink. When Rose realizes this, tears well up in her eyes and she feels depressed. Subsequently, her mother informs Evie that Rose was really saddened by her careless actions. This topic is also covered in Chrisman, who claims that Rose becomes an innocent and readily impressionable character as a result of the family's attitude (2017). Rose, though, is aware of the circumstances and offers Evie mature support beyond her years. She reassures Evie that this is normal and calms her down when she starts to worry about what to dress to her boyfriend's date (134). When her friends come to Evie and eat something in her room, she becomes worried that her room gets very dirty due to what they eat. However, Rose advises her not to worry because no one will get sick or die from it (229). When Evie's illness begins to relapse, Rose notices this before her parents (230) and informs her mother about the cleaning box Evie keeps under her bed (235). Rose might easily keep this information from her parents in order to play the nice kid and not tell Evie's family about her compulsions if her only intention was to get along with her sister. Nevertheless, she decides what's best for her sister despite the possibility of her backlash.

There have been serious changes in her mother's attitude towards Evie following the crisis she experiences after the affair with Guy. Her mother, who is formerly a prisoner of her own worry, starts to see that Evie is not to blame for what she is going through (407). She even gets over her fear of worrying her daughter and tells Evie that Rose is being bullied by her school friends. This attitude also suggests that Evie's mother, who seems committed to stopping Evie's compulsions and feels obligated to adopt a strict role in the past, now sees Evie as someone who is essentially on the same level as herself. This implies that she has embraces her daughter as she is.

Considering how her friends are handling Evie's illness, Jane is the only one who is aware of her condition. Her best friend, Jane, is always a great support to her in the early days of the disease. She always stands by Evie in the school toilets while she washes her hands many times and tries to calm her down. She "never forced" Evie, "never judged" her, never "complained" about her (31). While other students at school calls her nicknames such as "crazy" and "psycho", Jane always defends Evie and patiently waits for her to calm down (41). But after high school, when they head to college, Jane starts to spend all of her time with her new boyfriend and even starts to change into a girl who gives in to his every desire. Evie manages her illness for a while. However, when Evie's disorder relapses, Jane cannot notice it because her focus is solely on her boyfriend at this crucial period. As the girls are getting ready for the concert at Jane's place, Jane really observes Evie feeling uneasy, but she chooses not to press the issue (279). That's when Evie recognizes that her illness has returned, that Guy is hurting her life on a daily basis, and that even though she really wants to be able to tell Jane everything, she can't since she won't follow through on the matter.

Even though they are unaware of Evie's condition until the very end of the book, her college companions Amber and Lottie, who become very close friends and form a "Spinster Club" together, provide her with a great deal of support via their genuine friendship. Evie's decision to keep her OCD a secret is driven by a fear of ostracization, a concern noted by researchers Essau and Ozer (2015). She worries that even if her friends initially accept her illness, they will eventually grow tired of her compulsions and withdraw their support. This fear of losing their friendship and support prevents her from disclosing her condition, which adds to her isolation and anxiety (274). When they visit Evie at the psychiatric facility after she bathes in bleach and is hospitalized, she discloses to them her condition (433). They provide Evie comfort by assuring her that they would always be there for her, despite her concerns, as long as she permits it. This event highlights the profound impact of authentic support and acceptance from friends, illustrating that genuine friendship may withstand the difficulties presented by mental illness. The interaction between Evie and her friends emphasizes an essential aspect of living with OCD or any mental health condition: the apprehension of stigma and exclusion may frequently have a more impairing effect than the disorder itself. Bourne demonstrates the significance of trust and communication in friendships by depicting Evie's

transition from secrecy to openness. The replies of Amber and Lottie serve as a prime example of how empathetic and encouraging connections may establish a solid basis for individuals confronting mental health difficulties.

Given all of the changes in Evie's life, as in any young adult's, it might not be accurate to blame the dose reduction alone for the relapse. Developments and experiences in her life worsen her health condition even further. For instance, she drinks alcohol at a party and is nervous about throwing up, even if she takes medication. Similarly, her fear of having a boyfriend and becoming “normal” makes her include three distinct people in her life one after the other and handle their various issues. In fact, even someone with a somewhat “normal” brain would become unstable around her new boyfriend, Guy, because of his extreme erratic behaviour. He acts as though he doesn't know her one day, then the next, he expresses a great deal of interest in her. Evie can delay her compulsive behaviours during this process, but eventually she regrets them. For instance, because of Guy's attention, she may put off her worry about getting dirty while they are playing chestnuts. Nevertheless, when Guy does not text her in a while, she regrets delaying her compulsions considering how unclean she might be throughout the game (268-269). In fact, her last crisis, washing herself with bleach and being hospitalized, is triggered by her relationship with Guy. She wants to be with him like any other “normal” young girl, believing that he loves her. But she meets his coldness and cruelty when she learns she's not ready for this. She ends up hurting herself so much as to require hospitalization as a result of this. This case illustrates how environmental factors (Johnco and Storch, 2018) may also play a role in OCD despite the absence of prior indications about their etymology in the novel. Evie articulates her ideas on the influence of society on mental disorders as follows:

> People don’t wake up one day and think, Oooh, I think I'll go completely gaga. It's usually a case of spiralling circumstances. And, if you're a woman, think about it, we have a shitload of spiralling circumstances. We're paid less, we're told we have to be beautiful, and thin, but we're also told to eat chocolate all the time otherwise we're not 'fun', and we're constantly being objectified and told to calm down when we care about something... Isn't all this likely to make us a little mental? Isn't being subjected to daily inequality going to be a spiralling circumstance?…See how it's hurting everyone. How we're told to behave as boys and girls is breaking all of us. Girls are under extreme strain and are more likely to be diagnosed and labelled as mad, whereas boys aren't allowed to open up and talk about their feelings because it isn't 'manly' so they bottle it all up until they can't take any more. (Bourne, 2015, pp. 431-432)

Here it has been attempted to use Evie's romantic relationships to illustrate the impact that social circumstances have in mental health issues. Evie attempts to convey to her friends Amber and Lottie that society plays a role in the genesis of diseases as a result of her studies. She bemoans the fact that women are paid less, are expected to be attractive and trim but are also objectified continuously, are told to calm down when they become upset about something, and are exposed to unfairness all the time. She claims that this vicious cycle makes women ill. Her intimate relationships act as a small-scale representation of these larger societal problems. Evie's encounters with her romantic partners demonstrate the additional pressure and unease that arise from attempting to fulfil cultural norms. The societal expectation to adhere to specific beauty norms, to be submissive, and to hide authentic feelings intensifies her challenges with mental well-being. For example, the apprehension she experiences of being evaluated or failing to meet societal standards can activate her OCD symptoms, further complicating her ability to handle her condition. Bourne's portrayal of Evie's challenges highlights the interplay of societal norms and personal psychological well-being. This highlights the way in which cultural expectations and inequalities between genders can exacerbate mental health problems, especially among women. The story highlights the significance of acknowledging and dealing with the societal elements that contribute to mental illnesses. Evie's conversations with Amber and Lottie regarding these societal matters function as a vital narrative tool, enabling readers to grasp the wider framework of her mental health challenges. Her critique of cultural conventions extends beyond a personal expression of sorrow, encompassing a wider analysis of the impact of these norms on several women. This

viewpoint prompts readers to contemplate the potential good effects on mental well-being that can arise from altering society views and diminishing gender disparities.

Johnston explores the ways in which women are influenced by society to view their bodies as inadequate, leading them to engage in particular behaviours in an attempt to make up for these perceived shortfalls (2019). These practices include things like dieting, following rigid food regimens, dressing in particular ways, applying makeup, styling hair, and doing intense workouts. The study posits that eating disorders are not the norm but rather a manifestation of a psychological inability to conform to prevailing social norms. It is noted that Evie, like the teenagers examined in Johnston (2019), finds satisfaction in her weight loss when she refuses to eat due to her fear of germs. She may not explicitly acknowledge it, but her weight loss response suggests that following social norms has become the norm. Her relentless pursuit of a boyfriend—motivated by her need to conform to social expectations—highlights this propensity and ends in a platonic relationship bereft of true affection.

Johnco and Storch (2018) state that environmental factors such as abuse, victimization, death, divorce and diseases may be effective in OCD at a rate of 20% to 80% (Johnco and Storch, 2018, p. 238). Conflicting expectations about their societal roles from boys and girls confuse them about what they should do, as Evie says in the quote. Men are pushed to the verge of suicide when they are pressured to conceal their emotions, whilst women are driven to get plastic surgery in order to fulfil the role of being physically attractive (Dull and West, 1991). For this reason, it has been implied that the continuation of this vicious circle will eventually negatively impact everyone; therefore, social reforms are essential.

Conclusion

It can be seen that the representation of OCD in *Am I Normal Yet?* parallels the studies in the field, thus offering a realistic representation. Considering the representation of symptoms of illness, the protagonist of the novel, Evie, struggles with obsessive thoughts such as contamination, illness, and death. To suppress her obsessions, she develops compulsions such as excessive washing, avoidance, repetitive behaviours, and superstitious thoughts. These obsessions and compulsions significantly impact her life and force her into a life different from her peers. On the other hand, accurately identifying OCD in Evie has been challenging due to the potential overlap of symptoms with various medical conditions. This may highlight the difficulty in diagnosing mental problems since misdiagnosis may be the biggest obstacle to treatment. This may underline how mental health literacy can make the process easier. Hence, the valuable impact of these works on promoting mental health awareness cannot be underestimated.

When examined in terms of treatment methods, Evie benefits from both psychological and pharmacological approaches. In terms of psychological approaches, she utilizes techniques such as CBT, ERP, family therapy, and mindfulness practices. In the context of pharmacological approach, she uses a medication called fluoxetine. Over time, she reduces the dosage of the medication, but due to the complex events in her life, she finds herself in a serious crisis again and is back in the hospital where the dosage of the medication is increased once more. This, again in parallel with the results of studies in the field, shows that utilizing both psychological and pharmacological approaches together is more effective. Finally, when the responses to mental issues in the novel are examined, it is observed that while her family initially displays more amateurish attitudes during the onset of the illness, they exhibit more reasonable behaviours as a result of the family therapies they receive. They take measures to limit Evie's compulsions and conduct efforts aimed at extinguishing these compulsions rather than reinforcing them. Particularly, Evie's sister, Rose, is a significant source of support for Evie and often intervenes in many instances.

On the other hand, the influence of social structure and gender roles on the emergence of mental disorders is also emphasized in the novel. Especially, the impact of societal expectations on women experiencing these problems is highlighted. Furthermore, adolescence itself contributes significantly to the course of the illness. Many of Evie's cleanliness attacks are triggered as a result of her romantic relationships. Naturally, in this age, being "normal" is already difficult enough, and for a young adult with OCD to be "normal" is nothing but "chasing a ghost." Indeed, what drives Evie into romantic relationships and exacerbates her illness is this pursuit of normalcy. The futility of this effort is also emphasized by Evie's

therapist. What matters is being able to be oneself; “normal” is nothing but a ghost that everyone chases. It can be seen that basing one's own normality on society's expectations, like in the case of the character Evie, undermines one's own sense of normalcy. This can cause people, especially those suffering from mental disorders, to live in chaos, creating a vicious cycle for them. The influence of environmental and societal factors in many disorders is well known. Hence, it seems necessary to alter the societal norms to either embrace “abnormal” as “normal” or create an atmosphere that mitigates the occurrence of such illnesses.

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