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Proposal for Sabbatical Leave

From Recognition to Recovery: Young and Early Adulthood Narratives of Mental Illness

Proposal Date: October, 2012

Proposed Leave Time: Spring 2014 (Requesting one semester)

Previous Sabbatical Leaves: Never granted a sabbatical leave before

Seniority of Service: 2012-13 is my sixth full-time year at Moorpark College. I am tenured.

Likelihood of Continued Service: I've been working on the Moorpark College campus for ten years. Before I was hired full-time, I taught English part-time and also worked as a part-time reference librarian on our campus. Currently, I participate in the Basic Skills Project, I lead One Campus, One Book, I assist with curriculum updates, I teach online, I teach summer school, and I give Flex activities. I attend the English Department Best Practices and Seminar sessions. I attend our Transitions Conference every year. I'm involved with the "Year of" Committee. I pursue my own professional development by attending conferences such as the English Council of California Two-Year Colleges (I've also presented at this conference), the National Council of Teachers of English, the Young Rhetoricians' Association, the American Library Association, the Modern Language Association, and more. I have shown many years of campus involvement and plan to continue to be an active, committed faculty member here at Moorpark College until my retirement.

Evolution of this Project

It started in my first year of high school teaching, about ten years ago. I was only twenty-four years old, just about ten years older than most of my students. One of my ninth-graders disappeared for two weeks. When he returned, I exclaimed, during class, something like, "Welcome back! Where have you been?" I was expecting a gory story of pneumonia or stomach flu, or some wild, boyish exploits that had resulted in broken bones. But instead, a look of discomfort flashed over the student's face, and he replied, simply, "I don't want to talk about it." I realized suddenly that I had been naïve and inadvertently inconsiderate, so I followed up

privately after class. It was then that I found out my student had been hospitalized for two weeks in a psychiatric ward. About a year later, I passed by my student at lunch time, and I hardly recognized him. A once-vibrant boy had morphed into a gaunt, troubled young man.

It happened again. This time, I was working as a high school librarian, and it was one of my student aides. He was a brilliant kid, quirky and eccentric. He wore a white suit like Mark Twain on the day of his AP U.S. History Exam. Then, there it was again: the two-week disappearance. In passing one day, I snagged the school psychiatrist (or was she serving all three high schools in the district by that time?), whose office happened to be a side-room in the library, and she hastily mentioned the hospitalization. Another teacher, one day on the stairs, whispered about the term “schizophrenia” having come up in a conference regarding my student aide.

Upon his return, my student appeared heavily medicated. I’d give him an easy task, such as alphabetizing some forms, and he’d ask for a break to rest. He soon stopped coming to school altogether. The next year, I started working full-time at Moorpark College, and, in the spring, I was happy to see my former library aide’s name on my freshman composition roster. Despite the comments in discussion that were insightful beyond his years, he could barely stay awake in class. Soon he stopped attending. I sent him an e-mail, but I never heard from him again.

Over the years, bits and pieces about just how prevalent mental illness is in the teen and young adult worlds began to accumulate. As a new high school teacher, you get into lots of little extra duties that you really don’t know anything about, and, one day, I found myself sitting on Student Study Team, a group comprised of teachers, parents, and counselors, designed to help make plans for struggling students. I watched a father cry as he pleaded that we keep his daughter’s bipolar diagnosis confidential, as she didn’t want the other cheerleaders to know that she was undergoing treatment at Northridge Hospital. In English 1A at Moorpark College one year, two of my students were twins; one was bipolar, but the other wasn’t. One day, one came in explaining that the previous night her sister had started throwing things, and would be absent for medical treatment. The subtle and not-so-subtle tip-offs to how prevalent mental illness and difference are have cropped up throughout my teaching career: There are the students who display symptoms of Asperger’s and autism as they communicate with me and their classmates. There was the student who wrote in an essay that he developed an anxiety problem away from home at a four-year college and came home to attend Moorpark. There were essays in which other students wrote about having been surprised in the middle of the night and sent away to

boarding schools for troubled teens. I've read poetry and prose in the Moorpark Review, the campus' creative arts magazine, regarding mental illness, for example, Kevin Orth's poem, published in the 2008 issue: "I was manic again / Hearing voices / ...Take two pills / Before bed / And one pill / Before breakfast / Every day / Keep a steady job / Keep regular sleep hours / Keep up with people..." In the current (2012) Moorpark College Student Essay Anthology, one of my former students published her essay about being institutionalized after a cutting incident. In the spring of 2012, a colleague appeared in my office doorway, visibly mourning a student who had recently committed suicide. She had just been informed that her class was the last place he had been seen alive before he drove his car off a cliff.

Value to Students, the College, and the District

Despite the distressing nature of these stories, there are stories of hope in mental illness, and, as an English teacher, it heartens me to see that books can play an integral role in providing awareness, help, and hope for students and their families dealing with mental illness. Perhaps the most impactful event regarding mental illness and my teaching career took place during and in the aftermath of the Year of Service at Moorpark College, during which the One Campus, One Book selection was *The Soloist*, by Steve Lopez. It was my second year leading the One Campus, One Book committee, and I had been particularly moved by this story of a journalist's immersion into the life of a musician, Nathaniel Ayers, who suffered from schizophrenia. Steve Lopez's inquiry into the difficulties which left a gifted man homeless and without treatment for his illness, as well as Lopez's desire to build awareness and exhort our society to serve those with mental illness, made a powerful impact on me. As I taught the book in class, it would also make a big impact on my students, one particularly more than others.

She was a returning woman, whose own children were in their teens and twenties. She was thrilled to be back in school; she was focused and inspired and brought great life experience that she could discuss thoughtfully in class and in writing, as many returning adult students do. Also, like many adult students, she was happy to return to school in an era where her learning disabilities were understood and addressed through services such as ACCESS.

As our class read *The Soloist*, we discussed the many controversies and misconceptions surrounding mental illness. I invited Candace Jackson, a volunteer with NAMI Ventura County (the local chapter of the National Alliance for Mental Illness), to speak to our class. It was

Candace's contact information that my student would scour her old English 1A notebook for, a few months later, when her twenty-something-year-old son came home from a job in another state and was acting...strange.

Soon my student and her family would find themselves navigating the new world of mental illness as her son was diagnosed. My student's young, strong construction-worker son was now holding her hand at church. When he was exasperated with his declining health, he threatened to commit suicide. My student had to temporarily quit school to help her son get stabilized and transition into a very new and different life.

My student believes it was fate that brought her into not one but two classes that read the One Campus, One Book selection, *The Soloist*, the previous year so that she would be able to recognize her son's symptoms and know where to turn to get help for her family. Because she had heard of NAMI in my class, she was able to contact this community resource group as part of her search for help for her son. I believe that literature has tremendous power to build awareness and inspire hope in our students and that the literature of mental illness can be used more widely in educational institutions such as high schools and colleges so that students can get the help and hope that they need for themselves and their families. For this reason, I want to utilize the literature of mental illness in the classroom more often, to reach more people like my student for whom *The Soloist* became so important, to perhaps give "fate" a nudge. The more that narratives of mental illness are used in classes across the curriculum, the more likely it is that students will be aware and informed so that when they see themselves, friends, or members of their families struggling with mental illness, they will know that these are real problems that can be treated and that there are campus and community health resources that they can go to seeking help. In an atmosphere with reduced stigma and increased education about mental illness, faculty and staff can refer troubled students to services that will help them, and students will feel empowered to research and seek professional help for themselves or their loved ones.

Because of the age of onset of mental illness, it is critical that high schools and colleges take an active role in mental health awareness. Most mental illnesses make themselves apparent during the teen years and early twenties, and so it is critical that student services offices as well as the front-line classroom teachers and students' peers are aware of the signs of mental illness and how to refer students for help. In "A Snapshot of College Mental Health Centers," the National Alliance on Mental Illness explains, "the college years (typically 18 to 24 years of age)

also coincide with the age of onset for serious mental illnesses and can be a crucial time to diagnose and treat young people in the early stages of mental illness.” According to our own college website (see “About Moorpark College”), most of our students are between 18 and 30 years old, which places them in an age group in which mental health problems usually make themselves apparent. A 2007 *Los Angeles Times* article confirms, “Colleges today are seeing more students with mental illness for a variety of reasons. For starters, some mentally ill students aren’t diagnosed until then. After all, some illnesses, such as schizophrenia, are most likely to fully emerge in the early adult years” (Roan). I asked Dr. Laura Forsyth, psychologist for Ventura County Community College District, if she could provide additional statistics about mental health on college campuses. She directed me to the American College Health Association National College Health Assessment. The most recent results, from the fall of 2011, show that significant percentages of the almost 28,000 students surveyed were “diagnosed or treated by a professional” for a variety of mental health conditions: 12% for anxiety, 11.1% for depression, 5.6% for panic attacks, 2% for obsessive-compulsive disorder, 1.5% for bipolar disorder, .9% for eating disorders, and .2% for schizophrenia. Although some of the percentages seem small, when applied to the sample size of almost thirty thousand, we see significant numbers of students affected nationwide.

As further evidence of mental health being a major concern on college campuses, a 2010 *New York Times* article reported that “national surveys show that nearly half of the students who visit counseling centers are coping with serious mental illness, more than double the rate a decade ago” (Gabriel). Part of this trend is due to the fact that modern medicines “have allowed students to attend college who otherwise might not have functioned in a college setting” (Gabriel). An earlier *L.A. Times* article reported on the same phenomenon: “with a trend toward earlier diagnosis, many mentally ill students receive treatment and depart for college with...high hopes” (Roan). Now that students may receive accurate diagnoses and effective medication before they get to college, it is important that the college community be supportive and also vigilant for any complications. I believe that mental health is not a concern limited to student health centers. The whole campus should be involved in building awareness about mental health. Discussion of the literature of young adults and twenty-somethings should be an important part of campus-wide efforts to support student mental health. As the ACHA study and other sources show, colleges are more concerned than ever about the mental health of their students.

To maintain a campus environment welcoming of diversity, it's important for students with mental illness to see themselves reflected in the literature that is studied on campus and for their classmates and professors to have an awareness of the challenges, experiences, and contributions of people dealing with mental illness. Our own college Mission Statement recognizes the "value of diversity," and I think literature that supports that belief should be utilized on campus. Our Vision Statement calls for students to receive "an educational experience appropriate to [their needs]" and "the support they need to meet their individual educational goals." An environment sensitive to and supportive of students dealing with mental illness can be fostered through literature and helps students achieve their educational goals.

There is a long tradition in education and librarianship of using books to help students deal with social and personal issues on a developmentally appropriate level. It is common practice for librarians and English teachers serving all age groups to select books that will help students discuss important situations and issues that they are likely to face in real life. One approach to using books to help students is called "*developmental bibliotherapy*" (Gavigan et al. 126), and studying this approach will give me insights about using literature to foster my students' personal and intellectual development. The purpose of developmental bibliotherapy is "to promote and maintain mental health and to foster self-actualization through the interaction between an individual and literature" (Rudman qtd. in Gavigan et al. 126). This does not mean that teachers are playing therapist. Gavigan et al. distinguish between the type of literary interpretation that leads to personal, social, and intellectual development in a classroom setting versus what they call "*clinical bibliotherapy*" which would consist of books being used in a medical or psychiatric setting (126). As a faculty member, I recognize that I am not in a position to treat any student's mental illness, but I can create a climate of acceptance in which students may reach out for a referral to mental health services. I can show my students that our campus should be a community without stigma so that when they are concerned about a friend or family member's behavior, they feel empowered to seek help from mental health professionals. A discussion of mental illness in a text studied in class can easily be supplemented with a discussion of the mental health services available on our own campus. Representatives from the health center can visit and speak to classes, and thus instructional services and student services can support one another to promote good mental health among students. Students who are

sensitive and aware of mental illness can go on to promote awareness and reduce stigma off campus and in their futures.

The literature of mental illness need not be used only in English classes. The literature of mental illness can be utilized across the disciplines. For example, during the year that *The Soloist* was Moorpark College's One Campus, One Book selection, we held a multidisciplinary panel discussion on mental illness. Psychology and biology faculty, as well as NAMI volunteer Candace Jackson, all participated. During that year, even the music department got involved: the college orchestra performed a concert based on Nathaniel's favorite music, and selections from the book were read between pieces of music. Thus, the literature inspired awareness-building and interest in students across disciplines and in the audience members, who included family, friends, and the public. Increasing dialogue on college campuses about mental illness can also help to reduce stigma. Stigma is a major factor as to why people do not seek help for mental illnesses. Schools can use the literature of mental illness to create a new set of R's for school: Read, recognize, reduce stigma, research, refer, and recover.

I am happy to share my sabbatical findings not only with Moorpark College but also with our sister colleges in the Ventura County Community College District. I can make myself available to present Flex activities at their campuses. I can share the bibliography and article that I plan to write by sending it to counselors, health center staff, librarians, and English teachers across the three campuses of our district. Recently, faculty member Deborah Pollack of the Ventura College English Department passed along her sabbatical bibliography, and it has already helped me generate new ideas for my freshman composition classes. She and I have also conferred, as One Campus, One Book coordinators of our respective campuses, about partnering with each other and with Oxnard College to create a One District, One Book program. In fact, the three college English Departments recently had dinner together in order to better get to know one another and discuss opportunities for collaboration. As a participant in activities such as these, I would be eager to share my sabbatical research findings with them.

The failure to recognize mental illness and refer sufferers for help can have disastrous results, as we learned in *The Soloist*. Nathaniel Ayers was a gifted musician. In the 1960s, at the famous Julliard School in New York City, symptoms of his schizophrenia began to surface. As he was hospitalized and diagnosed, there were not enough supports for him either publicly or at his school. Nathaniel dropped out, and records indicate that most people at school didn't realize

what was happening to Nathaniel. The few who were disturbed by his behavior did not believe there was much they could do. Nathaniel would eventually become homeless, and it would be about thirty years before Steve Lopez, the *L.A. Times* journalist, would discover Nathaniel and finally, through many trials and tribulations, help him obtain the support he needed.

Value to Individual Faculty and Relevance to My Professional Assignment

Not only have I encountered the devastating effects of mental illness in the world of my career, but I have also encountered these issues in my personal life as well. One of my closest friends was diagnosed with bipolar disorder shortly following high school graduation. While studying for my MA in English at California State University, Northridge, I became friends with a classmate whom I found crying in the ladies' room early one fall semester because it had been a September almost twenty years prior when her schizophrenic father had thrown her (then, age four) out of a moving vehicle. Throughout her teens and then twenties, she would have to be periodically evaluated to see if she had inherited the illness herself.

The heritability of illness brings me to the mental illness narrative that hits closest to home: my own. When I was thirteen years old, I began experiencing the symptoms of obsessive-compulsive disorder. I didn't know why I worried so much, and I hid my compulsive behaviors. I knew my friends and family thought my actions were "off," but nobody really knew what to do or say. I was ashamed and didn't talk about my symptoms much. Perhaps worst of all, I didn't see my symptoms as symptoms of an illness; I thought they were part of my character and that I would have to manage them on my own. I put lots of lotion on my hands when my skin flaked off from washing too much. I ignored my dad's reprimands about wasting water and taking too-long showers. I withdrew from my friends when I knew they'd be going somewhere that would make me worry. Despite intense feelings of guilt, depression, and stress, I managed to excel in high school and college.

By the time I was in my early twenties, my mother was going through menopause. Hormonal changes can trigger or exacerbate mental illness (which is why I suspect that my symptoms surfaced at puberty), and suddenly, my mom, who had always been on the cautious and germ-conscious side, seemed to go completely off the deep end. I watched her as she washed everything purchased outside our home (groceries, clothes, whatever) in our garage sink before

bringing it into the house. She wore gloves to go out shopping and stopped using cash; you can wash plastic credit cards after the salesperson has touched them.

Predictably, my mom's increasingly erratic behavior threw our family life into turmoil. After the initial confusion, my father sought medical help for my mother. One day, he came home and handed me a book. He advised my younger brother and sister and I to read *Brain Lock*, by Jeffrey Schwartz, so that we would understand what was happening to our mother. Little did I know that that book would reveal what had been happening to me since I was thirteen years old.

I cannot begin to explain the joy and relief that washed over me as I realized that I had a condition that could be named and treated. I didn't have to live that way forever. I experienced all the clichés that people attribute to the reading experience: whole new worlds opened up; it was like I had a new freedom and the possibilities were endless. I saw myself in this book, and because of that I was able to change my life. I had always loved books (I was a graduate student in English by this time), and they had transformed my thinking before, but this was a whole new level of profundity.

I am currently teaching my sixth full-time year at Moorpark College. Prior to that, I taught English part-time here. In the past, I taught English for two years at Simi Valley High School, and I was the librarian for two years at Westlake High School. I have also worked part-time at the reference desk at our own Moorpark College Library. Having served students as both a teacher and a librarian, I have dedicated my life to helping people connect with books. It is my greatest wish to bring literature to people precisely because reading can lead to profound life transformations, such as the one I experienced.

Recent years have seen a flood of Young Adult (YA) publishing, and the books have an unprecedented degree of honesty in tackling controversial social issues such as mental illness, which I found out as I specialized in Children's and Young Adult Literature as I earned my MLIS (Master of Library and Information Science degree) from UCLA. For my Master's thesis in English (literature option) at CSUN, I wrote about empowerment and agency in teens as portrayed in the YA novels of Francésca Lia Block, *The Lovely Bones* by Alice Sebold (a book marketed to adults but featuring a fourteen-year-old protagonist), and the song lyrics of Tori Amos as she described teen and twenty-something coming-of-age experiences. I have used some of these and many other coming of age texts in classes I've taught at Moorpark College.

Objectives/Outcomes

- **List**

1. Use nonfiction narratives in my English composition (1A) courses.
2. Use fictional titles in a themed English 1B course (Critical Thinking and Literature).
3. Provide better YA information when I teach the upper elementary and middle school segments of Children's Literature (English 40).
4. Write Course Outline of Record for Young Adult Literature Class. Take the COR through Curriculum and teach this class in the future.
5. Write and publish a scholarly journal article on the young and early adulthood narratives of mental illness.
6. Write an annotated bibliography on young and early adulthood narratives of mental illness. Provide this bibliography to the English Department, the Library, and the Student Health Center of Moorpark, Ventura, and Oxnard College campuses.
7. Advise a Moorpark College student chapter of NAMI and/or lead a campus book discussion group using the literature of mental illness.
8. Give Flex activities on this and other campuses to teach faculty and staff about the literature of mental illness.
9. Present my sabbatical findings on the literature of mental illness at professional conferences.

- **Elaboration on the List**

I teach developmental and transfer-level composition, literature and composition, critical thinking and composition, and children's literature. In composition classes, I often use a book-length narrative to inspire students to think about social and personal issues that face young adults, and many of the books I propose to read on my sabbatical could be used in these classes, just as *The Soloist* was, during its year as One Campus, One Book selection. In addition, I would like to teach a themed English 1B (literature and critical thinking) course on the literature of

mental illness. In the future, I would like to teach a Young Adult literature class at our college, and I would write a course outline for that during my sabbatical. In researching young adult stories, I can bring the YA perspective to my children's literature class as well.

In addition to writing a scholarly article in the course of my sabbatical and seeking to get it published, I would like to assemble an annotated bibliography. At our college and at our sister campuses, this annotated bibliography of the literature of mental illness could be used for faculty development (to build awareness of titles that might be appealing for use in various disciplines) and for recommending titles for library purchase. I would like to work with our campus health center to use books to help build awareness and reduce the stigma of mental illness so that students, faculty, and staff who see others struggling with mental illness can offer support and will know how to refer the person to get help. Perhaps we could start a campus book discussion group. I also think I would be in a good position to advise a student chapter of NAMI on our campus.

Size and Scale of Project

Because I have seen the profound capacity of books in my own life and in my teaching life to affect perceptions of mental illness and to give students both hope and referrals to support services, I would like to spend my sabbatical leave researching fictional and non-fictional narratives of mental illness, particularly ones with teen or twenty-something protagonists. I have chosen narratives because in my education, I specialized in fiction, and in my teaching of composition, I often teach narrative non-fiction which shares many of the same characteristics of narrative fiction. Both can express coming of age journeys in adolescence and early adulthood. In the literature, the young/early adult protagonists/narrators themselves may be suffering from the mental illness, or they may be dealing with a family member who has a mental illness, as this is another important branch of the literature.

Insanity has had many manifestations in literature, so I would like to specify my focus in relation to others'. While I will acknowledge some other approaches and mention them briefly for the purposes of comparison and contrast, I will not be focused on them. For instance, I will not be focusing on novels like Ken Kesey's *One Flew Over the Cuckoo's Nest*, in which insanity is depicted as the label given to the sane in a corrupt society. Nor will I be focusing on madness as a trope in literature of oppression (*The Madwoman in the Attic* strain of feminist writing).

Interestingly enough, a quick internet search reveals that most college courses regarding mental illness in literature study these types of works and are usually titled “Madness and Literature.” Such courses also tend to focus on very old texts, such as Shakespeare’s *Hamlet* and *King Lear*. The most recent they get is Sylvia Plath (1932-63), who was writing long before the current explosion in YA publishing and before our current era of greater social awareness of mental illness. My research on the new literature of mental illness and the teaching of this literature is therefore truly original and timely.

I will also caution readers against outdated perceptions of mental illness, such as that depicted in *I Never Promised You a Rose Garden* (1964), in which traditional psychotherapy and resolving of childhood issues are depicted as cures for mental illness. I will focus on problems resulting from chemical imbalances in the brain, such as depression, anxiety, schizophrenia, bipolar disorder, and obsessive-compulsive disorder (OCD). I will also look at some autism and Asperger’s titles, as these conditions result from brain structure and chemistry issues, and because OCD falls on the autism spectrum. Eating disorders, too, are now recognized as having some commonalities with obsessive disorders, so I will explore some of that literature as well. I want to focus on mental illness as defined by NAMI as “a medical condition that disrupts a person’s thinking, feeling, mood, ability to relate to others and daily functioning” (“What Is Mental Illness?”). To keep the scope manageable, I will focus on mental illnesses that are largely genetic and hereditary, rather than those that result from traumas such as rape or war. The burgeoning of YA literature and the increased social awareness and acceptance of mental illness also narrows my focus to books that have been published within the last ten to fifteen years.

Please see the reading list (Appendix A).

Timeline (Please also see the graphic, Appendix B.)

Before the sabbatical, I would like to attend the annual nationwide NAMI Conference in June of 2013 and their California Conference in August. I would also like to attend the Young Adult Library Services Association (YALSA) Symposium in November of 2013 as well as the YALSA strand of presentations at the 2013 American Library Association Conference, as YALSA is a key organization in the YA literary world.

I plan to read several books a week for the first 12 weeks of the sabbatical. During these first weeks, I will write my annotated bibliography as I go. I would like to access literary articles

in the English and Library Science disciplines which will be accessible through UCLA's Young Research Library and Cal State Northridge's Oviatt Library.

During weeks 13-18, I would like to consult with YA literature experts, such as Michael Cart. I would also like to interview local young adult literature professors. At this time, I will also be writing my scholarly article, revising it, and seeking to get it published. I will also create a Course Outline of Record to create a Young Adult Literature course to accompany our existing Children's Literature course. Perhaps this course outline could be added into the curriculum and offered in the future, during better budgetary times.

Upon my return to a regular teaching schedule on campus, I will share my findings in Flex activities and English and Library department meetings. I will use some of the studied literature in my own courses; I can use the nonfiction narratives in my English 1A courses and the fiction in my English 1B courses, perhaps doing a themed English 1B course. I will work with the Student Health Center to build a campus chapter of NAMI and explore other ways to use literature to build student awareness of mental health issues on campus.

Eventually, I hope to share my scholarship on an even broader scale. I could present at the conference of the English Council of California Two-Year Colleges, an organization that has been tremendously valuable to my colleagues and I, as it is the state chapter of the National Council of Teachers of English. Their conference is our favorite to attend, and I currently serve on their board as a regional representative. I can also seek to present at other conferences, such as those of the Young Rhetoricians, the Conference of College Communication and Composition, and the American Library Association.

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Appendix A: Reading List

(Any books with publication dates before the 1990s are included because they are classics in the field and I will use them for purposes of comparison with newer works.)

YA Fiction

Author	Title	Subject	Year
Anderson, Laurie Halse.	<i>Wintergirls</i>	Anorexia	2010
Anon.	<i>Go Ask Alice</i>	Drug abuse	1971
Blackstone, Matt	<i>A Scary Scene from a Scary Movie</i>	OCD	2011
Campbell, Bebe Moore	<i>72 Hour Hold</i>	Bipolar	2005
Flock, Elizabeth.	<i>But Inside I'm Screaming</i>	Institutionalization	2003
Ford, Michael Thomas	<i>Thirteen Reasons Why</i>	Friend's suicide	2011
Greenberg, Joanne	<i>I Never Promised You a Rose Garden</i>	Schizophrenia	1964
Haddon, Mark	<i>The Curious Incident of the Dog in the Night-Time</i>	Asperger's	2004
Halpern, Julie	<i>Get Well Soon</i>	Depression	2009
Harrar, George	<i>Not as Crazy as I Seem</i>	OCD	2004
Hesser, Terry Spencer	<i>Kissing Doorknobs</i>	OCD	1999
Hopkins, Ellen	<i>Impulse</i>	Suicide	2008
Kaufman, Andrea Kayne	<i>Oxford Messed Up</i>	OCD	2011

Levithan, David and John Green	<i>Will Grayson, Will Grayson</i>	Depression	2011
Lord, Cynthia	<i>Rules</i>	Brother's autism	2008
Martin, Ann M.	<i>A Corner of the Universe</i>	Uncle's schizophrenia	2004
McCormick, Patricia	<i>Cut</i>	Self-harm	1999
Michaels, Rune	<i>Nobel Genes</i>	Mother's bipolar	2011
Neufeld, John	<i>Lisa, Bright and Dark</i>	Depression	1969
Peters, Julie Ann.	<i>Define Normal</i>	Mother's depression	2000
Plath, Sylvia	<i>The Bell Jar</i>	Suicide attempt	1963
Pupek, Jayne	<i>Tomato Girl</i>	Mother's bipolar	2008
Rainfield, Cheryl	<i>Scars</i>	Self-harm	2011
Salinger, J. D.	<i>Franny and Zoey</i>	Nervous breakdown	1961
Schindler, Holly	<i>A Blue So Dark</i>	Mother's schizophrenia	2010
Sones, Sonya	<i>Stop Pretending</i>	Sister's bipolar	2001
Trueman, Terry	<i>Inside Out</i>	Schizophrenia	2004
Vizzini, Ned	<i>It's Kind of a Funny Story</i>	Anxiety, depression, suicide attempt	2007
Vrettos, Adrienne Maria	<i>Skin</i>	Sister's anorexia	2007
White, Ruth	<i>Memories of Summer</i>	Sister's schizophrenia	2002

Non-Fiction Memoir

Bartok, Mira.	<i>The Memory Palace</i>	Mother's schizophrenia	2011
Bissinger, Buzz	<i>Father's Day</i>	Son is savant	2012
Casey, Nell	<i>Unholy Ghost: Writers on Depression</i>	Depression	2001

Cheney, Terri	<i>The Dark Side of Innocence</i>	Bipolar	2011
Cheney, Terri	<i>Manic</i>	Bipolar	2008
Costello, Victoria	<i>A Lethal Inheritance</i>	Schizophrenia	2012
Davis, Tom	<i>A Legacy of Madness</i>	OCD and depression	2011
Earley, Pete	<i>Crazy</i>	Son's schizophrenia	2007
Fitzpatrick, David	<i>Sharp</i>	Cutting	2012
Foust, Traci	<i>Nowhere Near Normal</i>	OCD	2011
Frisch, Barbara	<i>Polarized</i>	Bipolar	2012
Goddard, Peyton and Dianne	<i>I Am Intelligent</i>	Mother-daughter perspective on autism	2012
Grandin, Temple	<i>Thinking in Pictures</i>	Autism	1995
Guest, Judith	<i>Ordinary People</i> (with movie)	Son's suicide	1976
Holman, Margaret	<i>Rescuing Patty Hearst</i>	Mother's schizophrenia	2003
Hornbacher, Marya	<i>Wasted</i>	Anorexia, bulimia	2006
Jamison, Kay Redfield	<i>An Unquiet Mind</i>	Bipolar	1995
Johnson, Linea and Cinda Johnson	<i>Perfect Chaos</i>	Bipolar	2012
Kaysen, Susanna	<i>Girl, Interrupted</i>	Institutionalization	1994
Lopez, Steve	<i>The Soloist</i>	Schizophrenia	2008
Moorman, Margaret	<i>My Sister's Keeper</i> (w/Hallmark Hall of Fame movie)	Sister's schizophrenia	2002
Nasar, Sylvia	<i>A Beautiful Mind</i>	Schizophrenia	1998
O'Brien, Sharon	<i>The Family Silver</i>	Depression	2004
Raeburn, Paul	<i>Acquainted With the</i>	Son and daughter's	2004

	<i>Night</i>	bipolar and depression	
Rio, Linda and Tara	<i>The Anorexia Diaries</i>	Anorexia	2003
Robison, John Elder	<i>Look Me In the Eye</i>	Asperger's	2008
Saks, Elyn R.	<i>The Center Cannot Hold</i>	Schizophrenia	2008
Spiro, Carolyn and Pamela Spiro Wagner	<i>Divided Minds</i>	Twin sister's schizophrenia	2006
Steele, Ken	<i>The Day the Voices Stopped</i>	Schizophrenia	2002
Styron, William	<i>Darkness Visible</i>	Depression (elderly in 1984)	1992
Wortmann, Fletcher	<i>Triggered</i>	OCD	2012

See also books in Adolescent Mental Health Initiative Series, Oxford UP.

Appendix B: Timeline Graphic

Before Sabbatical

- June, 2013: National NAMI Conference
- August, 2013: California State NAMI Conference
- August, 2013: YALSA Strand at ALA
- November, 2013: YALSA Symposium

During Sabbatical

- **Weeks 1-12**
 - Read approximately 5 books a week for 12 weeks
 - Write annotated bibliography as I finish each title
 - Gather reviews and scholarly articles (regarding particular titles, YA literary theory, and bibliotherapy)
 - Contact and observe student chapters of NAMI at other colleges
- **Weeks 13-18**
 - Conduct interviews with YA literature authorities
 - Write scholarly article
 - Send scholarly article to possible publication sources
 - Write prospective Course Outline of Record (COR) for Young Adult Literature course

After Sabbatical

- Present findings to English Department, Librarians, Student Health Center at Moorpark, Ventura, and Oxnard Colleges
- Give Flex activities at Moorpark and (if requested) other colleges to inform broader campus communities
- Present findings at English Council of CA Two-Year Colleges and other professional organizations
- Collaborate with Student Health Center to establish a chapter of NAMI on the Moorpark College Campus; facilitate a book discussion group
- Use findings in my English 1A and 1B classes
- When budgetary times are better, teach a Young Adult Literature course