Mental Health in John Green’s *Turtles All the Way Down*

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Abstract

Mental health and illness have been tackled and theorized over centuries in various cultures. Mental health possesses a complex history in being used for various causes and perceptions due to the needs of a certain group of people. Characters who develop mental illness, in classic novels, usually go crazy, or they are neglected, they die and things turn to be well for the other sane characters, or even they commit suicide. The trope of dismissing characters with mental health issues is unnerving in classic literature. Thereby, it was not possible for characters suffering from mental illness to be any type of hero since they were frequently killed off or called villainous.

The depiction of mental health experiences in recent literature is realistic. People with mental illness can be the main characters or even the heroes of the story. They are aware of their mental illnesses and they upraise an admirable struggle against them. Though some characters die at the end of the stories, most of them find some happiness and become hopeful by the story’s conclusion. Mentally ill characters make progress and overcome their anxiety since they are accepted by their families, friends or societies. It is unnecessary for the characters to be cured or live without struggles, or even survive the tale.

John Michael Green (1977, *Indianapolis*), is an American author and YouTube content creator, whose rapid rise to fame is due to ushering in a new era for contemporary, realistic, literary teen fiction. He sketched human health intelligently in his novels. The publication of Green’s *Turtles All the Way Down* (2017) demonstrates the degree of the evolvement in literature. The young adult novel is one of the books that depict characters with mental health issues in a realistic and hopeful way. The significance of the book is due to its celebration of real-life arguments concerning a previously overlooked matter. The researchers attempt to prove that the mentally ill hero of the story is open about her illness and she puts up a fight against it instead of escaping from it. They show how the hero is portrayed in a realistic and cheerful way through depicting certain scenes in which the character tries to treat her illness and overcome it.

Keywords: mental health, *Turtles All the Way Down*, young adult literature, Aza.

1. Introduction

Historically, there has been a disconnection between healthcare of the mind and body, yet it is realized nowadays that this is an arbitrary separation; there is a full integration and codependence between mental and physical health. The mind and body are intrinsically associated on a psychological level (Better Mental Health for All, 2016, p. 12). In fact, World Health Organization famously defines health as “…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (Promoting Mental Health, 2004, p. 12) Accordingly, the definition provides three central ideas to the improvement of health: mental health is regarded as an integral part of health, mental health is not only the absence of illness, and mental health is intimately linked to physical health and behavior. Therefore, mental health became the focus of many writers along with the history of literature.

John Green, who is a famous author of Young Adult Novels, depicted mental health distinctively. He is recognized and respected in the literary world as a best-selling writer. Green is an interesting writer due to the fact that in spite of placing little emphasis on literary
techniques, they always present themselves. Green’s concentration is on the individual and mutual experiences of the characters and readers rather than on how realistic or correct their speech is. As he puts little emphasis on perfecting his dialogue, readers are forced to dig into the depth of the meaning of the story for finding out the point of the whole experience. Readers become entangled and attempt to figure out the underlying purpose as they proceed reading his stories (Adams, 2014, p. 11,12).

*Turtles All the Way Down* is Green’s seventh and most recent novel. The story pursues a sixteen-year-old girl, Aza, suffering from a severe case of Obsessive-Compulsive Disorder (OCD). She is dominated by human microbiome and by falling ill due to it, the outcomes of which are unbearable thought spirals and self-inflicted violence in some scenes like when she reopens a callus on her finger to drain microbes. Aza has two friends: Daisy Ramirez, her best friend, who is an avid Star Wars fan fiction writer and Mychal Turner, a brilliant artist.

Learning of the disappearance of Russell Pickett, a local billionaire, prior of being put in police custody, and of a reward of $100 000 for any knowledge leading to his capture, Daisy convinces Aza to sneak into Pickett’s land for searching for any proof regarding his whereabouts for gaining the reward money. This is due to Aza’s childhood friendship with the billionaire’s son, Davis. After managing to reach the house Aza and Daisy learn that the man left his fortune to his per Tuatara, a species of reptile endemic to New Zealand. Davis offers the girls $100 000 in order to make them stop searching for his father and to pursue a love affair with Aza. Aza’s friends, Mychal and Davis, also become romantically involved.

In spite of Davis’ patience and understanding of Aza’s problems, she worries that her OCD does not permit her to have a normal relationship with her boyfriend, therefore they decide to break up. Moreover, Aza’s relationship with Daisy deteriorates as she discovers that she is portrayed as a frustrated character in one of Daisy’s fan fiction, but eventually they make up. However, Aza is still fond of knowing what happened to Russel Picket due to her sympathy toward Davis’ little brother, Noah, whose father’s disappearance has changed his personality a great deal.

One day, Aza and Daisy smell a strange odor in a tunnel system while they are on their way to Mychal’s art exhibition. Aza suspects the existence of Russel’s body in the tunnel system as she remembers a note Noah found on his father’s phone. Aza informs Davis, who anonymously tips the police department, and they end up by finding the billionaire’s body. For the sake of moving on with their lives, Davis and Noah leave to Colorado (Manchado, 2018, p. 23,24). The reader learns that Aza recalls this tale as an adult, likely as an aspect of the psychological treatment she takes for her OCD.

### 2. Mental Health

#### 2.1 Cultural Context and Etiology of Mental Health

Mental health literacy is a reference to the beliefs and knowledge of individuals concerning mental health disorders and their remedies. It is recognized by the way lay individuals identify and manage their special disorders in addition to an estimation of their outcomes and prognoses (Choudhry, 2016, p. 1). Mental health is related to everybody. It is attained via the attachments and supportive relationships formed at each stage of personal development, through the acquisition of knowledge to cope with challenging and uneasy aspects of life and finding ways of belonging and contributing to others in line with our core values and aspirations.

Mental health can be subverted by emotional, an unavoidable habit of human life that may turn into a sustained and disabling issue for some people, especially those lacking psychological vulnerabilities or disadvantaged by their social circumstances. Consequently, people may lose the sense of well-being and the ability to function and may need medical intervention. Mental health services are set for making this support available at the various stages of man’s life, from childhood to later life (O’Connor, 2006, p. 5).
Mental health is regarded, to date, as a neglected issue in developing countries. One of every four people can be affected by mental health problems, during their lives, by changing functioning, thinking patterns, and behavior. However, attitudes and beliefs concerning mental illness are created by personal knowledge about mental illness, interaction with mentally ill people, cultural stereotypes regarding mental illness, media tales, and intimacy with institutional practices and restrictions.

It is significant to take cultural context into consideration when studying beliefs about mental health. The understanding and interpretation of mental health is changeable from a culture to another. The way people perceive illness explains their assistance-seeking behavior or their lack of the sense of helping. It has been found that once people were diagnosed, they stopped receiving services and planned for their own discharge. Various regional studies showed various views. Some nations regarded mental illness as an outcome of family conflicts, others considered it as an opportunity for receiving divine message, a means of forgiveness and improvement of their souls. However, according to some cultures, supernatural forces are responsible for mental health issues. This notion of supernatural or parapsychological phenomenon is perceived by Asian and some Western culture.

As to the etiology of mental health and the maintaining factors, cultural differences make a great role. Asians prefer physical treatment as their studies revealed that emotional problems are the aftermath of the beliefs that somatic and organic factors contributed in. Chinese culture explains mental health problems and their causes as an imbalance of cosmic forces and they favor the treatment of restoring the balance via interpersonal relationships and concentrating on cognitions.

Along with the development of life, mental health issues are increasing in almost every spot of the world. Despite the lack of knowledge about prevention and progress of mental health illnesses, adequate knowledge regarding seeking help, and treatment options, it has been found that only a limited number of people search for professional help for mental disorders. Therefore, possessing an automatic understanding of mental health literacy is significant (Choudhry & et al, 2016, p. 1, 2)

However, it is found out that the greatest rate of mental problems is found out in teens. Young adult people experience depression, anxiety and they are frequently exposed to self-harm but they deliberately keep this behavior private. It seems that some aspects of life in teens nowadays, like the heightened pressure to excel at school, the great amount of time they waste in online environments that may breed insecurity are stressing teens and creating a mood of anxiety and depression.

With the rise of the rates of illness in teens, the amount of reading material provided for their age under the name of “Young Adult Literature”, has increased. This literature features a teenage character and describes his life experiences (Gabriel, 2018, p. 2). Turtles All the Way Down is an instance of young adult literature tackling mental health issues.

2.2 Green’s Mental Health and Young Adult literature

Young adult literature is defined as works composed for readers between the approximate ages of twelve and twenty. The majority of young adults are interested in young adult literature as the tales are written for and about them. This type of literature is chosen by many educationists as the possible solution to the reading problem since it evokes responses and manages to stimulate students to think, feel and discuss their experiences in relation to the texts. John Greene confesses that personally he has been disturbed by his mental health due to strange thoughts he had been obsessed by. Such kind of obsessive thoughts threatened his heroine Aza in his fiction Turtles All the Way Down.

The causes of young adult readers’ attraction to the themes in young adult literature are attributed to their reflection of the reality of young adults’ lives, non-portraying false
optimism, and non-being didactic in nature. In other words, young adults choose books which satisfy their curiosity in seeking ideas, values, and information to incorporate into their personalities and their lives. Via their selection of books, young adults explore different options of relating the stories they read to their own lives.

In terms of character, the protagonists in young adult literature are usually young, realistic, and larger than life. Therefore, young adult readers are capable of identifying with the protagonist. Dissimilar from the protagonist, the other characters are not developed. Parents are either one-dimensional or absent, at a time that other adults act as mentors for young adults. Protagonists’ peers are presented either as the protagonists’ rivals or their best friends.

The tale is narrated from the protagonist’s point of view with a presentation of the voice of the protagonist. Though the story is told from the first-person point of view, an omniscient narrator is deployed by the writer sometimes. The protagonist’s or author’s point of view and voice are spoken directly to the reader and are never didactic (Too, 2006, p. 42-43).

The availability of young adult stories that tackle teens’ psychological needs is significant for many causes. Firstly, young adult novels provide suffering teens something they may not be capable of accessing anywhere else: an authentic view regarding being a teenager with illness. It acts as a therapy to the feelings of isolation and loneliness through assisting in the process of building an emotional identification and finding out parallels between teens’ own experience and that of the protagonist. It portrays for readers that they are not the only individuals coping with mental illness and may lead them towards healing and recovery strategies. In a world where mental health problems are still stigmatized, the walls of shame and secrecy constructed by society could be penetrated by stories that discuss mental illnesses openly and honestly. The availability of literature concerning the adolescent psyche is also helpful for adults in understanding a generation of perplexing attitudes. Thus, an enhanced comprehension of the teenage perspective is of vital significance to face the scary and bewildering trend among teens like self-harm (Gabriel, 2018, p. 3).

If mirroring an accurate portrayal of teenagers in general is significant in young adult novels, then the reflection of a careful presentation of teenagers with mental illness is equally significant. Yet, both are difficult as Thein and Sulzer state:

Young adult literature sometimes supports dominant ideologies and discourses about adolescence found within society at large. Rather than conceiving adolescence as a socially constructed category, those discourses conceptualize adolescence as a universal, developmental phase marked by ranging hormones, rebellion, impulsive and myopic behavior, mimicry of peers, and prototypical identity crises related to sex, drug and alcohol use, bullying, and suicide. These dominant discourses of youth limit and constrain the ability of adults and young people to see adolescents as complete, complex people with a range of interests, needs, desires, experiences and ways of participating in school and life (DaCosta, 2018, p. 4-5).

Nevertheless, some postmodern young adult literary works expose teenagers’ genuine life experiences and visions. Turtles All the Way Down, which pursues the story of a sixteen-year old girl, Aza, is an instance of young adult novels treating mental health issues. The article “Micro Review: Turtles All the Way Down” (which has no named author), makes much the same point:

The book is essentially about Aza navigating through all the usual teenage experiences: self-discovery, first love, managing friendship, and dealing with parents. Turtles All the Way Down offers us a unique perspective as the protagonist’s point of view is quite different and detailed. Aza suffers from an anxiety disorder for which she is being treated. She is constantly worried about how exposure to germs affects her personal
microbiome. You follow her spirals of thought without getting impatient with her as her thoughts take interesting tangents (Moore, 2020, p. 8).

The story suggests that while mental illness can make life experiences difficult, especially for teenagers, it does not negate the possibility of treatment and building relationships. Along the novel, the adolescent protagonist struggles to overcome her illness and achieve self-satisfaction.

3. Mental Health in *Turtles All the Way Down*

John Green states that, “literature is in the business of helping us to imagine ourselves and others more complexly, of connecting us to the ancient conversation about how to live as a person in a world full of other people.” (Tamminen, 2017, p.1) Green was an anxious child and his struggle with anxiety and depression later resulted in an Obsessive-Compulsive Disorder diagnosis, an incident which has provoked him to be open and outspoken regarding mental illness. At the age of twenty-four, Green tolerated an agonizing break-up and went into a dangerous bout of depression. On his parents’ advice, he took a two-week leave to attend daily therapy sessions and get better medication. At the end of the two weeks Green returned home with a changed vision on his life. *Turtles All the Way Down* features a protagonist who also suffers from OCD, despite of being manifested in a different way than that of Green’s. Green states that, while *Turtles All the Way Down* is not autobiographical, it is very personal (Hays, 2018, p. 15).

The writer, in *Turtles All the Way Down*, tackles mental health in a different manner. Rather than discriminating the mentally ill character and presenting the others as healthy ones, the author generalizes mental health issues on all his characters. As a young adult novel writer, Green reflects mental health states in almost all his adult characters with varying degrees, and he gathers most of the unusual states in the protagonist’s personality. Aza’s mental illness is represented in her desire to seek for order and control, seeking identity and personhood, and living in the world of her mind rather than the realistic world like Daisy.

Aza is the main character in the novel. The type of Aza’s mental illness is OCD. The story delves deep into Aza’s mind. While many things take place in Aza’s life the concentration is on her inner struggle. The protagonist cannot control her own thoughts. The story opens in a high school cafeteria, where Aza is experiencing what she calls a “thought spiral”. Life goes on in the cafeteria as Aza’s friends attempt to engage in conversation, yet the protagonist is confined by her own thoughts and she is desperately lost in her mind. Daisy, Aza’s best friend is dissimilar to Aza, as she is full of excitement for life and affinity. However, the two friends complement and irritate each other simultaneously (Martin, 2017, p. 1). The story is told in a first-person perspective:

*AT THE TIME I FIRST REALIZED I might be fictional, my weekdays were spent at a publicly funded institution on the north side of Indianapolis called White River High School, where I was required to eat lunch at a particular time—between 12:37 P.M. and 1:14 P.M.—by forces so much larger than myself that I couldn’t even begin to identify them. If those forces had given me a different lunch period, or if the tablemates who helped author my fate had chosen a different topic of conversation that September day, I would’ve met a different end—or at least a different middle. But I was beginning to learn that your life is a story told about you, not one that you tell* (Green, 2017, p.9).

Aza Holmes fears that she is fictional. Though her friends, Daisy and Mychal, are engaged in a conversation about the disappearance of Davis’ father, before being arrested by police as he is accused of bribery, Aza couldn’t follow their conversation due to the noise of all the others, and her thoughts.
Besides, Aza is incapable of eating outside, when invited by her friends, because of her fear of bacteria. This displays how her anxiety and fear control her life. In fact, the protagonist suffers from possessing multiple identities. She frequently separates between her mind and her body. Aza feels she is soulless like the bacteria. She is not able to find a part of her that is clean. Furthermore, Aza’s fear of bacteria is greater than her pleasure during love moments with her boyfriend. Aza is upset by the self she owns, yet, she is constantly quiet, though her mind is never calm.

In addition of the separation of her mind and body, Aza’s multiple identities is noticed through her manipulation of the language of others (using writers’ metaphors for instance) to describe her situation, checking for cases similar to her own in the internet to make a sense of her situation. She also prefers text messages and video chats with Davis rather than in person communication, since she can control her language better. Aza’s awareness of her condition makes her feel that she is not in control of anything in her life, as she is unable to control her thoughts. Therefore, along the story the protagonist seeks for controlling her mind and the solidarity of her identity.

Thus, though the book seems like a mystery novel, it revolves around Aza and her mind. It is her thought spirals that prevent her from living a normal life and persistently consume her (Manchado, 2018, p. 24). According to Ismawati Khotima (2019, p.6), Aza’s mental illness is due to two factors, obsessive thought and compulsive behavior. Aza’s obsessive thought could be revealed through her description of her state:

“I don’t follow how that would make you fictional.”
“I mean, I don’t control my thoughts, so they’re not really mine. I don’t decide if I’m sweating or get cancer or C. diff or whatever, so my body isn’t really mine. I don’t decide any of that—outside forces do. I’m a story they’re telling. I am circumstances.”

(Green, 2017, p. 106)

When Aza consulted her psychiatrist, Dr. Karen Singh, she attempted to explain the way she feels so far. Her obsessive thoughts bothered her, turn her uncomfortable and make her live-in anxiety. However, when Aza’s obsessive thought actively works, compulsive behavior supports it:

Ever since I was little, I’ve pressed my right thumbnail into the finger pad of my middle finger, and so now there’s this weird callus over my fingerprint. After so many years of doing this, I can open up a crack in the skin really easily, so I cover it up with a Band-Aid to try to prevent infection. But sometimes I get worried that there already is an infection, and so I need to drain it, and the only way to do that is to reopen the wound and press out any blood that will come. Once I start thinking about splitting the skin apart, I literally cannot not do it (Green, 2017, p. 11).

The lines convey another cause of Aza’s mental disorder, namely, her compulsive behavior. It is strong enough to influence the protagonist’s mental health. The protagonist constantly reopen a wound in her finger. She covers it in hand sanitizers and puts a bandage on it, after cleaning it out, due to her fear of catching a terrible disease if she does not act likewise. She is also afraid that the bacteria in her body will prevail, since her body in reality is not hers (English, 2017). It brings her about to live in perpetual fear of infection.

Aza beholds the world from which she frequently feels distant, and her physical and psychological self, from which she frequently feels alienated and the reality of which she sometimes questions, via the filter of her OCD. Rather than describing things as they are, she depicts them as she perceives the things. Other characters in the novel often see Aza’s self and the world in a very different way (Moore, 2020, p. 7). Thereby, Aza’s mental illness is the center point which affects all her relationships: her best friend Daisy perceives her as frustrating and annoying. “You’re so stuck in your head,” she continued. “It’s like you
genuinely can’t think about anyone else.” I felt like I was getting smaller. “I’m sorry, Holmesy, I shouldn’t say that. It’s just frustrating sometimes.” (Green, 2017, p. 91) Her mother worries about her situation but ignores the way of assisting her, “It’s impossible for me not to worry, baby.” (Green, 2017, p.173)

Moreover, Aza’s anxiety hinders her way to have meaningful romantic relationships with others and isolates her from entertaining love connections. She is unable to keep physical contact with Davis, her boyfriend, without thinking of fatal microbes. Though she intends to comfort herself, while isolating with Davis, but she cannot control her thoughts:

just make sure his microbes aren’t going to permanently colonize you come on please stop this he could have campylobacter he could be a nonsymptomatic E. coli carrier get that and you’ll need antibiotics and then you’ll get C. diff and boom dead in four days…. (Green, 2017, p. 99)

Though she intends to comfort herself of her safety while accompanying Davis, Aza is not able to free herself from her thoughts. Even her therapist Dr. Singh is incapable of fully apprehending the way Aza feels (Manchado, 2018, p. 24), and at times fails to convince her to get rid of her thoughts, “But you give your thoughts too much power, Aza. Thoughts are only thoughts. They are not you. You do belong to yourself, even when your thoughts don’t.” (Green, 2017, p. 107) Thereby, it is possible to say that John Green does not attempt to make an excellent support group for Aza.

It is noticeable that throughout the story Aza’s case is getting worse instead of being better or recovering. Her mental illness develops to a degree that after being landed in a hospital, due to a car accident, Aza undergoes a severe mental break culminated in eating handfuls of foam hand sanitizers from the wall-mounted dispenser in the hospital room (Hays, 2018, p. 29). This exposes the great influence of OCD on the protagonist. Nevertheless, in spite of the sophisticated stage of her illness, Aza, at the end of the story, decides to carry out various types of treatment.

Psychotherapy, or the therapy suggested by Dr. Singh like practicing breathing, taking medicine, and others is one treatment. This is sufficient to bring the protagonist back to her normal state (Khotimah, 2019, p. 7). Aza admits that:

Some days I fell deeper into spirals than others, but changing the Band-Aid sort of worked, and the breathing exercises and the pills and everything else sort of worked. And my life continued—I read books and did homework, took tests and watched TV with my mom, saw Daisy when she wasn’t busy with Mychal, read and reread that college guide and imagined the array of futures it promised. (Green, 2017, p. 124)

Aza thought that whenever she is overly anxious, she imagines turning in a spiral. She frequently falls in the spiral of her mind. Yet, as her consciousness could still be felt, she attempts to overcome it as much as possible through the application suggested by Dr. Singh.

Moreover, another part of Aza’s concern is the wound on her finger. It influences her OCD that will continue to rise whenever the protagonist thinks about changing her Band-Aid. For the sake of reducing it all Aza has to resort to medication. She has to heed enough the advice of Dr. Singh, one of which is regularly taking the medicine (Khotimah, 2019, p. 8):

I went to the bathroom when I got home and examined the cut. The swelling seemed down. Maybe. Maybe the light in the bathroom just wasn’t strong enough for me to see clearly. I cleaned it with soap and water, patted it dry, applied hand sanitizer, and then rebandaged my finger. I also took my regular medication, and then a few minutes later an oblong white pill I’d been told to use when panicky (Green, 2017, p. 86).
It is noticeable that though Aza was taking her medication previously she was taking it irregularly, as she thought that regular acquisition of the medication might affect her negatively. However, it is doubtless that neither therapy nor medication is useful for Aza without a strong motivation from herself and from the people around her. Aza’s self-motivation could be observed as she describes her positive thoughts:

After the nervous-making car trip, my brain was revving up. I told myself that having a thought was not dangerous, that thoughts aren’t actions, that thoughts are just thoughts. Dr. Karen Singh liked to say that an unwanted thought was like a car driving past you when you’re standing on the side of the road, and I told myself I didn’t have to get into that car, that my moment of choice was not whether to have the thought, but whether to be carried away by it (Green, 2017, p. 160).

It is probable that Green’s suggestion of various strategies for treating Aza’s mental illness is a reflection of his personal experiences in manipulating a lot of therapy and learning a lot of strategies for dealing with his mental illness (Moore, 2020, p. 10). Gradually, Aza commences thinking positively and calming her thoughts. She has been capable of controlling her mind and avoiding the strategy of following the flow. This is an influential technique to cure her from OCD, since it all depends on the way the protagonist controls her mind. Additionally, her family’s and friends’ support contribute furtherly in Aza’s recovery. Aza refers to Daisy’s role in changing her life to the better by saying:

Over the next few months, I kept going. I got better without ever quite getting well. Daisy and I started a Mental Health Alliance and a Fan-Fiction Workshop so that we could list some proper extracurriculars on next year’s college applications, even though we were the only two members of both clubs. We hung out most nights, at her apartment or at Applebee’s or at my house, sometimes with Mychal but usually not—usually it was just the two of us, watching movies or doing homework or just talking. It was so easy to go out into the meadow with her (Green, 2017, 178,179).

Gradually Aza becomes better and able to continue her life. In her new life, Aza turns more vital in her activities and her friendship with Daisy grows tighter (Khotimah, 2019, p. 8). Consequently, it could be deduced that initially Green paints a dark and chilling picture with the way he presents Aza’s inner dialogue. It is a continuous fighting with herself, in which she frequently loses and is left afraid and hopeless. Green does not shy away from portraying all of OCD which is often misunderstood like many other mental illnesses. He does not sweeten the great fear and loneliness that Aza feels. Moreover, he sees that mental illness could not be treated in a conventional sense, but through medication. Eventually Aza realizes that she ought to accept herself and learn to behold herself outside of her thought and actions. This is the theme that Green intends to convey. It is not merely a struggle for the mental illness sufferers, but a universal, human struggle (Martin, 2017, p. 1).

It is significant to notice that Green tackles his personal illness through Aza in a realistic and authentic way. Though she is not totally cured, the writer ends his story with the protagonist as a character who manages to make her road through life. Moreover, along with the presentation of the mentally ill protagonist he depicts a number of young adults, the most outstanding are Daisy and Davis, who to various degrees suffer from mental health problems. Though Daisy is portrayed as a vital girl, who is interested in life pleasures, she has to work for long hours to provide for her life. She envies Aza’s economical state, and hopes to have a car and laptop like Aza. Similarly, Davis is depicted as a quirky cute and rich boy, but he lacks parental care and passion. Moreover, he ignores the way of holding the responsibility of looking after his younger brother, Noah, after the disappearance of his father. In other words, Green wants to affirm no one is protected from undergoing mental illnesses, yet treatment requires true will and motivation.
4. Conclusions

Green’s approach to mental illness is unconventional. Instead of depicting mentally ill characters as strange people who are rarely cured, like classical writers, Green presents them as people with some mental problems that hinder their way to practice their normal life experiences. They live among others who frequently share some of their mental issues, and they strive for medical treatment. Green’s generalization of mental illnesses is probably due to the postmodern age in which the author writes, as today’s people are born and brought up entirely surrounded by technological devices. Technology and social distances are factors that lead postmodern man to suffer from mental problems. Yet, Green wants to convey that man has to overcome such inconveniences and attempt to adapt himself to the distress and nuisance of the age.

Green’s depiction of a mentally ill young adult protagonist in the novel and terminating his story with a hopeful spirit is a summon to parents of the abundance of identical cases in society, and a guide to portray the convenient approach for curing them. The writer affirms the necessity of providing both physical (medication) and psychological (motivation) treatments. Green’s success in tackling mental health issues is due to the demonstration of his personal experiences in the story, and his suggestion of the possible treatment strategies. The author could reveal the hidden and bitter side of OCD. Yet, he asserts that instead of falling back to suicide, mentally ill people should be optimistic and think of a remedy.

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الصحة النفسية في رواية "سلاحف على طول الطريق" لجون كرين

خديجة عبيد الله إبراهيم
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ملخص
تناول الكتاب موضوع الصحة النفسية ونظرة ادبية واجتماعية لراوي رواية "سلاحف على طول الطريق" لجون كرين.

تصورات مختلفة حول إضطرابات الأذى العاطفي، التجاكل، العزلة، الاكتئاب المزمن، الأمراض النفسية، الاضطرابات النفسية التي تساعد في تصور الشخصيات. الباحثة تشير إلى أن الرواية تصور شخصيات معقدة تعيش في حالات نفسية عصيبة.

الرواية تتناول الشخصيات التي تعاني من مشاكل نفسية تواجهها تحديات مختلفة من خلال رحلة الحياة. الشخصيات تجد مساعدة في تجاوز الصعاب وتحقيق الهدف.

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Keywords: الصحة النفسية، رواية، رواية، رنا، رواية، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نص، نمـ: 17

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