Attitudes toward mental illness and mental health in the literature classroom

Melissa B. Guadron

University at Albany, State University of New York, mbaguadron@gmail.com

The University at Albany community has made this article openly available. Please share how this access benefits you.

Follow this and additional works at: https://scholarsarchive.library.albany.edu/legacy-etd

Part of the American Literature Commons, Rhetoric Commons, and the Social and Behavioral Sciences Commons

Recommended Citation


This Master's Thesis is brought to you for free and open access by the The Graduate School at Scholars Archive. It has been accepted for inclusion in Legacy Theses & Dissertations (2009 - 2024) by an authorized administrator of Scholars Archive. Please see Terms of Use. For more information, please contact scholarsarchive@albany.edu.
ATTITUDES TOWARD MENTAL ILLNESS
AND MENTAL HEALTH IN THE
LITERATURE CLASSROOM

by

Melissa B. Guadrón

A Thesis
Submitted to the University at Albany, State University of New York
in Partial Fulfillment of
the Requirements for the Degree of
Master of Arts

College of Arts & Sciences
Department of English
2015
ATTITUDES TOWARD MENTAL ILLNESS
AND MENTAL HEALTH IN THE
LITERATURE CLASSROOM

by

Melissa B. Guadrón

COPYRIGHT 2015
ACKNOWLEDGEMENTS

I would like to thank the people who guided me on my journey toward a graduate degree and assisted me in the completion of this research study: Jeffrey Berman, who welcomed me into his classroom, and whose encouragement and inquiries always steered me in the right direction, Laura Wilder, whose expertise and insight enriched my research methodology, and the students of ENG 343, whose powerful stories shaped this study. I offer them my gratitude and best wishes on their own journeys.
ABSTRACT

The purpose of this study was to observe undergraduate students’ attitudes toward mental illness and mental health in the literature classroom. This was an observational, inductive study of Jeffrey Berman’s literature course, featuring books written by Ernest Hemingway and F. Scott Fitzgerald. This setting was chosen because of Berman’s unique pedagogy, which encourages self-disclosure and psychoanalytic readings. Three questionnaires and three introspective reader response diaries were collected from fifteen participants; text analyses were performed on diaries. Research inquiries questioned a participant’s interactions with the books: How did participants respond to the portrayals of characters with mental illness or mental health issues?; How, if at all did they relate introspectively with the books?; Did students struggle to write and discuss mental illness and mental health issues?; Did their attitudes toward mental illness and mental health issues change over the semester? Results indicate participants analyzed the books by using their personal history to judge the authenticity of character portrayals. Just over half the participants admitted to struggling with writing and discussing mental illness and mental health issues, and all but one reported they would enroll in another self-disclosing literature course. Findings show 73.33% of participants realized the prevalence of mental illness when given the opportunity to listen to their peers’ self-disclosing diaries. Moving forward in their personal lives and careers, participants vowed to be less judgmental and more sympathetic toward those around them.

Keywords: attitudes, self-disclosure, mental illness, mental health, literature classroom, text analysis, Ernest Hemingway, F. Scott Fitzgerald.
INTRODUCTION

Public awareness and perception of mental illness and mental health are often formed and influenced by literature, television, music, video games, and movies. According to a national survey on attitudes regarding mental health, the vast majority of Americans named mass media as their primary source of information on mental illness (Granello & Pauley, 2000). In a similar study, Granello, Pauley, and Carmichael (1999) found that college-aged individuals who received information about mental illness from electronic media were significantly more authoritarian in their views, more in favor of social restrictiveness for those with mental illness, less willing to support integration of mental health facilities into the community, and less tolerant than people who received their information from other sources not primarily focused on entertainment, such as classes, print media, or personal experiences working with people with mental illness. In 2002, Ng and Chan stressed the importance of this age group and their views; they were the generation that would hold the most sway in determining community care policies in the future. Furthermore, Ng and Chan's study found it was possible to change attitudes toward mental illness through training programs, but failed to determine why attitudes changed, or what elements of the training program were most helpful in doing so.

The entertainment industry’s interest in mental illness has presented complications in public perceptions. Since the national survey on mental health attitudes, awareness of mental illness has grown exponentially, and in recent years there have been many fair and accurate portrayals of mental illness. However, many confused, inaccurate portrayals still persist (Aggarwal, 2012). This has not gone unnoticed by the public. While some soap operas have received awards for their portrayal of bipolar disorder (Aggarwal, 2012), other shows have relied on stereotypes, depicting the mentally ill as violent and unclean. Moreover, many television shows and role-
playing video games come dangerously close to characterizing mental illness as a superpower (Berger, 2014; Kessock, 2014; Vijayalakshmi, Reddy, Math, & Thimmaiah, 2013; Whitehead, 2012). Catherine, the protagonist of NBC’s 2014 series Black Box, is a woman diagnosed with bipolar disorder who at one point skips a dosage of her medication and asks, “Hemingway. Sylvia Plath. Billie Holiday. Dickens. Melville. These are just a few of the great minds that suffered from a fine madness. Should they be medicated into mediocrity?” (Berger, 2014).

The inescapable truth is that authors like Ernest Hemingway and Sylvia Plath struggled with manic depression throughout their lives, and eventually committed suicide (Jamison 1993). Hemingway's depression was compounded by his inability to reconcile his resentment and shame over his father’s suicide with his own suicidal depression. In *For Whom the Bell Tolls* (1940), rather than have his protagonist, Robert Jordan, realize his own struggle with depression and suicidal thoughts, Hemingway imbued him with a disguised death wish that could be described as suicide by way of combat. As he awaits enemy soldiers who will most certainly kill him, Jordan worries, alone with his thoughts:

I don’t want to do that business that my father did.
I will do it all right but I’d much prefer not to have to.
I’m against that. Don’t think about that. Don’t think at all.
I wish the bastards would come, he said.
I wish so very much they’d come. (p. 469)

Likewise, F. Scott Fitzgerald stigmatized and mocked mental illness. In the work that first made him famous, *This Side of Paradise* (1920), Fitzgerald’s protagonist, Amory Blaine, cannot take his mother’s mental health seriously:

“Amory, dear,” [Beatrice] crooned softly, “I had such a strange, weird time after I left you.”
“Did you, Beatrice?”

“When I had my last breakdown”—she spoke of it as a sturdy, gallant feat.

“The doctors told me”—her voice sang on a confidential note—

“that if any man alive had done the consistent drinking that I have,

he would have been physically shattered, my dear, and in his grave—long in his grave.”

Amory winced, and wondered how this would have sounded to Froggy Parker.

“Yes,” continued Beatrice tragically, “I had dreams—wonderful visions.” She pressed the palms of her hands into her eyes. “I saw bronze rivers lapping marble shores, and great birds that soared through the air, parti-colored birds with iridescent plumage. I heard strange music and the flare of barbaric trumpets—what?”

Amory had snickered. (p. 27)

Nonetheless, various mental health community members have recognized the significance of literary fiction's ability to mold public perceptions by including it in research and instruction (likewise, phenomenon such as the Werther Effect¹ have demonstrated literary fiction's influence on mental health itself). In 1990, Joan C. Chrisler introduced writing assignments in her psychology classroom that required students to study a novel as if it were a psychological case study. In 2011, Liam Clarke discussed literature’s role in informing readers about mental illness, and drew attention to the Madness and Literature Network, which “aims to stimulate cooperation and co-working between researchers, academics, clinicians, service users, careers and creative

¹ Inspired by Goethe’s 1774 novel, The Sufferings of Young Werther, some readers donned the blue coat and yellow trousers of the protagonist before committing suicide with the novel in their pockets. Today, this refers to an increase in copycat suicide rates after a well publicized suicide.
writers in order to develop an interdisciplinary, global dialogue about the issues raised around representations of madness in literature” (madnessandliterature.org). Research done by psychologists has clearly shown that novels, just as easily as electronic media, have the power to affect a reader’s opinion on mental illness and mental health for better or worse (Somasundaram, 2013).

In recent years, there have been many psychological studies that have focused on the mutability of students’ attitudes toward mental illness. However, these studies generally revolve around surveys, and have not been conducted in the literature classroom (Porter, 1998; Granello, Pauley & Carmichael, 1999; Granello & Pauley, 2000; Luty, Umoh, Sessay, & Sarkhel, 2007; Aggarwal, 2012; Whitehead, 2012; Somasundaram, 2013; Vijayalakshmi, Reddy, Math, & Thimmaiah, 2013; Kessock, 2014). And although there have been efforts to engage in scholastic discussions of mental illness and mental health portrayals in literature, such as those by Amirault (1994), Davis (2009), and Curtain (2011), these studies have been largely anecdotal. Nevertheless, these studies have revealed that students are receptive toward pedagogical methods which engage in interdisciplinary approaches toward mental illness and mental health.

Jeffrey Berman, Ph.D., of the University at Albany challenges students to deepen their readings of novels by assigning reader response diaries as well as academic essays. His interdisciplinary pedagogy, which encourages self-disclosure, provides one way in which the influence of literature on attitudes toward mental illness and mental health may be examined. Furthermore, he has established safeguards that allow for anonymous readings of diaries to the class, thus creating an inclusive classroom dialogue. Though one safeguard prohibits classroom discussion of the diaries after they are read, students are not barred from discussing diaries in their own work or amongst themselves outside of the classroom.
For the purposes of this study, the DSM-V’s (2013) definition of a mental disorder is used to describe mental illness: disturbances “in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning” (p. 20). A definition of mental health, on the other hand, is provided by the World Health Organization (2013): "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”; it is not “merely the absence of disease” (www.who.int).

This observational study aims to investigate both qualitatively and quantitatively the relationship between undergraduate readers, literature, and mental illness and mental health through text analysis. Research questions include:

- How do students respond to the portrayals of characters with mental illness or mental health issues? Do they find these characterizations to be accurate portrayals of people with mental illness and mental health issues, or do they find them unrealistic and problematic? On what sources do students base their opinions?
- How, if at all, do students relate personally to the characters in the novel? Do they draw parallels between characters and themselves, a family member, or a friend?
- Do students struggle to discuss mental illness and mental health issues within class discussions or in their self-disclosing reader response diaries? If so, why? Does this reflect a lack of knowledge and familiarity, or a perceived stigma against mental illness and mental health issues?
- Do class discussions or the anonymous readings of self-disclosing reader response diaries change or affect students’ attitudes toward mental illness and mental health?
The open nature of a reader-response diary should yield more personal, intimate relationships with literature than only surveys could provide. I hypothesize students will be encouraged to question the portrayals of characters. Berman discusses psychoanalysis in his interpretations of novels (as stated in the course syllabus), and I believe this will lead to autobiographical readings of novels by the students. In turn, they will question the portrayal of characters by comparing the experiences, mental health, and attitudes of the characters with their own. Therefore, students will engage with the novels introspectively, drawing parallels or divergences between characters and themselves or the people in their lives.

An ancillary purpose of this study is to examine the interworking and affectiveness of Berman’s use of self-disclosure in the literature classroom. As Tobin (2010) writes, no one example of a particular professor’s pedagogy can be used as a blanket statement. Instead, each use must be studied within itself. Thus, lectures and discussions were also observed in order to determine if and how information discussed in the classroom transferred into a student’s written assignments. Berman has written several books that focus on student self-disclosure in the classroom (1994; 1999; 2009). Based on student involvement with these books, I anticipate a majority of students in this particular class will decide they have benefited from his pedagogical style and would take a similar course again if given the opportunity.

METHOD

IRB APPROVAL: Because of the sensitive nature of self-disclosure and mental health discourse, as well as the delicacy of using human subjects, this study was approved by the Institutional Review Board (IRB). Informed Consent Documents were distributed to students, read aloud, and signed voluntarily. Participants were informed that for any reason, at any time,
they could withdraw from the study without consequence.

SETTING: This observational study was conducted at the University at Albany during the fall semester of 2014 in Jeffrey Berman’s undergraduate literature course, ENG 343: Authors After Mid-18th Century. The purpose of this setting was to take advantage of Berman’s established pedagogical style, his reputation for creating a safe environment in which students are encouraged to relate course material to their own lives, and the course readings themselves, which often depicted mental illness. The subject matter of this class included novels written by F. Scott Fitzgerald and Ernest Hemingway. Though these authors lived and died over half a century ago, their works remain contemporary staples, read throughout high schools and colleges across the USA.

PARTICIPANTS: Because enrollment in this course was voluntary, this was a convenience sample. A total of twenty-four students agreed to participate in this study. After the semester ended, this subject pool was narrowed to the fifteen participants who submitted a full body of work: three diaries and three questionnaires.

A demographic questionnaire (QI) was distributed in order to gather information on participants as well as determine their sources of information for and experiences with mental illness and mental health issues. An additional goal of this questionnaire was to outline participants’ attitudes toward mental illness and the portrayal of mental illnesses within fictional sources.

All fifteen participants were between the ages of 18-24; this sample consisted of thirteen females and two males. The students’ majors varied: eight in English, two in Psychology, two in Biology, one in Art History, and one in Business Administration. Three students were pursuing double majors – one each for English and Psychology, Psychology and Biology, and Biology and
Human Biology. Minors included English, Education, History, Business, Psychology, Neuroscience, Biology, Medieval and Renaissance studies, and Film. At least one psychology course was taken in the past by fourteen participants.

Only five participants had taken a class with Berman previously. When asked why they chose to take this course, nine students evoked Berman’s name; they had either taken a course taught by him previously, received a recommendation, or heard he was an “excellent” or “enjoyable” professor. Eight students enrolled because of their interest in Hemingway, and seven joined because of a desire to learn more about Fitzgerald. The course met a requirement for three students, and two believed an English course would “look good” on their transcripts when applying to medical programs.

When asked if they know or have known someone who struggles or struggled with mental illness, twelve answered affirmatively: three participants named a friend, one named a significant other, and thirteen named a family member. A number of participants identified types of disorders: depression (7), bipolar disorder (5), anxiety-related (4), alcoholism (3), seasonal affective (1), drug addiction (1), OCD (1), paranoia (1), schizophrenia (1), narcissistic personality (1), and autism-spectrum (1).

Next, participants were questioned about their own mental health. They were asked if they had ever attended or considered attending psychological counseling; seven answered they had attended in the past, six had never gone, two considered the option, and one was currently in counseling. On a 5-item Likert\textsuperscript{2} scale, from strongly disagree (1) – strongly agree (5), students were asked to either agree or disagree with the following statements: “I have personally struggled with mental illness” (Mean= 2.73); “I do not talk about my mental health with other

---

\textsuperscript{2} This Likert scale is used throughout all questionnaires.
people (excluding psychological counselors/healthcare professionals)” (M= 3.07); “My primary sources of information about mental illness and mental health are TV, video games, fiction books, and movies” (M= 2.07); “I believe that mental illness is accurately portrayed by pop culture” (M= 2.07); “I believe that mental illness in literature should be taken as seriously as mental illness in real life” (M= 3.47). After all questions were answered, participants were given the opportunity to create their own pseudonym. Listed in alphabetical order, the participants were: Caroline, Jax, Jerry, Katelyn, Kathleen, Kessler, Libby, Lupe, Mary, Maxine, Momo, Nancy, Rae, Ralph, and Renee.

CLASSROOM PROCEDURES AND QUESTIONNAIRE INSTRUMENTS: Before the start of the course, the study and questionnaires were reviewed and approved by the IRB. Informed Consents were distributed and read aloud to participants before the start of the study. This was done at the end of class, after Berman had left the room, in order to prevent students from feeling any perceived pressure from him; he was not made aware of the identities of participants. I introduced myself to students as an English Graduate student working on an observational research study for my thesis. After a period for questions and clarifications, the students who agreed to participate completed QI, which took approximately ten minutes and consisted of 16-items. During the semester, I attended each session to take notes on class discussions and lectures. Because this study focuses on characterizations and mental illness and mental health, written notes were taken only when these topics were discussed. The students were informed that I was an observer of the class and not a participant. Desks were arranged in a semi-circle, with Berman at a podium or traveling within the semi-circle.

The course was divided into two major units. The first consisted of studying three novels written by F. Scott Fitzgerald (This Side of Paradise, The Great Gatsby, and Tender is the
Night), and the second focused on three novels by Ernest Hemingway (The Sun Also Rises, A Farewell to Arms, and For Whom the Bell Tolls), along with a book of his short stories (The Short Stories). Approximately four class sessions were dedicated to each novel. On the third session, students were required to submit either a diary or an essay. Cumulatively, for each author unit, students had to submit two five-page academic essays and one two-three page reader response diary. Participants submitted two copies of each of their assignments, one for Berman, and one for this study. Because this required extra printing on part of the participant, at a cost of ten cents per page, they were reimbursed on the last day of the course.

After assignments were submitted for the initial novel, This Side of Paradise, the class sessions fell into a pattern. At the start of each class, Berman read two or three diaries aloud. For purposes of grading, these diaries were submitted with student identities, but they were not shared with the class in order to preserve privacy (this was an established safeguard put in place by the professor). If students did not want to potentially have their diaries read aloud in class, they wrote the word “No” on top of their papers. Participants had the choice of either changing their names to their pseudonyms before giving me their work, or have me make this change for them. The latter option was preferred by students; original identities were covered by a heavy-handed, permanent black marker. After diaries were read, students completed sentence revisions sheets that Berman compiled by selecting ten sentences from the assignments submitted by students; Berman chooses to teach grammar and style, believing it to be an integral part of becoming a better student and citizen of the world. If there were no diaries to be read, which sometimes occurred, these revisions would then take first priority. Thirdly, before turning to the novel of the day, general news and announcements were given. During each session, Berman introduced literary concepts and introspective questions in order to prompt creative and
analytical writing assignments from students.

Questionnaire II (QII) consisted of 2-items and took approximately ten minutes to complete. The purpose of the questionnaire was to gather information on what students believed they had learned about mental illness and literature as a result of listening to Berman read the diaries aloud. Questionnaire III\(^3\) (QIII) featured 11-items, with multiple questions from QI. The purpose of this was to gauge whether or not participants’ attitudes toward mental illness and mental health changed throughout the semester. Questions also inquired how participants felt about self-disclosure in the classroom and within assignments.

CODING PROCEDURE: Diaries were divided into T-units. Initially, a deductive coding system was created in order to study participants’ attitudes toward mental illness and mental health within diaries; this was loosely based on the OMI (Opinions about Mental Illness), developed by Cohen and Struening (1962) and the OMICC (Opinions about Mental Illness in Chinese Communities), developed by Ng and Chen (2002). My original scheme contained 10-items: Optimistic Outlook (OO), Pessimistic Outlook (PO), Ambivalence (AM), Authoritarianism (AUT), Subjective Appreciation (SA), Empathic Tone (ET), Sympathetic Tone (ST), Apathetic Tone (AT), Unsympathetic Tone (UT), Nonjudgmental Tone (NJT), Negative Tone (N “emotion”), and Positive Tone (P “emotion”). This scheme was used during the first round of coding. During the second round of coding, tones became expressions, and wording was adjusted for clarity. Before the third round of coding, the coding scheme undertook its most drastic editing. Changes were made inductively. Negative and positive emotions were excluded in order to avoid projection of emotions onto a participant. An item is represented by a T-unit and multiple items may be represented by a T-unit. The final coding scheme, consisting of 14-

\(^3\) See Appendix.
items, with examples, is as follows:

**Statements:**

**Authoritative (AUT):** convictions about behavior or literature, e.g., “People are flawed”; “The use of this motif [descent into madness] has led to a lack of positivity when portraying mental illness in literature.”

**Individual Consideration (IC):** a description of an individual’s mental health, motivation, experiences, or physical situation, e.g., “I did not know how to handle it”; “She’s an alcoholic, a shopaholic, a drug addict, and a cheater.”

**Compatible Consideration (CC):** a focus on the mental health, motivation, experiences, or physical situation of two or more individuals, e.g., “Like Robert Jordan, I struggled to find a passion of my own because of the influence my parents had over me”; “This relationship, however, between Amory and his mother makes me question the relationship between Fitzgerald and his mother.”

**Emotional Interpretation (EI):** explanatory or empathic statements focused on the emotional state an individual, which can include reasoning for that individual’s behavior, e.g., “Amory yearns for the ability to love, even though he will not admit it”; “Had we all loved conditionally, we would not have been able to move forward as a family past the obstacles that we have faced.”

**Outlooks:**

**Optimistic Outlook (OO):** expectations of a positive or beneficial future, which can include the strengthening of relationships or improvements in health, intellect, or the physical situation of oneself, another person, a group, or a fictional character, e.g., “I hope that I will never have to encounter a friend or family member undergoing this horror”; “But I still find peace that she is on the road to recovery.”
Pessimistic Outlook (PO): expectations of a negative or detrimental future, which can include the deterioration of relationships or decline in health, intellect, or the physical situation of oneself, another person, a group, or a fictional character, e.g., “She’s not healthy, she doesn’t look good, and she’s getting worse”; “I know that this idea of unhappy marriages is something that scares me the most when thinking about my future.”

Ambivalent Outlook (AO): contradictory feelings, ideas or beliefs about a situation, oneself, another person, a group, or a fictional character, e.g., “But I have often felt the internal pull in both the direction of the inner cynic and the relentless idealist”; “I guess what I’m saying is that it is possible to understand how someone deserves all the misfortune and hatred that has been brought upon them, and yet still feel sympathy for whatever it is they had to go through.”

Sympathetic Outlook (SO): pity, sorrow, concern, or benevolence for oneself, another person, a group, or a fictional character, e.g., “But I knew that I would never know exactly what that felt like, which made me cry even more”; “I feel truly bad for him, because not only did he grow up with no real parental figure, but because now he does not know how to love.”

Unsympathetic Outlook (UO): hostility, disapproval, or antipathy for oneself, another person, a group, or a fictional character, e.g., “I considered it the coward’s way out”; “And the pathetic façade of their marriage was fractured and brittle.”

Additionally, a separate coding scheme was created in order to track sources of information used by participants. This did not change throughout rounds of coding. This section of the coding scheme included;

Class (C): in-class discussions, including biographical information about Hemingway and Fitzgerald, Berman, or secondary sources distributed in class (DSM-V Narcissism criteria, a 1933 transcript of a therapy session with Fitzgerald and his wife, newspaper clippings, and
excerpts from scholarly work on Hemingway and Fitzgerald), e.g., “This was not part of my assumptive world”; “Nicole Diver and Rosemary Hoyt reminded me of Jeff’s argument in regards to Amory in *This Side of Paradise.*”

**Novel (NVL):** quotations, themes, characterizations, or analysis of the book, e.g., “Dick Diver is a man who ‘had the power of arousing a fascinated and uncritical love’” (Fitzgerald 27); “There are many mental disorders that are portrayed in *This Side of Paradise* by F. Scott Fitzgerald.”

**Personal History (PH):** personal, a family member’s, or friend’s experiences, e.g., “The first time I remember encountering suicide was in elementary school”; “I saw my Uncle David in the character of Abe North, a ‘good man’ who abandoned his talent and potential for ‘alcoholism’ and other addictive habits.”

**Culture (CLT):** societal attitudes, clichés, taboos, religious beliefs, politics, entertainment and celebrities, current events, or social media, e.g., “Disney’s Pocahontas told me that I could change the world and fall in love in a matter of days”; “I think it is ridiculous that we hold masculinity as well as femininity to such high standards.”

**Healthcare Professional (HCP):** a person who provides health or mental health services, e.g., “It scares me to think that this was brought on by the cessation of all her medications: a suggestion made by a foolish therapist to ‘see what happens’”; “Her doctors have accused her of being depressed because her wife left her for someone else.”

---

4 Berman – he invited students to call him by his first name; the majority of students did so.
RESULTS

How do students respond to the portrayals of characters with mental illness or mental health issues? Do they find these characterizations to be accurate portrayals of people with mental illness and mental health issues, or do they find them unrealistic and problematic? On what sources to students base their opinions?

<table>
<thead>
<tr>
<th>Sources of Information</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Psychology Courses</td>
<td>10</td>
</tr>
<tr>
<td>College Courses (excluding psychology)</td>
<td>9</td>
</tr>
<tr>
<td>Interactions with friends or interactions with family</td>
<td>8</td>
</tr>
<tr>
<td>TV shows or Movies</td>
<td>7</td>
</tr>
<tr>
<td>Fiction books, TV news, or personal history</td>
<td>5</td>
</tr>
<tr>
<td>Interactions with strangers or personal psychologist</td>
<td>4</td>
</tr>
<tr>
<td>Peer-reviews journals and magazines or interactions with coworkers</td>
<td>3</td>
</tr>
<tr>
<td>Pop culture/entertainment magazines, poetry, interactions with patients, or video games</td>
<td>2</td>
</tr>
<tr>
<td>Personal counselor or nonfiction books</td>
<td>1</td>
</tr>
<tr>
<td>Radio/podcasts</td>
<td>0</td>
</tr>
</tbody>
</table>

Figure 1.0: number of participants represents the amount of students who selected a particular source of information; they could select multiple. The mean response was 2.07. QII aimed to refine this question. Instead of responding to a Likert scale, students used multiple choice to respond to the statement “My main sources of information on mental illness and mental health are TV, video games, fiction books, and movies.” Students were then asked either to agree or disagree with the following statements: “I believe that mental illness is accurately portrayed by pop culture⁵” and “I believe that mental illness in

⁵ Though literature may be considered high culture, here, because of the popularity of Hemingway and Fitzgerald’s books, they are considered pop culture. On the basis of their responses to questionnaires, participants also made this distinction.
literature should be taken as seriously as mental illness in real life.” Average responses to the first statement rose from 2.07 to 2.57 - students increasingly believed fictional portrayals of mental illness were accurate. Likewise, the average response to the second statement indicated an increase of agreement: from 3.47 to 3.60.

Questionnaires requested students to elaborate on their responses to this last statement. While doing so, 46.67% of respondents to Q1 wrote literature was a reflection of the thoughts and experiences of an author; therefore, truth can be found in fictional representations of mental illness. Caroline wrote, “Yes, because literature can shape our beliefs and opinions,” and Renee shared, “It is a major method of communication and can often express issues in fictionalized characters that we would be too frightened or unwilling to say aloud under normal circumstances.” Libby, Mary, and Nancy wrote that while mental illness in literature should be addressed and studied, real life should always take precedent. Those who disagreed did so on the basis of genre. Lupe wrote, “Most literature that is written has made up characters, and although the mental illness afflicting said character may be serious/real, the characters are not”; Jax wrote, “Mental illness in real life should be taken more seriously than anything that could be expressed in literature. Literature limits the scope of mental illness.”

53.33% of participants expressed the same opinions in Q1 and QIII. Two participants, Lupe and Ralph, changed their stance from disagreement to agreement. Ralph explained, “Literature should give insight into real life, and if portrayals of mental illness are inaccurate or not serious, this will skew insight.” One participant, Mary, changed her opinion from agreement to disagreement: "I believe that we can look at mental illness in literature and use it as a basis for discussing mental health and mental illness in reality, but I don’t think it should be taken as seriously as mental illness in reality. A real person’s mental health is much more important and
relevant than a fictional character."

**Classes and Diary Coding:** Berman encouraged students to analyze the novels by posing questions about rhetoric and characterization. During the first session, he gave a short lecture on narrative distance, authorial point of view, and reading oppositionally (wherein the reader’s interpretation differs from the intent of the author). Students were told to consider the questions,

```
<table>
<thead>
<tr>
<th>Character</th>
<th>Positive</th>
<th>Neutral</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beatrice Blaine</td>
<td>Exquisite, vivacious, astute.</td>
<td>Sophisticated</td>
<td>Infectious, narcissistic, inconsistent, dramatic, vain,</td>
</tr>
<tr>
<td>(First class)</td>
<td></td>
<td></td>
<td>self-centered, conceited, ill, mentally ill, alcoholic.</td>
</tr>
<tr>
<td>Stephen Blaine</td>
<td></td>
<td></td>
<td>Unassertive, unreliable, weak,</td>
</tr>
<tr>
<td>(First class)</td>
<td></td>
<td></td>
<td>distant, dull, apathetic.</td>
</tr>
<tr>
<td>Dick Diver</td>
<td>Charismatic, graceful, suave, charming,</td>
<td>Mysterious.</td>
<td>Judgmental, relentless.</td>
</tr>
<tr>
<td>(Second class)</td>
<td>outgoing, magnetic, handsome.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicole Diver</td>
<td>Gorgeous.</td>
<td>Infatuated, nonchalant.</td>
<td>Immature, naïve, exploited, suppressed.</td>
</tr>
<tr>
<td>(Second class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosemary Holt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Second class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jake Barnes</td>
<td>Observant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Second class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Second class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catherine Barkley*#</td>
<td>&quot;Less cynical,&quot; sincere.</td>
<td></td>
<td>Submissive, passive aggressive.*</td>
</tr>
<tr>
<td>(Second class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robert Jordan</td>
<td>Strong, pensive, courageous, intelligent,</td>
<td></td>
<td>Aggressive, depressed, worried, suicidal, distrustful,</td>
</tr>
<tr>
<td>(First class)</td>
<td>strong, dutiful, focused, responsible.</td>
<td></td>
<td>anxious, catastrophizer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

Figure 2.0 represents the adjectives and ratings given by Berman and his students. *compared to Lady Bret Ashley. #compared to Frederic Henry. Students were not expected to have finished reading each novel by the second week, so these adjectives may represent initial interpretations of characters.
“How is the author judging his characters, and, how does the author expect me to feel about his characters?” Additionally, he shared his psychoanalytic interpretation that the “hero’s blind spots tend to be the writer’s blind spots,” which marked the beginning of an emphasized interest in the autobiographical connections between the authors and their respective protagonists.

Each novel was read and discussed over a period of 4-5 classes. During either the first or second session of each of these periods (save for that regarding *The Great Gatsby*), Berman engaged students in a characterization activity. Students were instructed to choose one adjective to describe a character, and share it with the class. They then, along with Berman, rated these adjectives as either positive, negative, or neutral personality traits. Figure 2.0 depicts the outcome of this exercise in regards to each character to whom it was applied. Though some characters, like Rosemary Holt, did not necessarily depict an individual with mental illness or mental health issues, these characterizations were featured in diaries. Forty-five diaries were collected in total; 51.11% of participants referenced these classroom discussions. See figure 3.0

Ten participants analyzed the degree of accuracy of portrayals of mental illness and mental health issues in their diaries. The split between perceived accurately and inaccuracy was 6-4. Six participants wrote about character portrayals in *This Side of Paradise*; five of these students focused on Amory, and all but one felt that Fitzgerald accurately depicted a narcissist; the sixth participant examined Amory’s parents and found them to be an truthful portrayals of people struggling after the death of a loved one. Two participants concentrated on the romantic relationship between Frederic and Catherine from Hemingway’s *A Farewell to Arms*, and while one was convinced of the authenticity of their love, the other was not. Additionally, two participants believed Hemingway in *For Whom the Bell Tolls* created, in the character of Maria, an unrealistic and misogynistic portrayal of a rape victim.
While discussing *This Side of Paradise*, Berman shared multiple secondary sources for use in students’ written assignments. These included a chronology of Fitzgerald’s life (Schiff, 2001), the DSM-V’s diagnostic criteria for narcissistic personality disorder (2013), the New York Times article “Problems of Parental Narcissism” (Johnson n.d.), and an excerpt from Jonathan Schiff’s *Ashes to Ashes: Mourning and Social Difference in F. Scott Fitzgerald’s Fiction* (2001). Narcissism in the novel was discussed across all four days. Berman told students it was acceptable to talk about fictional characters as real people as long as enough textual evidence was cited to support an analysis or psychological assessment.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Class</th>
<th>Novel</th>
<th>Personal History</th>
<th>Culture</th>
<th>Healthcare Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline</td>
<td>P</td>
<td>P/SS/B</td>
<td>SS/B</td>
<td>SS</td>
<td>P/B</td>
</tr>
<tr>
<td>Jax</td>
<td>P/SS/F</td>
<td>P/SS/F</td>
<td>P/SS/F</td>
<td>SS/F</td>
<td></td>
</tr>
<tr>
<td>Jerry</td>
<td>G</td>
<td>G/SS/B</td>
<td>G/SS/B</td>
<td>G/SS</td>
<td></td>
</tr>
<tr>
<td>Katelyn</td>
<td>P</td>
<td>P/SS/B</td>
<td>SS/B</td>
<td>B</td>
<td></td>
</tr>
<tr>
<td>Kathleen</td>
<td>T/SS</td>
<td>T/SS/F</td>
<td>T/SS/F</td>
<td>T/SS</td>
<td></td>
</tr>
<tr>
<td>Kessler</td>
<td>T/SS</td>
<td>T/SS/B</td>
<td>T/SS/B</td>
<td>SS</td>
<td></td>
</tr>
<tr>
<td>Libby</td>
<td>P/SS</td>
<td>P/SS/S</td>
<td>P/SS/R</td>
<td>R</td>
<td>SS</td>
</tr>
<tr>
<td>Lupe</td>
<td>SS</td>
<td>T/SS/B</td>
<td>T/SS/R</td>
<td>T/SS/B</td>
<td></td>
</tr>
<tr>
<td>Mary</td>
<td>T/B</td>
<td>T/SS/B</td>
<td>T/SS/B</td>
<td>T/SS/B</td>
<td></td>
</tr>
<tr>
<td>Maxine</td>
<td>G/SS/B</td>
<td>G/SS/B</td>
<td></td>
<td>SS</td>
<td></td>
</tr>
<tr>
<td>Momo</td>
<td>SS/B</td>
<td>T/SS/B</td>
<td>T/SS/B</td>
<td>SS</td>
<td></td>
</tr>
<tr>
<td>Nancy</td>
<td>P</td>
<td>P/SS/B</td>
<td>P/SS/B</td>
<td>SS</td>
<td></td>
</tr>
<tr>
<td>Rae</td>
<td>SS</td>
<td>P/SS/R</td>
<td>P/SS/R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ralph</td>
<td>SS</td>
<td>T/SS/B</td>
<td>T/SS/B</td>
<td>SS</td>
<td></td>
</tr>
<tr>
<td>Renee</td>
<td>SS</td>
<td>P/SS/F</td>
<td>P/F</td>
<td>P/SS/F</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3.0 represents the sources used in each diary. Abbreviations for the novels are as follows: *This Side of Paradise* (P), *The Great Gatsby* (G), *Tender is the Night* (T), Hemingway’s short stories (SS), *The Sun Also Rises* (R), *A Farewell to Arms* (F), and *For Whom the Bell Tolls* (B).

Caroline, Katelyn, Nancy, Libby, Renee, and Jax wrote diaries in response to *This Side of Paradise*. They described Amory as either a narcissist or narcissistic, though only one, Caroline, alluded to the DSM-V’s criteria for narcissistic personality disorder. She stated authoritatively, “Quite conspicuously, the main character of the novel, Amory Blaine, is highly egotistical and possesses many of the qualities and criteria to be diagnosed with narcissistic personality disorder.
The psychologists of our modern world would most definitely have diagnosed Amory Blaine with being afflicted with this personality disorder, if he was one of their clients.” 50% of diarists authoritatively characterized Beatrice as a narcissist, hypochondriac, or alcoholic. Only Katelyn and Libby wrote about Stephen Blaine; Libby identified him as “distant” and “withdrawn,” and Katelyn explained he did not care about his family, which was one of the root causes of Amory’s narcissism and Beatrice’s alcoholism.

Nancy, Katelyn, and Renee agreed Amory was an accurate depiction of the human condition. Nancy and Renee both struggled before asserting this, however. Nancy critiqued Fitzgerald’s writing style as too subtle; she was unable to accept Amory’s professed self-actualization at the close of the novel. She asserted “Fitzgerald’s literary visions seemed to get lost in some ways in this novel, but, being his Bildungsroman⁶, it is inevitably relatable, at least in part, on a human level.” Renee, on the other hand, hated the novel, but ended her assertion with an ambivalent outlook.

I hated how it was written – I could not “get into it.” I hated the tone of the novel – it was uncomfortable to listen to the way people and serious issues were discarded and discarded in such cavalier ways. I hated the general sense of ignorance found throughout the novel, both by the characters, and, by extension, the author. And, most of all, I despised the memories that this novel resurrected in me. But, even with all these negative feelings, I cannot help but to respect this novel as a fairly accurate representation of the flaws in society and individuals, albeit often in unintentional ways; this novel depicts the imperfections in attitude,

⁶ A term introduced by Berman in a lecture - the growth and development of the character’s story.
thought, and approach to life that can be found, in however small a way, in each of us.

Katelyn empathically considered Amory’s narcissistic personality a defense mechanism: “Underneath all of Amory’s self love was “self hate” as Jeff put it. You could tell how much Amory hated the family that he had come from and wanted to separate himself from that as much as possible. People in the real world do the same thing.” Additionally, she wrote, “Amory is an extreme example, but is still relatable to many cases that occur in the real world and literary world.”

Jax did not concede the relatability of the novel. She wrote, “I never got the sense that I could understand Amory as a person.” She stated unsympathetically, “As it stands, Amory could have fallen off a cliff halfway through the novel and I don’t think that I would have felt cheated at all. In fact, I might have enjoyed him more had his story ended that way.” Adjectives she used to describe Amory were “selfish,” “narcissistic,” “unsympathetic,” and “inauthentic.” Like other participants, her disdain stemmed from the belief that Fitzgerald’s protagonist lacked depth. Nonetheless, Jax’s diary presented a contrast: she both praised and criticized the novel for being too subtle.

Drawing connections between Fitzgerald and Amory was particularly interesting to me because we were able to uncover some aspects of Fitzgerald’s personality through clues he’d unintentionally left behind...Discovering these clues was like uncovering Easter eggs, giving the novel the sort of depth that I was hoping (but failed) to find in Amory.

Finally, Libby found This Side of Paradise to be “fascinating,” citing her interests as a psychology major. She enjoyed studying the novel through an autobiographical lens,
highlighting the similarities between Amory’s parents and Fitzgerald’s. She wrote, “I feel Amory’s parents certainly embody the characteristics of individuals who have suffered extreme loss,” referencing the class discussion of Jonathan Schiff’s proposed theory that Fitzgerald was a replacement child. Libby believed “Fitzgerald must have understood [loss] to some extent to be able to paint such an accurate portrait.”

Berman offered two mutually exclusive interpretations of Hemingway’s *A Farewell to Arms*: it alternately depicts a deeply moving, tragic love story, or a phony war romance. He told students that while Catherine was a rare Hemingway heroine who was existentially aware, Frederic was the most “emotionally repressed” hero. In order to contrast his emotional response to the death of his wife to the unemotional reaction given by Frederic when Catherine dies from childbirth, he read from his book *Dying to Teach: A Memoir Of Love, Loss, and Learning* (2007). Momo asked if Hemingway wanted his readers to realize the relationship between Catherine and Frederic wasn’t sincere; Berman replied that there was no textual evidence to prove this. Still, Momo showed doubt, but she did not elaborate within a diary.

Kathleen and Renee wrote diaries for the novel, and they held opposing interpretations of Catherine and Frederic’s romance. Kathleen, through her emotional reaction to the death of Catherine, was convinced by Hemingway’s portrayal.

I can’t believe it happened…I can’t believe that I cried…I rolled my eyes and/or scoffed at most of the interactions between Frederic Henry and Catherine Barkley throughout *A Farewell to Arms*. But it did happen. That paragraph on the second to last page of the novel made a hypocrite out of me. I guess Hemingway convinced me of the authenticity of Frederic’s relationship with Catherine without my even realizing it. Pretty sneaky, Papa, pretty sneaky.
Renee used her own experiences with love in order to judge the authenticity of Catherine and Frederic’s romance. While she did not claim it was an unrealistic or unconvincing love, she read oppositionally by discrediting the relationship as a “faulty portrayal due to the author’s ideals, which taint the characters and their story.” She wrote,

A loving relationship would facilitate growth of the individual as well as the pair – Catherine’s and Frederic’s diminished her identity. Theirs was a “love” based on conditions, lies, and unnecessary sacrifices – all pointing to the fact that their relationship was toxic. It was interpreted as a loving relationship, which is inaccurate.

While giving a lecture on Hemingway’s *For Whom the Bell Tolls*, Berman called into question the authenticity of Maria’s character. After students shared their adjectives to describe her, he added “innocent,” offering an interpretation he felt Hemingway intended. He then shared a controversial reading: Robert Jordan, a Spanish instructor, used the pet name Conejo (rabbit) for Maria; this name also carries the offensive connotation of the pejorative ‘cunt’. Surely, he said, Robert Jordan would be aware of this, just the same as Hemingway – so why does the author offer contrasting portrayals of Maria? He asked, how are readers meant to feel about Maria?

Caroline and Maxine believed Maria was unrealistic, and her character revealed Hemingway’s misogyny. Both these participants based their interpretations on the behavior and attitudes of real-life sexual assault victims. Caroline compared Maria to her friend, Kaila, who had once been “effervescent and bubbly,” but after she was raped was a “broken shell of a girl,” with an attitude of “gloom and doom.” Caroline was unnerved by Maria’s trusting, submissive behavior toward men, specifically Robert Jordan. She wrote,
Unlike Maria, [Kaila] did not heal overnight... Months of therapy did help her healing, but this was an on-going process. It took a long time for her to come to terms with what had happened and begin to trust the males that came into her life. Hemingway dismisses Maria’s traumatizing experience in order to make her more appealing. If she is not carrying any emotional baggage, she will not be a burden to Robert. A fictional woman, created by a misogynistic male writer may be able to overcome such a violent attack in a short period of time, when in reality, this disregards the victim’s feeling and makes the incident seem insignificant.

Maxine referenced her own experiences of rape to support her analysis: “Maria is trusting. I was astonished. I do not claim to know everything about women or about rape, but I believe I know more than Hemingway.” She wrote about her experiences as a prostitute: “It felt empowering to take money from men. Making hundreds of dollars in one night made me feel valuable. For the first time since I had been raped three years earlier, I felt like I was in control.” Her struggle to come to terms with sexual assault was the opposite of Maria’s, which was to become submissive to a man, something Maxine found objectionable: “I wasn’t capable of dealing with my rape until I felt powerful. It is unlikely Maria healed so quickly. It is unbelievable that she healed spontaneously, or that –as the novel suggests- sex with Robert Jordan healed her.” It was her conclusion that, “Perhaps Maria is naïve or unbelievably resilient, but it is more likely that she is an unrealistic portrayal of a woman.”

*How, if at all, do students relate personally to the characters in the novel? Do they draw parallels between characters and themselves, a family member, or a friend?*
Diary Coding: Forty-five diaries were submitted for this study. Figure 3.0 shows the sources of information referenced in them. Without exception, each cited a novel or short story. Participants reviewed characterizations, themes, quotes, and plot points. Personal history, something experienced empirically by a participant or someone they knew, was referenced in 93.33% of diaries. As previously mentioned, class discussions or lectures were addressed in 51.11% of diaries. Aspects or commentary on one’s culture were featured in 46.67% of diaries, and 11.11% mentioned a healthcare professional’s diagnosis or prescriptions.

Using a comprehensive T-unit count, statements and questions of Individual Consideration were found to be the prevailing coding item; this can be seen in figure 4.0. Rather than grouping multiple characters and people together, participants overwhelmingly considered a single subjective situation within a T-unit. However, 84.44% of the diaries discussed the ways in which a person related to a character overall; these diarists ultimately explored one conclusion – either an individual was like or unlike another. Of these diaries, just over half paralleled two or more individuals. 68.18% of the diaries that wrote about the similarity between individuals focused on the self; 22.72% wrote about a family member, and 13.64% wrote about a friend. The majority of compatible connections were to Hemingway’s Nick, the protagonist of “Indian Camp”; participants wrote about their own experiences with death and maturation, and many shared Caroline’s sentiment: “Like Nick’s experience with the Indian, I could not wrap my mind around her death.” Next, participants made an equal amount of connections to either Nicole Diver, Robert Jordan or Amory Blaine, with one participant, Nancy, comparing herself to the latter two.
Two participants identified empathically with Nicole; one likened her to a cousin who was the victim of incest, and another used her recovery as inspiration for others who struggle with mental illnesses, including her friends. Momo wrote that though she could not understand being raped, she could understand how it feels to have a relationship with one's father deteriorate. Likewise, Lupe also made a distinction while sharing the details of her own traumatizing experience with sexual assault: “[It was] one of the worst nights of my undergraduate career; that ordeal traumatized me. In Nicole’s case, her own father was the culprit, and that makes it worse.” Nonetheless, she wrote, “I can understand the impact that it had on her mental wellbeing.”

Kessler described both Nicole and her cousin as people hiding behind facades: “As a child, I envied [my cousin’s] outward appearance constantly, and I desperately wanted to be regarded as beautiful as her. However, until I matured I was completely unaware of the mental trauma she endured.”

Unsympathetic opinions were a rarity in diaries, but when they appeared, they were targeted at perpetrators of sexual or harmful behavior toward others. Kessler wrote, “I still struggle to look at [my cousin’s] brother, who I once idolized, without feelings of hatred and repulsion. I don’t believe these feelings will ever subside.” Lastly, Mary admitted she was unsure of how to support her loved ones afflicted with mental illness, but Fitzgerald’s portrayal of Nicole led her to an optimistic outlook: “While characters such as Dick Diver and Abe North succumb to their illnesses, Nicole Diver thrives. This demonstration of a positive outcome of a mentally diseased character provides a beacon of hope for mentally ill individuals in literature and the real world.”
Those who identified with Amory drew sympathetic connections to their childhoods, which included neglectful or substance-abusing parents. Libby reflected on her own “father hunger,” which she renamed “father envy” because rather than crave a father figure, she wished her own were attentive like those around her. Nancy wrote that she could empathize with Amory’s narcissistic behavior because it mirrored her own,

I, much like Amory, decided to adopt a somewhat narcissistic persona at about age fifteen (which I have since abandoned). This created for me a buffer zone between my inner self/sentiments/feelings (which were generously peppered with anxiety, budding depression, self-anger, and self-doubt) and the people with whom I had to interact. By telling myself that I was superior in so many ways, I largely believed it, save for in those solitary moments that I had no choice other than to be honest with myself.

Caroline and Rae likened Amory to former best friends. Rae’s experience of reading This Side of Paradise allowed her to rethink her attitude toward her former best friend, and to gain a sympathetic outlook: “I never thought that our relationship would better help me understand a character in a book, and yet sympathize with [Amory.] I guess because I will always love my best friend and know that she too is an asshole.” Contrastingly, Caroline’s experience led her to a pessimistic outlook on narcissists. She cited her experiences with a former friend:

I became angered by Laura’s self-absorption and her inability to care about anyone other than herself. When I expressed my feelings, she completely shut down, and I have not spoken a word to her since. I am not sure there is a way to

---

7 A psychological term introduced by Berman. This refers to a child’s yearning for his/her father after the loss of said father.
get through to her, as no one was able to get Amory to love anyone other than himself.

Those who wrote about Robert Jordan explained how they shared his anxious personality. Momo and Jerry admitted their identification with Robert Jordan was problematic. Jerry wrote,

Out of all the Hemingway heroes, I find the most similarities with myself in Robert. This is, of course, a dangerous statement. I don’t believe that I am suicidal, or wish to die in any way, and I don’t drink alcohol nearly as much as he does. But the feeling of getting trapped in your own circle of thoughts even to the point of obsession is one that I know all too well.

Ralph wrote that though he never honestly considered it, he fantasized about committing suicide:

“Perhaps this was my way of reassuring my value to others. Perhaps it was my attempt to comprehend the nature and gravity of suicide. Or perhaps it was a natural reaction to disillusionment with the world and a loss of childhood ideals.” Kessler identified with Robert Jordan’s search for passion: “I made a choice as passionless as Robert Jordan’s to fight in a foreign war. My life was monotonous and numb. It wasn’t until I met someone that evoked a passion within, just like Jordan when he meets Maria, that I finally felt alive.”

Those who concentrated on conflicting individual considerations once again majorly focused on themselves in relation to another (56.35%), then a family member (31.25%), or a friend (18.75%). The diversity of juxtaposed characters was widespread, with many individual characters used by one participant only, but four participants made distinctions between Maria and another, and two used the suicidal characters in “A Clean, Well-Lighted Place” and “Indian Camp.” The four participants who wrote about Maria were Katelyn, Mary, Maxine, and Caroline. Two of these participants, Caroline and Maxine, discussed the authenticity of Maria’s
character – Maxine used her personal history and Caroline referenced her friend Kaila in order to support their analyses. Mary also wrote about the rape of a friend, but instead of using this to judge Maria’s characterization, she used it as a means to discuss silent suffering and unreported rape: “I’d like to think I would take action if I ever found myself in a similar situation, but now I’m not too sure. If [my friend] Ashley, whom I view as similar to myself, was not able to come forward to report this indecency, then would I have trouble as well?” Unlike the others, Katelyn reacted positively to Maria’s character. She worked for an after-hours crisis and rape hotline, and saw Maria as an inspirational model for victims. She also shared her own experience with sexual assault – when she was a minor and her boss kissed her at work. Afterward, she became quiet and despondent, and found new work as quickly as possible. She wrote,

If something as small as a kiss can do that much damage to a person, I won’t try to imagine what kind of destruction rape can cause. Maria is a soldier for being able to get through what happened to her with the attitude she had, and other sexual assault victims can take inspiration from her.”

Katelyn and Nancy wrote about struggles with mental illnesses. While Katelyn recollected her summer as a bulimic, Nancy divulged her efforts to convince her suicidal sister to choose life. Both of their diaries delivered the same message. As Katelyn wrote,

Every person has issues in their life that they decide to handle differently. Some people feel like their problems are so bad that the only way they can escape from them is by killing themselves, and others find another outlet like me with my eating disorder.

Their diaries were a call for sympathy and understanding. Recalling the younger waiter’s callous treatment of the man who tried to commit suicide in “A Clean, Well-Lighted Place,” Nancy
added, “I have such anger toward the people who don’t give my sister credit for all she had been
through, which is certainly much more than most people her age.”

Do students struggle to discuss mental illness and mental health issues within class discussions
or in their self-disclosing reader response diaries? If so, why? Does this reflect a lack of
knowledge and familiarity, or a perceived stigma against mental illness and mental health
issues?

Questionnaires: Items in QIII concerned a participant’s experience of speaking and writing
about mental illness and mental health issues throughout the course. In order to gauge a
participant’s knowledge, students were asked how often they searched for information on mental
illness and mental health: 40% of participants answered “sometimes,” 33.33% answered
“seldom,” 20% “did not go out of [their] way,” and 6.67%, or one participant, frequently
searched for information on mental illness and mental health – this participant, Renee, was a
psychology major. On a Likert scale, in reply to “I struggled to discuss and write about mental
illness and mental health while taking this course,” the mean response was 2.8. When asked to
elaborate, 40% of participants admitted their lack of familiarity with mental illness was the root
of their struggle, and 20% wrote they were uncomfortable disclosing personal information.
26.67% of participants reported they had no trouble, and 13.33% wrote the “honesty” and “non-
judgmental” behavior of their classmates and Berman made them confident and comfortable
enough to write about mental illness and mental health without struggle.

Items in QII also sparked discussion of the taboo against mental illness and mental health
issues. When asked if they spoke about their mental health with people other than healthcare
professionals, seven participants said they did not, seven said they did, and one said she was
unsure. 71.43% of the participants who reported they don’t talk about their mental health with others (besides a healthcare professional) also stated they personally struggled with mental illness. This begs an inquiry – can the participants who earlier said that people in their lives have never struggled with mental illness be sure of this if it appears a large number of people who do struggle with mental health issues never discuss it with anyone outside a professional capacity? Furthermore, when asked if they struggled to discuss mental illness and mental health, 71.43% of the five participants who said they struggled with their own mental health issues conceded they struggled to write about such topics. Kessler wrote, "I can easily write about it when it is someone else's health/illness in question. I haven't yet gotten into my own - maybe for fear of what I'll realize?" Katelyn and Maxine, who did not struggle, wrote, "I'm basically an open book so it wasn’t difficult for me" (Katelyn), and "Writing about it is easy. Experiencing it is difficult" (Maxine).

The mean Likert scale response to QIII’s statement, “I would be interested in taking more literature courses that encourage self-disclosure” was 4.53. When asked to explain, 26.67% of participants described the experience as “therapeutic,” 20% wrote the experience was refreshing compared to their other courses which did not allow one to “express” oneself; 13.33% wrote that it had been “valuable” in that it was “eye-opening,” and “moving”. The “connection” made between students in this particular class was cited by three students, and two mentioned that their decision to take another course like this one would depend on the instructor. Nancy was the only student who reported she was unsure if she would take another course that encouraged self-disclosure, and wrote,

self-disclosure has always been difficult for me, particularly in writing because I have the chance to go back and remove personal information. However, I have
been told by many people that the personal stories are what interest readers most, so I am working on becoming more comfortable talking about my life experience.

Five participants noted the lack of open dialogue on mental illness outside the classroom; Caroline credited a cultural “taboo” as the source of this deficit in communication; Kathleen wrote: “There is such a stigma surrounding mental illness that even though so many people have had similar experiences you would never know it unless you were in a class like this. Unless you were actively encouraged to share experiences like this I don’t think anyone would for fear of being judged.” Momo penned the following,

Mental illness is so difficult to discuss that it must be discussed and portrayed in literature. I think the best authors acknowledge the difficulty of discussing mental health and write interesting novels and short stories with star characters who experience various forms of illness and deal with it in different ways. Literature is an excellent yet indirect way of discussing illness. We need to learn how to speak our worries, not just write them on paper. However, I also know when people start writing freely, they leave their blood, sweat, and tears on the paper.

**Diary Coding:** The questionnaires attempted to prompt a discussion on the taboo and stigma against discussing mental illness and mental health issues. This was not a topic that was written about in the diaries, except for in one. Of Fitzgerald’s *Tender is the Night*, Mary wrote,

This novel supports my belief that many people decide to ignore mental illness for fear of having to face those suffering around them. Speaking about mental illness has been taboo for years, and even though social media is slowly changing this, its much easier to talk to people about their broken arm or leg than their struggles with bipolar disorder. There are many instances in the novel where characters
ignore signs of mental illness among their friends… the unwillingness to discuss the private affairs of others is usually beneficial, but when it comes to mental illness, honesty and self-disclosure may lead to more effective treatment and care. The social stigma of mental illness alone may cause strife in those who are suffering, leading them to shy away from the treatment they need.

Despite having been written in 1934, the novel led Mary, an aspiring physician, to believe “this novel brings to light several troubles with the way mental illness is handled among individuals and the healthcare community, and I will use it as a lesson to try to be more open and supportive for those around me.”

Do class discussions or the anonymous readings of self-disclosing reader response diaries change or affect students’ attitudes toward mental illness and mental health?

**Questionnaires:** Participants were prompted to reflect on their attitudes toward mental illness in QIII. On a Likert scale, they were asked to agree or disagree with the statement “My attitude toward mental illness has changed since I began taking this course.” The mean response was 3.4. When expanding upon their responses, 53.33% of participants explained the course made them realize the prevalence and diversity of mental illness; two wrote the class reinforced their attitudes of mental illness being a serious and sensitive issue, two more wrote they were unsure if the course changed their attitudes, and two saw no change; one participant wrote the course made her more open to discussing her own mental health, but her attitudes toward mental illness did not change.

QII asked students to answer the question, “What have you learned about mental health and illness as a result of hearing [Professor Berman] read several diaries aloud?” Twelve, or 73.33%,
of participants reported learning mental illness affects a larger number of people than they had
previously thought. For Lupe and Caroline, this was “eye-opening.” 66.67% of these twelve
students identified this larger amount as “many” more. The influence of family or friends with
mental health issues was noted by 58.33%; 41.67% included “everyone” in their responses as
those affected by mental health issues. Libby wrote, "I have learned that it is an issue/topic that is
way more widespread than I thought it was. It’s one of those things where you always think
you're the only one that has dealt with stuff, but with the diaries I've been reminded that
everyone has battled hardships in some form."

53.33% of participants learned, as Kessler wrote, “as a person I need to be more conscious of
my thoughts and actions toward others because I don't know their story and from their exterior I
don't know what internal battle they're trying to survive.” Others also recognized a difference
between what a person projects externally and what a person may feel internally. This
acknowledgment lead to sympathetic statements; Katelyn wrote that she has “respect for those
who have a mental illness or know someone else who does;” Mary, wrote, “I will use this
newfound sensitivity in my future career and interactions with others.” Though Lupe wrote, “It is
sad to think of these issues weighing on the hearts of such young people,” she ended this
sentiment with, “but alas, such is life.” Jax likewise displayed ambivalence: “There is no way to
break the cycle, unfortunately, but hearing everyone's diaries helps me remember to always try."

The majority of responses to this question addressed the prevalence and various impacts of
mental illnesses for others, but two participants chose to discuss the opportunity for self-
reflection presented by the experience of listening to diaries. Jerry wrote, “[Mental Illness] is not
something that gets discussed often (of course I say that from my experience, not anyone else's)
so being able to write and listen to the accounts of different people gives yet another dimension
of self-reflection.” Reflecting, Maxine reported: "I find myself better able to handle a conversation with my sister, and that is a big step for me. I've let go of some of my anger towards her. I've realized that I blame [my sister] for the consequences of her mental illness; I wasn't fair to her."

**Diary Coding:** Again, Mary, as though through anticipation, was the only participant to discuss a subject in a diary that would be posed as a question in QIII. She wrote,

> My participation in this class has opened my eyes to how many people suffer every day from mental illness, rape, suicide, or any other horrible thing in our world. As a result of this experience and this class, I have realized that, unlike Maria’s rape of a bloody murder scene in a crime show, most dangers and horror in this world do not present themselves directly. They lurk in the shadows and go unnoticed by most who pass by. They choose their victims carefully and they usually suffer in silence, afraid to disrupt the blind, unwavering community in which they live.

**DISCUSSION**

**Hypotheses and Research Questions:** Using the results from this study, I was able to answer my research inquiries as well as confirm my hypotheses. The first series of questions I posed – “How do students respond to the portrayals of characters with mental illness or mental health issues? Do they find these characterizations to be accurate portrayals of people with mental illness and mental health issues, or do they find them unrealistic and problematic? On what sources do students base their opinions?”– were answered by content within diaries and in questionnaires I and III. Over the semester, the class increasingly believed in the authenticity of
character portrayals. As shown in figure 3.0, participants used the sources of information readily available to them.

Unsurprisingly, material from the novels were fixtures in student work, as an exclusion of this literature would not meet the assignment requirements. More importantly, participants overwhelmingly based their evaluations of characters on their own personal history; a participant’s analysis of a character was dependent upon her life experiences, as well as those of her family and friends. If a participant’s synthesized knowledge contained reason to oppose or support a character portrayal, she did so using evidence from her life experiences. If she had no evidence to object to a character portrayal, it was unlikely she would question its authenticity. This may serve as an indication of the responsibility of writers to create accurate depictions of people with mental illnesses and mental health issues, lest novice readers accept the portrayals at face value, and use them to unfairly judge or stereotype others. Just as in Joan C. Chrisler’s (1990) writing assignments, students, with the approval of Berman, used sources such as the DSM-V (2013) to treat characters as psychological case studies, particularly Amory Blaine.

From the first day of the course, students were encouraged to question authorial intention. Beyond discussions of unreliable narrators, students in other literature courses are not often advised to read oppositionally. Because of Berman’s frequent questioning of authorial intention, students were less likely to accept and internalize the stigmatized portrayals of characters in the novels of Fitzgerald and Hemingway. Additionally, they were less likely to accept the romanticized martyrization of Robert Jordan in For Whom the Bell Tolls. Instead, students saw Robert Jordan’s behavior as a means to commit suicide, causing them to trace the roots of his depression and call into question Hemingway’s views on suicide. Jerry wrote,
I am fortunate that I have been able to overcome my belief of suicide being cowardly earlier in my life than Hemingway did in his. To dismiss such a serious life decision in that manner is, in hindsight, one of the more narrow-minded things I’ve done.

Results from my first series of questions can also be used to answer my second: “How, if at all, do students relate personally to the characters in the novel? Do they draw parallels between characters and themselves, a family member, or a friend?” A participant’s ability to relate or identify with a character was dependent upon her personal history. 84.44% of the diaries compared a character to another individual: 63.17% of these diaries compared a character to themselves, 26.32% referenced a family member, and 15.79% wrote about a friend. Throughout the semester, Berman questioned authorial intentions and introspectively analyzed the novels and short stories by providing self-disclosing anecdotes; in order to illustrate the term assumptive world, which was used to teach “Indian Camp,” Berman told the story of his mother’s fear of developing cancer. After years of anxiety, she was diagnosed with cancer, and revealed she was relieved – her diagnosis confirmed her fears (and her assumptive world), proving she had not been “crazy.” Additionally, while lecturing about Hemingway and suicide, Berman reflected on the suicide of his mentor. He shared with the class his struggle to come to terms with the death, his guilt over being unable to stop it, and how his pedagogy changed because of it. “Yes,” he told students, “it’s painful to talk about, but it’s worse to keep quiet.” The majority of participants followed suit and wrote their own self-disclosing diaries. Therefore, my initial hypotheses were confirmed: “students will be encouraged to question the portrayals of characters… In turn, they will question the portrayal of characters by comparing the experiences, mental health and
attitudes of the characters with their own…students will engage with the novels introspectively, drawing parallels or divergences between characters and themselves or the people in their lives.”

While gathering information to answer my third series of questions – “Do students struggle to discuss mental illness and mental health issues within class discussions or in their self-disclosing reader response diaries? If so, why? Does this reflect a lack of knowledge and familiarity, or a perceived stigma against mental illness and mental health issues?”- it became apparent the majority of students did struggle, but the split was close to even: 8-7. 40% of students admitted they struggled because of a lack of knowledge or familiarity with these issues. Nonetheless, participants pointed to Berman’s classroom as a safe place in which they began to feel comfortable disclosing personal information in an academic setting.

“Do class discussions or the anonymous readings of self-disclosing reader response diaries change or affect students’ attitudes toward mental illness and mental health?” 53.33% of participants reported their attitudes toward mental illness and mental health changed throughout the course. 26.67% were unsure of a change, and 20% experienced no alteration in attitudes. The three participants represented by this last figure, Katelyn, Libby, and Kessler, admitted to struggling with mental illness, and rather than change their attitudes, they wrote the course fortified their beliefs. Those who were uncertain of an attitude change noted a lack of a means for measuring this. If there had been any change, they wrote, they couldn’t tell how much. In 2002, Ng and Chan could not determine which aspects of their training program were most helpful in changing attitudes toward mental illness. However, in the study conducted here, it is evident that listening to the anonymous diaries was the most influential feature of the course. In response to QII, Renee wrote “The diaries allow an anonymous outlet that we can use to share our experiences. Looking at someone, any someone, does not give you insight into who he/she
is, what he/she experienced, and what he or she has witnessed. Everyone I've asked has said that the diaries are the best part of the class. They are both extremely liberating and enjoyable exercises!

My final hypothesis -“I anticipate a majority of students in ENG 343 will decide they have benefited from Berman’s pedagogical style, and would take a similar course again”- was confirmed by QIII. In Berman’s most recent reflection on his pedagogy, the 2010 article, “The Talking Cure and the Writing Cure,” he stated, “My students have also learned a great deal about themselves as a result of writing…They have learned, in short, that the talking cure and the writing cure are parallel efforts toward self-discovery and self-healing.” In QIII, one-third of participants wrote the course had been “healing” or “therapeutic,” while others described the experience as “moving,” and “eye-opening.” In QII, Maxine revealed, “I've realized that I blame Rebecca for the consequences of her mental illness; I wasn't fair to her.” In diaries, Katelyn, Maxine, and Nancy wrote cathartically. In her diary for “Indian Camp,” Nancy wrote, “I had intended to write more about the Hemingway stories, but this is something that I have needed to write about for years and have put off due to fear of exploring it further.” Only one participant, Nancy, was unsure if she would take another literature course that encouraged self-disclosure. She explained, "For me, it would depend on the instructor of the course. I feel comfortable with beginning to disclose things to Jeff, but if I did not feel comfortable with the instructor, then I would not want to disclose personal information."

**Limitations:** There were limitations to this study, such as the previously stated lack of a measurement tool to gauge participants’ attitude changes. Additionally, this study did not follow up with students. Many wrote they would use their newfound knowledge and sensitivity moving forward in their personal lives and careers, but this study provided no way in which to study
whether these students carried through with their declarations. Further research would ideally continue past the course’s end date in order to examine its lasting impact. Because this was a convenience sample, participants were non-representative. Students chose to enroll in the course, and, in effect, the sample for this study was self-selected – what would findings be from a representative sample? Moreover, twenty-four students agreed to participate in this study, but only fifteen submitted a full body of work, narrowing my sample size.

**Further Research:** As stated in my introduction, Granello, Pauley, and Carmichaels’ 1999 study revealed students who received their information about mental illness from electronic media were more restrictive and less sympathetic than those who received their information from other sources such as college courses and interactions with people with mental illness. As shown in figure 1.0, save for TV shows or movies, the prominent sources of information on mental illness among this study’s participants were college psychology courses, other college courses, and interactions with friends or family. As seen in figure 4.0, emotional interpretations, which included empathetic identifications, and sympathetic outlooks outnumbered unsympathetic outlooks, which included unsupportive or intolerant views. Further research might investigate this correlation in detail – Do the individuals who report their sources of information as non-entertainment make more sympathetic than unsympathetic statements? If the number of participants were more evenly distributed across sources of information, could this distinction be more or less easily seen? How would these findings relate to pessimistic and optimistic outlooks?

In her 2011 essay, “Writing Wounded: Trauma, Testimony, and Critical Witness in Literacy Classroom,” Elizabeth Dutro discussed the advantages of the “circular and cyclical” process of testimony and witnessing in discouraging Othering. Dutro’s own studies concentrate on urban schools and economic classes, but the principles of her discussion have roots in self-disclosure of
traumatic material in literacy classrooms. She used Professor Berman’s 2007 book, *Dying to Teach*, as an example of the closest reenactment of the circular process found in her own classroom. She acknowledged his claim that his self-disclosure led to a more equal relationship, based on reciprocity, between his students and himself, but, she added, “Rather than increasing equality, a classroom space of testimony and critical witness can work toward equity precisely because it acknowledges commonalities of human experiences and inequalities at the same time” - an apt description of ENG 343. Though results from QII indicated a new awareness of the prevalence of mental illness on the part of 73.33% of participants, and 53.33% learned, as Katelyn wrote, “The phrase 'never judge a book by its cover' has never rung so true as it has when hearing the diaries,” a majority of participants distanced themselves from those afflicted with mental illnesses with statements such as, “I am fortunate enough to be emotionally and mentally stable, and there has never been anything inherently wrong with my mental health. However, those around me are not so lucky.” Further research might investigate how this course, and others like it, may work to combat Othering, or mental illness stigma through self-disclosing writing and discussions.

Lastly, in QII, Mary wrote,

> I have learned the power of deliberately informal writing. During college, writing professionally and succinctly has always been emphasized. We are taught to exclude the self and focus on facts to shape our arguments. While these essays may make their point, they are missing a certain human factor. This [course] has taught me that an emotional and personal disclosure in a reaction to literature is just as if not more powerful than a professional essay.”
Further research might explore this perceived dichotomy. When comparing two literature classes and their pedagogical styles, if all conditions were controlled for beside the encouragement of self-disclosure, would students be as likely to experience attitude changes toward mental illness and mental health issues?
References


Clarke, Liam. Mental Health Problems in Works of Literature. *Mental Health Practice, 14*(6), 12-16.


Whitehead, Rachel. (2012, May 7). Homeland’s depiction of mental illness has been a step forward for tv [web log comment]. Retrieved from http://www.theguardian.com/commentisfree/2012/may/07/homeland-mental-illness-bipolar-tv

http://www.who.int/features/factfiles/mental_health/en/
APPENDIX

Questionnaire I

1.) My name is: __________________________________________________

2.) I identify with the following gender: ____________________________

3.) My age is:
   a.) 18 – 24
   b.) 25 – 34
   c.) 35 – 44
   d.) 45+

4.) My major is:    My minor is:

5.) I have previously taken a course taught by Jeffrey Berman: Yes / No
   If so, please specify:

6.) I am taking this course (AENG 343) because:

7.) I have read the following novels and short stories by Ernest Hemingway:
   ___ The Sun Also Rises    ___ Soldier’s Home
   ___ For Whom the Bell Tolls  ___ The Revolutionist
   ___ A Farewell to Arms    ___ Mr. and Mrs. Elliot
   ___ Indian Camp          ___ Cat in the Rain
   ___ The Doctor and the Doctor’s Wife ___ Out of Season
   ___ The End of Something ___ Cross-Country Snow
   ___ The Three-Day Blow    ___ My Old Man
   ___ The Battler          ___ Big-Two Hearted River: Part I
   ___ A Very Short Story   ___ Big Two-Hearted River: Part II
   ___ A Clean, Well-Lighted Place ___ Hills like White Elephants
   ___ In Another Country ___ The Killers
   ___ The Short Happy Life of Francis Macomber ___ The Snows of Kilimanjaro

8.) I have read the following novels by F. Scott Fitzgerald:
   ___ This Side of Paradise
   ___ The Great Gatsby
   ___ Tender is the Night

9.) I have taken psychology courses: Yes / No
   Please specify:

10.) I know or have known someone who struggles or struggled with mental illness: Yes / No
If so, please specify:

11.) I have personally struggled with mental illness:
Strongly Agree…Moderately Agree…Unsure…Moderately Disagree…..Strongly Disagree

12.) I do not talk about my mental health with other people (excluding psychological counselors/health care professionals):
Strongly Agree…Moderately Agree…Unsure…Moderately Disagree…..Strongly Disagree

13.) I have attended or considered attending psychological counseling (please explain):

14.) My primary sources of information about mental illness and mental health are television, video games, fiction books, and movies:
Strongly Agree…Moderately Agree…Unsure…Moderately Disagree…..Strongly Disagree

15.) I believe that mental illness is accurately portrayed in today’s media (TV, video games, fiction books, movies).
Strongly Agree…Moderately Agree…Unsure…Moderately Disagree…..Strongly Disagree

16.) I believe that mental illness in literature should be taken as seriously as mental illness in real life.
Strongly Agree…Moderately Agree…Unsure…Moderately Disagree…..Strongly Disagree

Please Explain:

Now that you have finished the survey, please take a moment to create your own pseudonym! Please provide a fake first name and last name. You will be referred to by this fake name in the results of the study. Your real name will not be shared. Please choose appropriate names only—nothing vulgar. Names do not need to be gender or culture specific. At any point, you may choose to change your pseudonym.

Please do not share your pseudonym with others. This would betray your confidentiality!

My pseudonym is:

Questionnaire II

Now that you have heard Professor Berman read several diaries throughout the semester, including the last four classes, please take a few minutes to write two brief paragraphs about the following questions:

(1) What have you learned about mental health and illness as a result of hearing Professor Berman read several diaries aloud?

(2) What have you learned about literature as a result of hearing the diaries?
Questionnaire III

My name is: _________________________________________________

1.) Please agree with one of the following statements:
   a. I search for information and news on mental illness and mental health **frequently**.
   b. I search for information and news on mental illness and mental health **sometimes**.
   c. I search for information and news on mental illness and mental health **seldom**.
   d. **I do not go out of my way** to search for information or news on mental illness or mental health.

2.) My main sources of information on mental health and mental illness are:
   a.) TV news                                  k.) Peer-reviewed journals and magazines
   b.) Pop culture/entertainment magazines      l.) Personal history
   c.) College psychology courses              m.) Personal psychologist
   d.) College courses (excluding psych courses) n.) Personal counselor
   e.) TV shows                                o.) Interactions with friends
   f.) Movies                                  p.) Interactions with coworkers
   g.) Video games                             q) Interactions with strangers
   h.) Fiction books                           r.) Interactions with family
   i.) Poetry                                  s.) Interactions with patients
   j.) Nonfiction books                        t.) Radio shows/podcasts

3.) I believe that mental illness is portrayed accurately by popular culture (TV, video games, movies, fiction books).
   Strongly Agree…Moderately Agree…Unsure….Moderately Disagree…..Strongly Disagree

4.) I believe that mental illness in fictional literature should be taken as seriously as mental illness in real life.
   Strongly Agree…Moderately Agree…Unsure….Moderately Disagree…..Strongly Disagree
   Please Explain:

6.) I struggled to discuss and write about mental illness and mental health while taking this course:
   Strongly Agree…Moderately Agree…Unsure….Moderately Disagree…..Strongly Disagree
Please explain:

7.) My attitude toward mental illness has changed since I began taking this course:
Strongly Agree…Moderately Agree…Unsure….Moderately Disagree…..Strongly Disagree

Please Explain:

8.) I would be interested in taking more courses that encourage self-disclosure:
Strongly Agree…Moderately Agree…Unsure….Moderately Disagree…..Strongly Disagree

Please Explain: