

A Serious Thesis About (De)Stigmatizing Things

A Research into Destigmatizing Mental Illness through Narrative and Community Created by
Jenny Lawson's Blog and Memoir *Furiously Happy: A Funny Book About Horrible Things*

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SUMMARY

With stigma of mental illness still present all over the world, this thesis aims to research how a memoir on mental illness can help in destigmatizing the dominant narrative on mental illness. It does so by looking at the memoir *Furiously Happy* and blog of Jenny Lawson. Stigma is caused by the dominant narrative on mental illness which says that mental illness should be overcome and brings shame and isolation to people who have mental illness. Lawson's narrative broadcasts a message that one does not have to be ashamed and is not alone in having mental illness. This message resonates with her readers who have experience with mental illness and so inspires people to come out. This has created a community, which, in its turn, encourages more people to come out. So, it is argued in this thesis that Lawson challenges stigma surrounding mental illness by broadcasting a message that having mental illness is okay and by creating a community which functions as a safe space for coming out.

There's something wonderful about experiencing life with friendly strangers and stranger-friends who all fit in your pocket. They celebrate your successes. They send you videos of hedgehogs in bathtubs when you are down. They tell you that you are not alone. And suddenly? *You aren't.* - Jenny Lawson (*Furiously* 244-5)

INTRODUCTION

The other day I had a conversation with a friend who works with patients who have a hospital order to undergo compulsory psychiatric treatment in Utrecht. They had had a team-building day in which a co-worker had for the very first time opened up about her experiences with mental illness in her personal life. Everyone in the team was surprised she had not mentioned this sooner given the work they did. When she was asked why she had never talked about this before, she answered that she was afraid it would reflect badly on her. On the other side of the ocean psychiatrist Kenneth Paul Rosenberg writes in the *Los Angeles Times* about the mental illness of his sister and how it was a secret for a very long time because of the stigma surrounding it. In his family his sister's schizophrenia was a “disgrace,” something to be hidden and denied if it couldn't be quickly and quietly fixed.” He lays out the consequences of this secrecy, namely how it isolated the family and specifically his sister from potential support. After reading about a research into the treatment of mental illness in the United States, he says: “My family's tragedy is an American tragedy. My family's shame is America's great secret.” Even though treatment of mental illness is different all over the world, these two examples show that stigma around mental illness still exists around the globe. That it is not only the case in The Netherlands and The United States becomes evident from the article on “The Royal Tour” of prince Harry and Meghan Markle in South Africa, where they discuss stigma surrounding mental health. The article states that Markle believes

the world is having “a consciousness crisis” when it comes to global mental health issues, because people do not talk about it (Barr).

According to sociologist Ervin Goffman stigma happens when a person has an “attribute that is deeply discrediting” and harms the perception of a person by other people to a great extent, namely “from a whole and usual person to a tainted, discounted one” (3). Goffman approaches stigma from an interactional point of view. Stigma does not lie with people or their attributes themselves, but rather in the “relationship between attribute and stereotype” (4). This means that a specific attribute is labeled as unwanted within a society, and so becomes discrediting. This judgment is based on stereotypes and evokes certain responses within a society. So, whether an attribute is discrediting or not depends on the norms and beliefs within a particular society. Disability Studies theorist Lennard Davis writes about the norm in relation to the body and to eugenics. He explains that in the nineteenth century scientists started to measure the body and by doing so created a norm. Where a norm is created, so is that which falls outside of the norm. Davis says: “When we think of bodies, in a society where the concept of the norm is operative, then people with disabilities will be thought of as deviants” (3).¹ What is more, the concept of the norm with regards to the body was created from a eugenics perspective. Variability of the human body became endangered, because the belief arose that a human body should be a certain way, thus that there is a ranking in what body is best. Ultimately, this belief created “a dominating, hegemonic vision of what the human body should be” (6). While this seems to only concern the outside body, this also holds true for people with mental illness, since “feeble-mindedness,” which included mental illness, was seen as part of the deviant body (7). Both Goffman and Davis discuss how

¹ While Goffman resists the notion of “deviance” and prefers to call it a matter of difference (131), I do believe that Goffman and Davis mean the same thing. Namely, that the deviance or difference that is not normal or stigmatized is a social construct, rather than an actual physical trait.

bodies exist within a society. Davis explains how bodies can be seen as deviating from the norm and Goffman explains how these deviations are stigmatized, because they are other than the norm.

One way the norm is perpetuated is through literature. Davis explains: “This normalcy must constantly be enforced in public venues (like the novel), must always be creating and bolstering its image by processing, comparing, constructing, deconstructing images of normalcy and the abnormal” (10). More concretely Davis writes how plot and characters develop according to the existing norm and that characters with disabilities are rarely the main character, they are mostly minor characters or villains. Through this construction the reader is encouraged to identify with the main character and the norm within society is re-established (9-10). In this view, it can also be said that people with disability are widely represented within society, however always as the Other and never to be identified with (10). That it is difficult to step out of the normative discourse with regards to disability and stigma becomes apparent in the following example. In discussing Goffman’s text on stigma, Heather Love shows how the representation of a stigmatized person by Goffman is in itself repeating the discourse that creates the stigma. According to Love Goffman implies a negative image of the stigmatized and so enforces once again that stigma through his text (174).

One person who seemed to have successfully reached beyond the normative discourse on mental illness is blogger and author Jenny Lawson. On her blog *The Bloggess* she introduces herself as follows:

I’ve been blogging about my strange little life for over a decade. It’s mainly dark humor mixed with brutally honest periods of mental illness. I’m not sure how it happened but somehow this became a very popular, award-winning blog. (“Who”)

Jenny Lawson manages to write about her life with mental illness in a hilarious manner, but the seriousness of mental illness is never diminished. She grasps the terrible reality of mental illness while keeping it light, thus making it accessible to all kinds of readers. That she is read by many can be proven by the fact that both her books were #1 New York Times Bestsellers and by the fact that when she decided to start a movement called The Furiously Happy Movement, it was picked up and trending worldwide on twitter within hours (Lawson *Furiously*). By displaying a way of dealing with mental illness in the way that she does, she creates a discourse on mental illness that differs from the usual narrative. Novels that deal with mental illness mostly tell the story of how someone overcame something (Clark 4). Lawson, however, shows how she lives *with* mental illness. By doing so she connects to people, but also creates an understanding of mental illness where it is a part of life, it becomes visible and is represented in a way that is not that of the Other.

For me the way Lawson presents herself is interesting for two reasons. Firstly because of my personal interest in writing non-academically about mental health. I struggle with anxiety-issues, mostly social and performance anxiety. What this means, for one, is that writing a thesis like this comes with a lot of mental management which on its own takes up a lot of energy. Furthermore, another challenge is sharing what I am dealing with, with others. I believe that stigma surrounding mental illness plays a role in this, for an irrational fear of being rejected is no stranger to me. At the same time I would love to connect with people about these subjects. In this sense it is interesting and inspiring to see how Lawson connects with a broad audience while writing about such topics. The second reason is because of my academic background in Postcolonial- and Gender Studies. In Postcolonial- and Gender Studies the Other is examined through various categories such as the gendered other, or the ethnic other, and it can be said that people with mental illness are othered in Western society as well (Davis 10). This particular category is examined through Disability Studies. Alice Hall

explains that “disability studies is founded on a commitment to challenging the social marginalization of people with disabilities” (4). Furthermore, Hall says that “literary writing has the potential to reach large and diverse populations; it serves a pedagogic function in the sense that it not only documents but also shapes attitudes towards disability” (4). Therefore I think it is useful to approach Lawson’s novel through the lens of Disability Studies.

I pose the question how Jenny Lawson’s depiction of living with depression and anxiety challenges stigma regarding mental illness within Western society through her writings in her memoir *Furiously Happy: A Funny Book About Horrible Things* and on her blog *The Bloggess*. The aim underlying this question is to show the importance of community and connection with regards to stigma as researched within Disability Studies.

In this thesis I will work with literary analysis to examine Lawson’s work, but first I will lay out a theoretical framework in the first chapter on stigma, narrative and community through the lens of Disability Studies, from which I will proceed to the next two chapters. I will explain how stigma can cause people to experience shame and isolate themselves, or motivate people to “pass” as non-disabled, which can be detrimental to one’s own identity, but also to the disability movement. I will continue to examine the dominant narrative on mental illness, which, I will argue, plays a great role in causing the existing stigma. Then I will look at possible counters to the existing stigma, such as creating a new narrative through the written recording of personal experiences, also known as “life writing,” and creating a community. The second chapter will examine how Lawson creates a new narrative on mental health in *Furiously Happy*, by looking at a number of aspects in her memoir. I will look at Lawson’s vision and use of words regarding mental illness, the movement she set up, and her use of humor. The third chapter explores how her work is received, how she created a community, and her interaction with readers. I argue that by creating a community, or “a tribe” as Lawson calls it, her work seeks to disrupt the existing narrative that creates stigma.

CHAPTER 1: STIGMA: CONSEQUENCES, CAUSES AND COUNTERS

This chapter will be a further exploration of the theoretical framework concerning stigma surrounding mental illness. I will lay out an extensive groundwork which I will use in the following chapters to analyze Lawson's memoir *Furiously Happy* and the community she has created through the book and her blog.

Stigma, Shame and Passing. In her introduction to *Depression and Narrative: Telling the Dark*, Hilary Clark defines stigma with regards to depression as “anguish added to anguish” (1). She explains that even though depression is more visible in the public domain, the stigma remains. This causes people either to “pass,” or to isolate themselves out of shame (1).

What triggers shame, says research professor Brené Brown in her article on shame and women, is an “unwanted identity.” This entails that “people perceive themselves as possessing an unwanted identity when they self-attribute, or when they perceive others ascribing to them, a characteristic that undermines their self-ideals” (Ferguson et al., qtd. in Brown 46-47). The idea of having an unwanted identity comes from the sociocultural expectations women experience. Every identity and role a person has, is accompanied by a certain set of ideas that explains how that identity should be performed and role should be executed. These ideas, that are shared through society by oneself, one’s family and friends, and others, are enforced by media culture (Brown 46). When an identity does not follow those unwritten rules, it becomes unwanted and so triggers shame. While Brown does not mention stigma, the link between stigma and shame can be made when the two definitions of the concepts are laid out next to each other. As explained in the introduction, stigma is a deeply discrediting attribute that is detrimental to how others view the person with this attribute. The description of stigma is similar to that of the “unwanted identity” where a characteristic

undermines self-ideals. In both descriptions a preferred identity is compromised by a characteristic. Also, that a certain characteristic can be compromising is decided as a shared belief within a society. This similarity once more shows that stigma can cause shame.

Brown summarizes the resulting feelings and experiences of shame in three words: trapped, powerless and isolated. The women in Brown's study explain that they could not see what options they had to meet the unrealistic expectations they felt, and were thus feeling trapped. Powerlessness came from the inability to find an effective counter to the feeling of shame, mostly because shame is difficult to recognize. Isolation followed from feeling trapped and powerless, moreover, isolation enhanced the feeling of being trapped and powerless in its turn. Brown emphasizes that these resulting feelings do not stand on their own, but are rather intertwined and form a "web" (46). To counter shame, Brown proposes the Shame Resilience Theory. This theory explains how the concepts of empathy, connection, power, and freedom counter shame and the feelings that accompany it (47). Here, empathy is in opposition to shame. Brown writes:

Participants reported that in experiencing an empathic response to their shame experience, their sense of connection and power was often increased, restored and/or sometimes strengthened. The empathic response appears to be most powerful when it comes from another person; however, the participants did acknowledge that engaging in self-empathy can increase shame resilience, but not to the same degree as connecting with someone else. (47)

Experiencing empathy can have a significant effect on the feeling of shame, especially in connection with someone else. Brown continues to explain that connections in the form of support and sharing also relieve a great deal of the pressure to conform to certain sociocultural ideas (47).

Next to a feeling of shame, another reaction to stigma is “passing.” Passing occurs when someone with a non-visible disability, such as a mental illness, passes as non-disabled when they are amongst others. Passing is something that is sometimes looked down upon within the non-visible disability community, as it is perceived as assimilation for the purpose of self-preservation and to gain access to the privileges of the dominant culture. While passing can be seen as a privilege to some extent, it also has negative consequences such as “a profound sense of misrecognition and internal dissonance” (Samuels 348). So, passing can be self-detrimental, in the sense that a person has to hide a part of their identity. Disability Studies theorist Ellen Samuels explains how people with a non-visible disability have to “come out” every day again, and if they choose not to do this, they pass by default. Samuels argues that the harsh judgment of passing should be mitigated. For, people with non-visible disabilities have no other way of coming out than by their speech, whereas other “hidden” identities, say queerness, for example, have visible tokens, such as buttons, to express this identity. Furthermore, when people with non-visible disabilities come out, they do not know what the reaction to this coming out will be and are often met with suspicion (348-50). Samuels says: “It takes tremendous chutzpah for nonvisibly disabled people to assert our disabilities in public settings or to ask for accommodation; denial, mockery, and silent disapproval are some of the cultural mechanisms used to inhibit us” (350). Besides pleading against the judgment regarding passing, Samuels points out how passing in cooperation with coming out can also be a useful tool in battling stigma. When someone comes out after passing, it can cause a rethinking of the dominant cultural expectations that exist in contemporary society. Samuels explains this through an example where a black woman had to come out as black, since this was not readily recognized, after someone had made a racist joke. Others’ reaction to her coming out was one of worry. What this interaction illuminates is the cultural expectation that another’s body is identical to one’s own when a visual difference

cannot be (readily) seen. The coming out questions this expectation. In a way, it shows how unjustified stigmatizing labels can be (Couser, “Signifying” 206). Furthermore, it raises the question how “other” one’s own body is if the body of an other seems identical to one’s own. In this way, passing creates a foundation on which this rethinking of cultural assumptions can take place (Samuels 350-1). So, while passing can be seen as assimilation, it is not so easily defined as such. It is a struggle to come out daily. However, when this is done, it can also cause a disruption in the cultural expectations that cause stigma.

The Narrative on Mental Illness. So far, I have discussed two main consequences of stigma regarding mental illness, namely the feeling of shame and the practice of passing. Now, I want to look into the narrative behind the stigma on mental illness. In the introduction I explained how people with disabilities are othered in society through their representation within the public discourse, where they inhabit certain roles that are placed upon them. Disability Studies theorist specialized in life writing Thomas Couser underlines this when he explains how representations of people with disability have not benefitted them. He confirms once more that “disabled people have been *hyper*-represented in mainstream culture,” however, they never had a say in how they were represented, and were, therefore, mostly misrepresented (“Disability” 451). These misrepresentations created a narrative about the disabled body that resounds in contemporary culture. Couser gives the example that people with visible disabilities are sometimes approached by strangers who speak to them as if they know their story. He says: “For people with many disabilities, culture inscribes narrative on their bodies, willy nilly” (“Disability” 452). While this example discusses people with visible disabilities, the same can be said for people with non-visible disabilities. Clark writes about narrative specifically regarding depression. She discusses multiple views on how narrative and identity are connected, and argues that narrative is essential for identity, as she says: “One can know oneself as a self only within the context of a (life) narrative” (1-2). From this view,

narrative is a tool which is used to construct an identity. When considering Couser's writings and the view Clark proposes, it can be said that others play a role in the narrative about identity as well. This, once again, brings us back to the question of stigma and how it can be detrimental to one's identity.

When it comes to narratives on mental illness, there are a few narratives I want to point out. Clark focuses on narratives on depression. One of the main narratives through which depression is presented, is that of the quest. Clark explains that it "organizes the real experience of depression (as it does that of other illnesses) into a story of trials, helpers, ogres, or sorcerers (often psychiatrists offering meds), and a return as a subdued but wiser person" (4). While Clark researches narratives on depression, the organization of the quest narrative can be extended to other forms of mental illness as well. This narrative is a dominant one where identities regarding illness and health are hierarchized. Mental illness is seen as something that should be overcome and is thus marginalized in comparison to a healthy identity (4). Brenda Dyer also examines the quest narrative in her paper called "Comedy and Romance Story-Types in Narratives on Depression." She connects depression narratives with the master narratives of comedy and romance. She describes the quest narrative in light of the romantic genre in the same way as Clark, namely where a hero undergoes challenging situations in order to grow (48). Dyer also agrees with Clark that the quest romance is one of the major narratives through which depression is told (50). Yet the romantic narrative is not the problematic one, according to Dyer. Dyer argues that the comic narrative, which contains a "structure of problem-intervention-happy ending," is mostly linked to the dominant medical discourse on mental illness, which entails the belief that what is sick can (and should) be cured (43). According to Dyer, the comic narrative is preferred within society, yet the romantic narrative that she proposes gives a more accurate representation of how people deal with depression (49-50). Dyer proposes the romantic quest, which is used in depression

narratives, as an altered form of the original quest narrative. Where in the original quest narrative the enemy is defeated with the help of others, with the romantic quest, the enemy, in the form of the depression, “is accepted and incorporated into the protagonist’s life narrative” after “an intensely internal moment” (43-4). In this narrative, recovery does not happen and so causes a lack of closure, which does occur in the original quest narrative (44). Dyer summarizes it through the words of literary critic Northrop Frye, who “describes romance as involving two worlds: an ‘idyllic world’ of happiness and a ‘night world’ involving separation, loneliness, and pain.⁶⁷ The conclusion is not a return to idyllic happiness but rather an incorporation of the lessons of the night” (50). Clark and Dyer do not necessarily contest each other. Clark examines the classical quest narrative as one where mental health is hierarchized above mental illness, Dyer proposes a manipulated form of the quest narrative, where mental illness is not overcome, but rather accepted.

The narrative on mental illness becomes more complex when the issue of gender is taken into account. Disability and Women’s Studies theorist Karyn Valerius looks at existing narratives surrounding the intersection of mental illness and gender by examining multiple nineteenth-century narratives of “madwomen.” When looking at the story “A Whisper in the Dark” by Louisa May Alcott, she identifies two narratives that together expose both gender inequality and the inequality between mental health and mental illness. One narrative is the Gothic narrative, where a woman is forcefully admitted into an asylum after a fight with a man concerning choices that would benefit her and be a disadvantage for him. The woman can be confined because a woman showing certain emotions to an irrational extent is regarded as a form of madness. This narrative shows the link between gender inequality and mental illness in how the notion of madness and certain institutions were used to control women. Next to that, it shows how easily one is confined when being labelled as mentally ill and so emphasizes the minority status of mental illness (94-5; 98). Secondly, Valerius, like Dyer,

highlights the Romantic narrative. Where the romantic quest is explained as an accurate way of narrating depression by Dyer, Valerius shows that romantic depictions of mad women in nineteenth century literature were less accurate. In a romanticized narrative a woman who experiences the loss of a loved one, also loses her mind. Valerius writes: “The grief-stricken madwoman [...] at once pathologizes and elicits admiration for feminine devotion” (95). This narrative, which emphasizes the emotionality and vulnerability of women (in comparison to men), contributes to gender inequality.

The narratives Valerius lays out, show how mental illness is linked to gender inequality. The marginalization of people who are mentally ill is shown through the comparison of the Romantic and Gothic narratives with the narrative of Bertha Mason from *Jane Eyre* (98). The narratives Alcott depicts correspond to Bertha Mason’s, but are in stark contrast with her at the same time. Where Bertha Mason is dehumanized, represented as a woman with a monstrous body that is nothing more than an obstacle for true love, the “mad” women Alcott represents are sympathetic (97). The narratives Valerius lays bare in her argument show how mental illness is stigmatized and how this is closely intertwined with gender inequality. These narratives, as explained by Valerius, show certain dominant ideas that disempower and dehumanize mentally ill people, and still accompany the concept of mental illness today and contribute to the stigma surrounding it. This is underlined by the argument that Disability Studies theorist Elizabeth Donaldson poses. She examines mental illness and the physical body and explains how corporeal narratives have been left out when it comes to discourse on mental illness. The main reason for this, Donaldson argues, is a “cultural anxiety surrounding mental illness” (113). This anxiety comes forth from the fact that a “medical discourse of mental illness [...] describe[s] the symbolic failure of the self-determined individual” (113). Here, Donaldson shows, once more, in calling out the anxiety

surrounding the corporeality of mental illness, that the narrative of mental illness as a disempowering condition is stigmatizing.

Life Writing and Community. When it comes to countering the dominant narratives on mental illness discussed above, a prominent strategy is life writing. Couser writes that a myriad of stories on living with disabilities have emerged over the last few decades through life writing, in which all kinds of disabilities have been described through multiple stories (“Disability” 451). These stories are necessary to rewrite the dominant narrative. Couser says: “Disabled people come to life writing from a position of preinscription: they are already ‘known’ as defective, deficient, interpellated as fundamentally alien” (“Signifying” 200). According to Couser, in order to change these prescribed narratives, people with disabilities should aim to rewrite them (“Signifying” 200). Autobiography in particular has been helpful in countering the dominant narrative. Simply the fact that these memoirs are written by disabled people counters the presumptions that they are “defective” (“Signifying” 201). Also, when people with disabilities tell their own story, they take back the narrative which has been created for them and correct it by adding a more accurate representation from their own perspective and experience (“Disability” 451). Furthermore, by bringing these narratives to light, more understanding is created about living with disability among people who are not disabled (“Disability” 453).

However, there are also challenges to life writing. There is always a risk of repeating the discourse that creates stigma or the othering image (“Signifying” 200). This happens mostly through narratives of overcoming, or a “rhetoric of triumph” as Couser calls them. These are the comic narratives that I mentioned earlier, that are used to display the “protagonists’ triumph over adversity,” and are popular on the literary market (“Signifying” 203). Couser explains the detrimental effects of this narrative through the impairment-disability system. This system is a configuration in which corporeal aspects such as

impairment are separate from the social construct that manifests itself as disability. Stigma and discrimination should be tackled within the social sphere, as they are social constructs, as well. By using the impairment-disability system the focus is not on the impaired body, but on the environment in which disability exists (Donaldson 111; Couser, "Signifying" 201). Life writing is one tool which exposes the impairment-disability distinction (Couser, "Signifying" 201). By continuing the comic plot, the focus lies on the impairment that is overcome and not on challenging societal beliefs. Contrary to this narrative, Couser names the coming-out story as a narrative that contests the social construct of disability. It not only changes the stigmatized image of the individual, but also "exposes the arbitrariness of the stigma by affirming the condition that it is attached to" ("Signifying" 206). A further advantage of the coming-out narrative is the creation of role models, which are also necessary to contest existing stigma concerning disability and motivate others to come out; and coming out can lead to the creation of a community (Brewer 18; Couser, "Signifying" 206).

Where life writing is one effective method to counter stigma, a community is another. A lot has been written about mental disability in relation to community. Especially about the affiliation between, for example, the mad community and the disability community, or the mad community and the queer community (Brewer; Wolframe). Creating a community is important in order to resist the isolation that accompanies those individuals who are othered (Brewer 20-1). A community is constructed on the basis of an imagination of common ground. This means that according to the imagination of the common ground, members of the community are included and others are excluded. Even though members of the community exclude others through difference, the differences within a community among the members are overlooked (Walters 280). Members who could belong to more than just one community based on common traits, for example queer and mad community, believe that the common ground should be "based on shared values rather than similar bodies or minds" (Brewer 23).

However, even if the common ground is based on shared values, it is still an imagination. What this means is that the common ground is not fixed, it changes over time, just as identities do (Walters 280-1). In the context of the imagination of the common ground, it is interesting to examine communities and the internet, especially since Jenny Lawson is involved in blogging and other types of online communication with her followers. The internet is a fruitful territory when it comes to founding communities. With the characteristics the internet has, such as its reach and direct accessibility, it holds the possibility to create communities with members all over the world (Smith and Watson 81-2). Furthermore, since webpages are continually updated, they also evolve through time, just as the construction of identity (Cover 59). The structure of a webpage is much more “episodic rather than emplotted” and is thus more compatible in expressing one’s identity, as that expression also fluctuates (Smith and Watson 90). What this means in forming a community is that, when entering a community, the members do not have to specify their identities, since these are always in movement (Wolframe 47). When PhebeAnn Wolframe conducted her research on mad communities on the internet, she discovered:

It is less important to self-label according to a particular model of madness and more important [...] to have others understand the lived reality of being identified as mentally ill/disabled in a climate of austerity measures and stereotyping. (33)

Wolframe’s findings show that identity based on shared experiences is enough for exchange on this particular webpage. This resonates with the earlier wishes that common ground should be based on shared values rather than shared bodily identity markers. To circle back to the beginning of this chapter, these findings also correspond with Brown’s Shame Resilience Theory. The importance “to have others understand” resonates with Brown’s statement that an empathic reaction can increase a feeling of connection and power. In this sense, the feeling of community can be greater when it is based on an understanding of experience. As Brown also

explains, this connection counters shame and the stigma causing it by helping people to overcome the idea that one's "unwanted" identity is not valid as it is.

There is one side note to communities on the internet. Wolframe found that a condition for creating communities on the internet is openness. For her research she had set up a website with a confidentiality code that said that users could not give out personal information, as was recommended to her by a Research Ethics Board advisor. One user commented on this protocol and claimed that it "[worked] against [them], or is actually used against [them]. It keeps [them] apart and alienated" (40). What he means by this is that confidentiality, or the prohibition to share everything about yourself, isolates the members of the community from each other. Furthermore, the reason to advise the members to hide behind an alias is because it could make the members vulnerable when they express their experiences with mental illness out of their real names. This reasoning emphasizes the idea that they should be ashamed of the experiences they share on the platform (40). So, constraining the identity of the members actually inhibited the creation of a solid community, even though this confidentiality was set up in the members' best interest. This is another point Wolframe makes, that members of this specific community, but also of "mad" communities in general, are seen as "vulnerable" which leads to regulations that "prevent and fracture mad communit[ies]" (41). This shows once more how empathy and understanding between group members is important to establish connections.

To summarize the most important points in this chapter, which will be important in my analysis of Lawson's work: A cause of stigma of mental illness is the dominant narrative that is usually described as one where the illness is overcome. This narrative is preferred in society, while it is not an accurate representation of mental illness. The consequence of this narrative is the stigma that is created when one does not follow the preferred path from sickness to health, which can cause a feeling of shame or a feeling one has to "pass." To

counter the dominant narrative and the stigma it evokes, I have proposed to look at life writing and community. Life writing can be seen as a form of coming out that represents life with mental illness in a more accurate manner. The practice of coming out can create communities, especially when the internet is involved, as is the case with Lawson and her blog. In the following chapters I will look into how Lawson depicts life with mental illness and how her blogging helps to create a community.

CHAPTER 2: *FURIOUSLY HAPPY*

In this chapter I will look at the narrative Lawson creates when it comes to living with mental illness and how this differs from the dominant existing narratives I have discussed in the previous chapter.

Lawson begins her memoir with a disclaimer in which she notes that her mental illness is not the same as that of anyone else. She emphasizes how her experience and the way she writes it down is her “unique perspective” (xxii). This footnote is worth mentioning for two reasons. First from the perspective that there is a dominant narrative on depression and anxiety. By stating that this is her story, Lawson underlines the fact that there are multiple stories on mental illness and that there is no single truth. This is in line with Couser’s theory on life writing, in which he argues that “disabled people counter their historical subjection by occupying the subject position” (“Disability” 452). However, no single story is told within a vacuum. A story always also talks *about* something, it adds to an existing narrative on a certain subject (Couster, “Disability” 452). So, while Lawson’s story is hers, it also adds to the existing narrative on mental illness. This means that her story does speak and informs about mental illness in a more general way than just about her own experience with mental illness, despite the disclaimer. Secondly, because Clark argues that all narratives on depression are

affected by existing narratives, even the most personal ones are so as well (4). So, while Lawson does create a different narrative than the dominant ones, it is good to keep in mind that Lawson cannot escape these dominant narratives completely. This means that while her story is unique, the way it is told, or narrated, can still have been informed by narratives that arise from the dominant discourse.

Challenging Shame. The first narrative Lawson breaks with is the one that is most prominent when it comes to stigma, namely that one has to be ashamed for one's mental illness. She mentions being ashamed for her mental illness a few times in her memoir. For example, how she hid when she was little, or how she isolated herself when she was in high school (5). She also writes about being ashamed more generally, namely about how "so many suffer in the dark ... ashamed to admit to something they see as a personal weakness ... afraid that people will worry, and more afraid that they won't" (xix). These writings resonate with what Brown says about shame. Brown located three aspects of shame: feeling trapped, powerlessness and isolation. The feeling of being trapped can be seen in the fear that people might not care about your suffering if they are told about it. So, a person with mental illness can see the option of opening up about their ordeal, but fear severe repercussions if they do. Powerlessness can be seen in the fact that Lawson as a child and teenager had the urge to hide. Brown argues that "shame often produces overwhelming and painful feelings of confusion, fear, anger, judgment, and/or the need to hide. It is difficult to identify shame as the core issue when trying to manage these intense feelings" (46). When the core issue cannot be addressed, the feeling of powerlessness emerges. Finally, isolation is apparent in all these examples that Lawson gives. Lawson overcame the feeling of shame. She says that, besides getting help in the form of therapy and medication, not hiding "how crazy [she is]" helps:

I control it by being painfully honest about just how crazy I am. I control it by allowing myself to hide in bathrooms or under tables during important events. And sometimes I control it by letting it control me, because I have no other choice. (5)

While she still literally hides during important events, she does not hide the fact why she is hiding. She is also not afraid to admit that sometimes she cannot control the symptoms of her mental illness. Her memoir is proof of the fact that she is “painfully honest” about her mental illness and by doing so, she changes the narrative that there is shame in having to live with mental illness. Lawson challenges a shameful perspective on mental illness by simply being open about it, but the ambition of her memoir is larger than that. Lawson mentions that the goal of her memoir is to give another perspective on living with mental illness, namely that there can be advantages to it (xxi).

One way Lawson aims to create another perspective is with her *Furiously Happy* Movement. Before the start of the first chapter, Lawson explains the book title *Furiously Happy*. It originated from a blog post in October 2010, in which Lawson describes how she received the news a friend had passed away when she was already at a very low point concerning her mental illness. However, instead of disappearing into depression completely, something else happened. She says: “I’m fucking *done* with sadness, and I don’t know what’s up the ass of the universe lately but I’ve *HAD IT. I AM GOING TO BE FURIOUSLY HAPPY, OUT OF SHEER SPITE*” (xvi). By expressing her feelings in this manner, Lawson first of all contests the romantic narrative as proposed by Valerius. In this narrative the woman loses her mind over the loss of a lost one, and, as a consequence, loses her agency. Lawson not only names this narrative, by calling out the expected reaction to such news: “You might think that this would push me over the edge into an irreversible downward spiral of Xanax and Regina Spektor songs,” but also displays agency by expressing the exact opposite reaction in her decision to be furiously happy (xvi). This does not mean that she can

control her mental illness simply by changing her mindset. What being furiously happy entails is not that the mental illness is gone: Lawson writes she still deals with depression and anxiety. The idea of being furiously happy “[is] about taking those moments when things are fine and making them *amazing*” and by doing so, creating memories and something to look forward to during the times which are not fine and infused by mental illness (xviii). Lawson says she lives furiously happy “not just to *save* [her] life, but to *make* [her] life” (xviii). The idea underlying furious happiness, is Lawson’s belief that people with depression can experience emotions to a level that people without depression cannot comprehend, for they are forced to go to very dark places during depressed episodes. Therefore, Lawson explains, the experience of joy to an extreme extent should also be accessible during the times without depression (xviii). This is the main advantage Lawson sees in having mental illness and one of the reasons she believes living furiously happy is possible. Here she highlights one advantage of living with mental illness, enforcing her goal to create a different view on mental illness and thus going against the narrative of shame when it comes to mental illness.

“Mentally Ill” and the Reclaiming of Words. Lawson talks about the use of the term “mental illness” in the same manner as she talks about living with mental illness, namely as an advantage. She calls it “an old jacket, comfortable but ugly,” even though she admits she was once scared of the term (46). “Mental illness” within Disability Studies is considered a term with many implications. The narrative accompanying the term is one of getting better. “Mental illness” implies that it can be cured and a person can (and should) regain mental health (Price 335-6). This resonates with the narrative of the quest, which I mentioned in the previous chapter. In this narrative depression is overcome through a set of trials and tribulations. These narratives, too, create the discourse that mental health is preferred over mental illness (Clark 4). Clark adds to this that a story on depression will be told in this manner, “unless the teller consciously ‘struggle[s] for rhetorical ownership of the illness’” (4).

Lawson uses words as “fixing” herself, and “getting better,” seemingly going along with the discourse of getting better. However, the way she frames it challenges the original dominant discourse. For example, in the chapter “We’re Better Than Galileo. Because He’s Dead.” Lawson talks about the difficulty of understanding someone’s mental illness when they seem to have everything they could wish for. Specifically, she targets the understanding a person can have of themselves when they are not feeling as they *should* in certain situations because of mental illness. Concerning this matter she recalls thoughts that come to mind in such situations and ends with:

If everything is perfect and I’m miserable, then this is as good as it gets?

And the answer is no.

It gets better.

You get better.

You learn to appreciate the fact that what drives you is very different from what you’re *told* should make you happy. (240)

Here, Lawson says “you get better,” but not in the sense that you overcome mental illness. What she means is that because you have mental illness you thrive on other things in life than what the dominant discourse tells you. Her narrative is that living with mental illness does not mean you have to achieve mental health, but rather that you need to learn what works for you while you live with mental illness. That is why the term “mentally ill” works for Lawson, why she calls it a comfortable jacket. The knowledge of being mentally ill has given her the sense of acceptance to adjust her life in such a way so that she can live as she sees fit (46).

It can be said that using the term “mentally ill” in the way she does gives Lawson agency. This is in contrast with other memoirs on being labeled as such. Professor emerita of

Philosophy Jennifer Radden reviews memoirs in contemporary society with regards to the dominant presence of medical psychiatric discourse, where symptoms of mental illness are “dismissed as meaningless causal products of a disordered brain” (19). It can be said that Lawson adopts this view, as can be seen when she says: “I remind myself that I’m not fighting against me... I’m fighting against a chemical imbalance... a tangible thing” (58). Both narratives blame the brain on something going wrong.

However, the way the narrative is used in the psychiatric system and how Lawson uses it, is different. This is best seen in the outcome of the use of the narrative. Lawson uses the rhetoric of the “disordered brain” to be able to manage her symptoms, she says “[she’s] not fighting against [herself],” thus not seeing her mental illness as the essence of her identity. For the authors of the memoirs in Raddens overview, who had been in the psychiatric system, the label of “mentally ill” had reduced their identity to their mental illness. A consequence of this was disempowerment, being reduced to essentially “mentally ill” questioned their ability to control and change their situation on their own (20). So, Lawson uses the narrative of an error in the brain to be able to say that this is something she *has*, not something she *is*. The narrative is used the other way around in the psychiatric system, leaving patients disempowered. The difference here can be brought down to the question who uses the term and in what context. In a way, Lawson takes the term and uses it as she seems fit, not in how it is used in medical psychiatry.

Lawson reclaims words more often. She calls herself a “madwoman,” “silly” and “crazy” throughout the book (11; 50; 1). She explicitly says it when she mentions the word “fat”: she explains how she is okay with describing herself as “fat” and as “crazy,” because “[she’s] taking those words back” (139). A good example of this is the very first chapter of the memoir. The first chapter opens with a discussion Lawson has with her mother on Lawson calling herself “crazy.” Her mother says: “You’re *not* crazy and you need to stop saying you

are. It makes you sound like a lunatic" (1). In the continuation of the chapter the discussion is alternated with Lawson's description of what she is diagnosed with and funny anecdotes that complement those descriptions. The chapter ends with a repetition of her mother's statement: "People will think you're a lunatic," to which Lawson replies:

And it's true. They will. I Google the word 'lunatic' on my phone and read her one of the definitions.

Lunatic: (noun) Wildly or giddily foolish.

My mom pauses, stares at me, and finally sighs in resignation, recognizing way too much in that definition. 'Huh,' she says, shrugging thoughtfully as she turns back to the sink. 'So maybe 'crazy' isn't so bad after all.'

I agree.

Sometimes crazy is just right. (6)

This fragment beautifully brings together how Lawson changes the narrative surrounding certain words. It shows how Lawson reclaims certain words that are negatively connoted by society, as represented by her mother.

Humor and Mental Illness. When examining *Furiously Happy*, a book with the subtitle *A Funny Book About Horrible Things*, the humorous aspect of the memoir cannot be ignored. I argue that the way Lawson deploys humor can be seen as a tool to challenge the dominant narrative that mental illness should be overcome and that having mental illness means you are significantly different than non-disabled people.

Lawson starts her memoir with a "A Series of Unfortunate Disclaimers," making an allusion to Lemony Snicket's *A Series of Unfortunate Events*. By doing so, Lawson aligns her memoir in some way with this book series and I argue that this has a lot to do with the genre.

A Series is known for combining a dark story with humor (Bady). In a way, Lawson does the same: she calls her memoir “a funny book about living with mental illness,” and admits “it sounds like a terrible combination” (xiv). However, just as the combination of humor and darkness worked for *A Series*, it also works for Lawson’s memoir, as can be seen in the following chapter by the positive reception of the book. An example of how Lawson alternates darker subjects with humoristic stories, is how Lawson writes about self-harm. In the chapter “The Fear” Lawson talks about the way she harms herself by scratching her skin until it bleeds and pulling her hair out, about how her husband reacted to this, and about how she got help. She also speaks about why she does it, even though she does not have a straight answer (79-82). The chapter is written in a serious tone, depicting the scene where her husband found out, a dialogue with a therapist and Lawson’s reflections on the matter. The subject is taken seriously in this chapter. In the next chapter, named “Skinterventions and Bangtox,” directly following “The Fear,” Lawson also mentions her dermatillomania, the self-harm which involves the scratching of her skin. Only this time, she tells it within a humorous context. She begins the chapter with writing about cosmetic procedures and not understanding why people would want to add to their body in the form of Botox or the like. Yet she does “understand the urge to strip stuff away in the name of beauty” (83). While she is writing this, Lawson seems to come to the conclusion that stripping away stuff appeals to her because then there is less of who she is. Right after she makes this statement, there is a blank line, then she says: “I think I may need to call my shrink to tell her I just had a breakthrough. *Hang on.*” This is followed by another blank line, after she continues with: “Okay, I’m back. Turns out my shrink sends all her calls to her answering service after ten p.m. and they were disappointingly unimpressed with my epiphany about why I have dermatillomania” (83).

The combination of darker themes and a humorous approach can be seen as creating a narrative where mental illness is accepted. This can be explained through Dyer’s theory about

depression narratives. There is not a wholly comic plot, where the protagonist recovers from mental illness and the story ends happily, but a narrative where mental illness, or the “dark,” is accepted and thus incorporated in the narrative. The mental illness will not be overcome, but has a place in Lawson’s life next to everything else that makes her who she is.

Next to the combination of humor and mental illness which functions as a narrative through which mental illness is accepted as a part of life, humor on its own can also have a function. Even though Lawson admits that bringing together humor and mental illness is a “terrible combination,” she uses it anyway, since “[she’s] mentally ill and some of the most hysterical people [she] know[s] are as well” (xiv). By doing so, Lawson confronts the idea that people with mental illness are completely alien to non-disabled people, since they, too, can be funny and witty. This is another function of the use of humor. Disability Studies researcher Shannon Walters looks into humor as a tool to challenge stereotypes. She explains this through the Incongruity Theory, which says that a humorous situation occurs when “something [is] [...] ‘out of place, which we enjoy in some way’” (272). Walters adds to that a theory from rhetorical studies, “perspective by incongruity,” which says that perspective by incongruity can be productive. Walters explains:

Perspective by incongruity possesses the potential to exert transformative effects in the context of humor and disability. Beyond indicating that something is simply ‘out of place’ in a humorous way, perspective by incongruity can operate as a productive lens for situations involving humor and disability by resisting stereotypes and producing new meanings. (272)

What this means is that something is funny because it does not fit a certain expected stereotypical behavior. While Lawson’s anecdotes are funny on their own, there is an extra layer to them: they challenge multiple aspects of the dominant narrative on mental illness. For one the idea that people with mental illness are not associated with being funny or anything

other than their mental illness. It also challenges the idea that people with mental illness are “defective,” as Couser called it (“Signifying” 200). An example of how Lawson displays humor is an anecdote from when she was in Japan. Lawson writes how in Japan the toilets “are intimidating as hell,” and explains:

Here’s a picture of just a few buttons on a Japanese toilet:



I’m not entirely sure what these are all for but I think the top one that looks like a stick figure is to notify people that you’ve found the Blair Witch, and I think the next one means ‘Poop won’t go down. Use your foot.’ I assume the orange button on the far left is for starting a war, and then there are two for washing your boobs for some reason, and then one about levitating on a fountain, and I think the last one is for ordering bacon? Frankly, I was too afraid to try out all of the buttons because just sitting on it triggered something that made it break out into song. (100-1)

This example shows how Lawson does not fit according to the dominant narrative on people with mental illness. Lawson shows how her mental illness does not prevent her from being funny and able to communicate this through her memoir. It shows how she is able to function and have a life, despite her mental illness. This is emphasized by Couser, who says that “autobiography [...] can be an especially powerful medium in which disabled people can demonstrate that they have lives, in defiance of others’ common-sense perceptions of them” (“Disability” 453). While this is not specifically about humor, both autobiography and humor are tools to show a different depiction of people with mental illness than the existing idea. It shows that people with mental illness are more than just their mental illness.

In this chapter I explained how Lawson challenges the dominant narrative concerning mental illness in multiple ways. First by showing how Lawson creates a narrative that counters a perspective on shame. Through speaking out and emphasizing the unique qualities a person with mental illness can cultivate, Lawson counters the idea that having mental illness is something to be ashamed for. Secondly, I argued that Lawson reclaims words with a negative connotation concerning mental illness. Lawson's use of the term mentally ill has given Lawson agency, because it allowed her to accept herself as she is and use this information to live her life as she deems best. Furthermore, by using words like "mentally ill" to describe herself and accompanying them with more positive associations, she changes the narrative surrounding these words. Thirdly, the humor in Lawson's work also challenges the dominant narrative on mental illness. It does so in combination with the dark content Lawson talks about and on its own. The combination challenges the dominant narrative because it produces a narrative in which mental illness is incorporated in life instead of being overcome. The humorous anecdotes themselves shows that people with mental illness are more than their mental illness and can have a life with mental illness. By telling her stories as Lawson does, multiple facets of her memoir aid in creating a narrative that challenge the narrative that creates stigma.

CHAPTER 3: RESPONSE AND COMMUNITY

In order to examine how Lawson's work challenges the dominant narrative that creates stigma, I want to focus on the reception of *Furiously Happy* to see how readers respond to the memoir and the narrative posited by it. I also want to move beyond her memoir to her blog, the place that inspired the book in the first place. I will look at how the blog is set up, and examine how authors use the internet to connect with readers and in what way this pertains to Lawson and her readers. Finally, I will zoom in on the community that has formed through

Lawson's blog and is mentioned in her memoir to examine how Lawson's "tribe" counters stigma, as I have argued in the first chapter.

Readers' Responses. On *Amazon.com*, *Furiously Happy* has a total of 2,589 costumer reviews, with 76% of those positive which leaves the memoir with a costumer review of 4.4 out of 5 stars ("Customer Reviews"). On *Goodreads.com* Lawson's memoir scores a 3.92 with 108,890 ratings and over 12 thousand costumer reviews ("Furiously Happy"). These ratings show that there is an overall positive response to the narrative Lawson puts forward. Most positive reactions consisted of "hilarious," "relatable" and "brave" ("Costumer Reviews"; "Furiously Happy"). Where some reviews simply state that the "book is everything," others are more elaborate in their commentary (Victoria Schwab). Trudi, for example, explains on *Goodreads.com* how they wished they read the book before they lost their sister to mental illness.² Trudi says: "I know it would have made her feel some solace, some comfort, that other people feel this crazy too, and that it's not something you just 'get over.'" They explain how they see Lawson's work as "humanizing depression and mental illness" and, among other projects that battle stigma, as "a beginning of an empathy and acceptance for mental illness that will become our new normal." Kindle Costumer, another reader who left a positive review, writes how they bought the e-book, but are going to buy it in print as well. They explain:

I want this book available to me when I need to laugh about bizarre things in life or when I simply need someone who understands this rollercoaster [sic] in my not-so-normal life, yet I can still hide and not be completely alone. To be reminded that there are others just like me...unique [sic], but likely better because of it.

² The pronoun 'they' is used as a non-binary pronoun to indicate persons with unknown gender-identities.

These reviews show that the narrative that Lawson's work conveys is received and understood by its readers. The following excerpt from a review by Whistler's Mom, whose review is the top positive review on *Amazon.com*, exemplifies the readers' understanding:

This is an inside look at chronic depression from a woman who has struggled all of her life and will continue to do so. Barring a miracle cure, there are no happy endings for those with chronic depression. But there can be happy days and hours and minutes in between the misery and Jenny valiantly grabs every one of them and savors it.

Earlier in this review Whistler's Mom calls the book funny, yet, as can be seen above, they also recognize the lack of happy ending as a logical choice for this memoir. Thus, the choice not to follow a comic plot where a happy ending is expected appeals to Whistler's Mom and many other reviewers. However, the lack of a happy ending also gets criticized by many critical reviewers. TL, for example, says: "I was [...] certainly hoping for comedic relief but not mental crazy [sic]." MountainMama holds the top critical review on *Amazon.com*, with their following analogy:

Ever get stuck in a conversation with someone that thinks they're hilarious and original but really they're just immature and likely exaggerating every tale they tell? And you can't get a word in between their ramblings to end the conversation? and [sic] they're incapable of reading your body language and are oblivious to how uncomfortable you are?

MountainMama describes the book as an uncomfortable experience. It is interesting to see what it is exactly that makes this reviewer uncomfortable. Both TL and MountainMama do not find Lawson funny or providing "comedic relief," which, once again, could be due to the lack of a comic plot. They also feel like Lawson rambles. Mariah Roze states it as follows: "The stories weren't organized and most of the chapters were just random thoughts thrown

onto a page. She did have some funny moments, but the lack of organization really bugged me.”

The lack of organization, or rambling as others call it, is what makes these reviewers uncomfortable. This is what Clark calls the limit of certain narratives. The way Lawson expresses herself has a lot to do with her mental illness and how her mind works. However, to be confronted with Lawson’s style of narration when you are not familiar with this way of narrating mental illness can be disconcerting. Clark explains that “some narratives [...] risk repelling the reader, who fears, via a process of emotional contagion, going under in turn” (5). Lawson’s way of letting the reader experience what it is like for her to live with her mental illness can be off-putting to those who have not experienced it in the same way. It is not surprising, then, that for readers who found the book more relatable, this was exactly what they could appreciate. For example, Brittany Winter and LaBouquinisteImpertinente can both relate to Lawson’s narrating style, the latter stating: “I felt like I had found someone who FINALLY spoke the same mental language! The random ramblings, the random connections between things that normally aren’t connected, the random reactions, the extra random everything.” Lawson’s work made these reviewers feel less alone: they connected with this specific type of narrative. However, for readers who are less known with Lawson’s expression of mental illness, Lawson’s text can be experienced as overwhelming and those readers are therefore less susceptible to what Lawson has to say.

The Bloggess and Her Readers. I want to continue by looking at Lawson’s interaction with her readers through examining Lawson’s blog *TheBloggess.com*. According to Literary Studies professor Simone Murray the advice for authors today is to brand yourself through all digital means possible, but at least with a blog and by using Facebook and Twitter (35). Lawson has her blog and several social media accounts, such as a Twitter-, Facebook- and an Instagram-account. All of these refer to the other accounts and Lawson’s nickname on all of

the accounts is The Bloggess. In that sense, Lawson has definitely created a “brand” for herself with many followers. The homepage of the blog has a pink background and a mostly black header that says: “The Bloggess. Like Mother Teresa, only better” and depicts a young(er) Jenny Lawson with a blow-dryer in her hand and rollers in her hair. This image is also Lawson’s profile picture on Twitter, Facebook and Instagram. On the left side of her blog her books are displayed and to the right advertisements line the page. The first blog post made was on 18 June 2007 and it consists of a title “Fucking shit, we’re in business” and four lines: “Cursing makes everything funnier. // My dog just died. // My fucking dog just died. // See.” Lawson’s blog is set up in a similar style as her books. She posts random thoughts, conversations with friends and family, honest confessions about her struggle with mental illness, things she comes across on the internet and lately a lot about a new project she started: her new bookshop called “Nowhere”.

The biggest difference with her memoirs is, of course, the direct communication with her readers. Whereas the stories in her memoir are a form of one-way communication, the stories Lawson broadcasts on her blog, Facebook and Twitter are open to comments and feedback from readers. This is how authorship today is altered by digital media. The accessibility from readers to authors is independent from boundaries such as location, time and duration when it comes to interaction on the internet (Murray 23-4). Because of this “direct” communication, the reader is less passive and has more of an influence on what is written (Murray 30). Lawson’s direct responses to comments are scarce on her blog, Twitter, Instagram and Facebook. When she does respond to and interact with her readers, she does so in different ways. For one, she uses the interaction with her followers for advice. This can be seen in her posts about her bookshop. For example, when she announces that she is going to open a bookstore, she ends the post with:

So here’s where you come in.

I have a lot of ideas and surprises that I'm working on but honestly I'd love to hear your ideas. What makes a bookstore great for you? What should we totally have or not have? What's your favorite bookshop ever and why? ("Hello")

Lawson's inclusion of her readers is not limited to ideas alone. In an update on how it is going with the set-up of the bookshop she invites people who live close by to come help and paint, and to those who do not live close by she says: "And there will be lots of ways to be a part of the bookstore even if you don't live anywhere near Texas. You are part of this family whether you like it or not" ("Excited"). Lawson's interaction is not just a one-way communication from author to readers as can be a pitfall when authors are present on the internet with the main goal of self-promotion (Murray 36).

The interaction with her followers is also displayed in *Furiously Happy*. In the chapter "The Big Quiz" Lawson looks back on a blog post she published in which she asks her readers how many times a month they feel successful and how they do that. In the post she explains she only feels successful "3-4 days a month" and hopes that her followers can help in expanding the amount of days a month by giving her tips on how they do that. However, when she reviews the responses, the biggest response is recognition of the feeling. Besides this, a few responded that they did not recognize the feeling, because they "judged success less by things and accomplishments and more by feelings" (283-6). These people found a bigger sense of accomplishment in spending time with a loved one rather than, for instance, having the resources to buy a big house. Lawson continues her story by quoting some of the responses, which only seem to feed her sense of failure (287). Finally she says:

I noticed something in common with each of those quotes. One was my ability to fuck all of them up. The second was that they were all better quotes than anything I'd ever write. And the third, and most important, was that perhaps I was judging myself by the wrong set of standards. (288)

When reviewing her standards, Lawson notices it is not the height of the bar, but rather the bar itself which needs changing. With this realization she concludes she will “just change the way [she] define[s] success” (288-9). Following this is The Very Important Quiz, as promised by the title of the chapter, in which the reader can gain points for certain accomplishments. Examples of these accomplishments are: “Didn’t punch an asshole in the neck even though you really wanted to,” and: “Showed compassion. (Double points if it was for yourself.)” (289-90). This chapter shows Lawson’s interaction with her readers on two occasions. The first is how Lawson listened to the responses of followers who defined success differently and was inspired to do the same. The second is the fact that these followers had a hand in writing one of the chapters of *Furiously Happy*. Without the blog post and its responses this chapter would not have existed.

Lawson’s Tribe. The previous paragraph shows how there is interaction between Lawson and her readers. However, that it is more than simply interaction is evident from the use of words such as “tribe,” “community” and “family,” which can be seen in the passage on Lawson’s bookshop mentioned earlier. One example of what her tribe means to Lawson is described in *Furiously Happy*. She explains how she had a luncheon with people from newspapers and magazines to get the name of her book out there before the launch and how terrified this made her. She describes the luncheon and then says:

My favorite part was when everyone was leaving and one of the waitresses snuck in to tell me that she was a huge fan and couldn’t wait to read my book. I suspected my editor had paid her to say that but I saw her nervous, wild-eyed look barely masked by a skin of propriety and I realized she was part of my tribe. I hugged her tight and thanked her. She probably never realized how much I needed her right then... a keystone to keep me steady in a sea of normal semi-strangers. (47)

Here Lawson shows her readers are as important to her as she is to them, since the interaction not only benefitted the reader, but also Lawson herself. These interactions happen on the internet as well. Lawson describes Twitter as:

Having a large, invisible gang of equally messed-up people who will hide with you in bathrooms and make you laugh under the pillow fort you've built in a lonely hotel room. Many of them suffer from the same fears, which keep them similarly isolated, but we've found a way to be alone together. (*Furiously* 244)

It seems from the above quotation that especially contact via the internet is valued in the community Lawson is part of. The main reason for this is that the community will still be online, even, or especially, when mental illnesses such as anxiety can prevent you from leaving the house, as is the case with Lawson. This also resonates with Wolframe's finding, mentioned in chapter one, where internet-communities are based on an understanding of each other's experiences. With Lawson's tribe there is a shared value in being able to look for support and connection online, even though the anxiety prevents connection offline.

Yet Murray is skeptical about the closeness between authors and readers when it comes to interaction via the internet. According to Murray, the relationship between an author and a reader is "always profoundly asymmetrical," whether it is an interaction in real life or on the internet (30). Where every reader knows who the author is, the author does not know every one of their readers, nor do most of the readers know each other individually (30). On the internet specifically the author has control over who can contact them, but also who they choose to follow back or who they receive information from. As such, an unequal relationship between author and reader arises and is maintained (50). Murray calls the interaction an "illusion of intimacy" and summarizes it as follows: "[A]uthors appear to be engaged in a profoundly lopsided transaction: availing themselves of the interactive capabilities of social

media to communicate ‘unmediated’ with their followers but withholding the possibility of a direct two-way exchange on more equal terms” (50).

For Lawson this “lopsided transaction” also holds true. On Twitter she has more than 450 thousand followers, but follows less than 50 thousand, on Instagram she has 120 thousand followers and follows 412 (@TheBloggess; Thebloggess). However, even though the relationship with Lawson is unequal, a community can still exist. In the study of Wolframe a policy of confidentiality stood in the way of members of a community to really connect with each other. Here, there are no boundaries to being honest and open about yourself. That this is important for a community becomes clear in an excerpt from Lawson’s story about the “Folder of 24.” This folder contains letters of readers who wrote Lawson, telling her that they decided against the suicide they were already planning, and got help instead. Lawson argues that the reason these letters exist in the first place is because of the response from the community. Lawson writes on her blog:

And not because of what I said...they did it because of you. Almost every single one explained that what convinced them that depression was lying to them was the amazing response to my posts. They could look at a single person like me and think it was still a rare illness or something to be ashamed about...but when thousands of strangers shout out into the darkness that they are there too, it makes ripples. And those anonymous strangers saved lives without even knowing it. (“FURIOUSLY”)

It was not Lawson who saved these people by showing them that they were not alone, it was the response to her stories that made a difference. So, for the community it does not necessarily matter whether these people have a direct line and equal relationship with Lawson. What is important is that Lawson facilitates an online community which is based on a shared idea that mental illness is not something to be ashamed of.

The Power of the Tribe. Even though it can be said, based on Murray's text, that Lawson's relationship with her readers is unequal, her community and its effects are no illusion. This is evident in two ways: first, by letting people know that they are not alone, and second, by inspiring people to come out.

The example of the Folder of 24 shows how readers and Lawson are affected by the community's message that they are not alone. Lawson mentions the folder in *Furiously Happy* as well. She writes about the many people who tell her they are number twenty-five (319). Reflecting on this, she says:

Each time I wondered at how *any* of them could ever consider that life would be better without them, and then I remembered that it's the same thing I struggle with when my brain tries to kill me. And so they've saved me too. That's why I continue to talk about mental illness, even at the cost of scaring people off or having people judge me. I try to be honest about the shame I feel because with honesty comes empowerment. And also, understanding. I know that if I go out on stage and have a panic attack, I can duck behind the podium and hide for a minute and no one is going to judge me. (320-1).

There are a few things from this quote worth mentioning. The first is how her readers inspire and motivate Lawson to keep on writing. The 24 readers who wrote a letter to Lawson and all the people that followed saying "me too" acknowledge Lawson's work in such a manner that it lets Lawson know that she is not alone and so emphasizes the importance of sharing her story. In this way, the community is there for her, as much as the community is there for each other.

The second is that when she says that with "honesty comes empowerment [a]nd [...] understanding," it resonates with what Brown writes about shame. Empathy plays a big part

in challenging shame. Especially experiencing empathy from others. Empathy consists of the ability to adopt another's point of view, a lack of judgment, an understanding of another's feelings and the ability to communicate this understanding (47). In order to experience empathy from others, connection is necessary. Brown finds in her study that "connection was about mutual support, shared experiences, and the freedom and ability to explore and create options" (47). By creating this connection, it opened up the possibility of other views on how to deal with aspects of yourself that are perceived as shameful in the dominant culture. As Brown nicely phrases it: "Connection allowed the women to move away from the social/cultural trappings of the shame web by working with others to redefine what is valuable and important" (47). A good example of redefining what is valuable, is the *Furiously Happy* chapter "The Big Quiz," discussed earlier, where Lawson, with the help of her readers, redefines the way she looks at success.

Another example of how Lawson's tribe resonates with Brown's writings and the third element worth mentioning from Lawson's citation, is the fact that she can walk on stage and have a panic attack without anybody judging her. In November 2019, Lawson did a TEDx talk about sharing stories. On her blog she writes about how this day went. Because of brain fog and memory problems caused by depression, she walked on stage with her notes in her hands. Midway her talk she had a panic attack, however she managed to recover herself, finished it and received a standing ovation ("Well"). Watching the TEDx video published online, Lawson mentions the notes and why she brought them with her. She says: "It's ugly, but honestly, so is depression sometimes, so fuck it" (00:42-00:48). To which the public cheers and applauds. Although the panic attack is cut from the video, the standing ovation shows that the overall reaction to Lawson's performance is positive. This is emphasized by the comments on her blog post of people who had been to her talk. One reaction says: "I was in the audience, breathing right along with you and silently cheering you on – because if you

can do it, then so can I!” and another writes: “You had so many supporters staring back at you from the dark theatre and I hope you felt a little bit of our love” (Anonymous a; Anonymous b). That the support displayed at the TEDx talk is not unique, is evident from the comment by Kim Boynton Kietzman, who says: “I was at your AViD talk in Des Moines, and I will never forget the woman that yelled ‘you’re in a safe place’ because it felt like it was for all of us.” This example shows how the community works offline. There is no judgment of Lawson’s behavior due to mental illness, not when she brings her notes, nor when she has a panic attack. There is only support and empathy towards Lawson, and because of this, what is valuable is negotiated. Namely, it is not as important to look good or flawless on stage, than it is to spread the message that you are not alone when you have mental illness. Which is exactly what Lawson says during her TEDx talk (10:10 – 10:12). What is more, Lawson was able to spread this message because of the support from her community while she was on stage.

Closely intertwined with spreading this message is another effect of Lawson’s community, namely inspiring people to come out. Every time Lawson writes or speaks about her mental illness, she comes out again. In her TEDx talk she encourages others to do the same. She explains how sharing stories helps on multiple levels, such as decreasing the individual’s feeling of being alone, and helps professionals in improving treatments. She continues by saying:

You can change the world in ways you cannot possibly imagine by sharing your story. So, start small, tell your friends, tell a family member. [...] There are a million ways to do it and all of them are the right way. Share your story, so that others will share theirs. (11:13 – 11:58)

While this is just a plea for coming out, there is evidence of people actually coming out within the safety of the community Lawson initiated. For instance, the people who tell Lawson they

are number twenty-five, and the people who comment on Lawson's blog posts who let Lawson and other readers know that they experience the same difficulties. This also happens at offline public events, such as Lawson's book readings. At a recorded book reading by Politics and Prose it can be seen that a lot of people who come to ask a question after the reading, share the fact that they struggle with mental illness as well (22:05-58:01). It also becomes evident from Lawson's reflection on her blog post in which she declares to live furiously happy. She explains how a few hours after publishing the blog post, the hashtag #furiouslyhappy was trending worldwide on Twitter (*Furiously Happy* xvii). Everyone who shared that hashtag can be seen as coming out. The Furiously Happy Movement also inspired the community to think about tokens that acknowledge the battle against depression. Lawson mentions wearing silver ribbons "as a sign [of] understand[ing] the secret battle," a token that can be worn with pride (xx). As such, it can be said that Lawson's tribe challenges the obstacles Samuels mentions in the first chapter of this thesis. Samuels points out that people with mental illness have to come out every day, since their disability is not visible, and they have no other means of doing this than through speech. Even though the ribbons were not actually made, the idea of creating visible tokens for non-visible disability is a good start. Furthermore, I would like to argue that joining Lawson's tribe is already a visible token of dealing with mental illness, albeit not as visible as wearing a pin or a ribbon. Another obstacle Samuels mentions is the difficulty of coming out, since the reaction of others can be very negative. This is where I want to circle back to the message the tribe broadcasts, which is that no one is alone in their struggle with mental illness. This message is unabashedly conveyed within the community, both by Lawson and by her readers, of which Kim Boynton Kietzman's comment mentioned earlier is a good example. By having the support from the community, the obstacle of getting a negative reaction to coming out shrinks.

This chapter consisted of establishing Lawson's relationship with her readers. I did this by first looking at how her readers responded to her memoir *Furiously Happy*. From examining reviews on *Amazon.com* and *Goodreads.com* it can be said that the memoir resonates most with people who recognize what Lawson portrays and less with people for whom the narrative was too chaotic and therefore more off-putting than relatable. When it comes to Lawson's interaction with her readers, it can be concluded that she values and appreciates her readers and asks for their help on a regular basis. While the direct relationship between Lawson and her readers cannot be seen as equal, this does not matter for the tribe Lawson facilitates. The community is not based on direct or equal contact with Lawson, it is founded upon a message. This message is that mental illness is not something to be ashamed of and that one is not alone in these struggles. It is the response Lawson gets, that gives her readers hope and a sense of belonging. Because of this community, people with mental illness feel less alone and are encouraged to battle stigma together, for example by coming out.

CONCLUSION

Across the globe mental illness is still something that is stigmatized. The label of being mentally ill is associated within society with being abnormal and therefore something to be ashamed for. The way mental illness is constructed as stigmatizing has a lot to do with the representation of people with mental illness within society, such as in literature. Jenny Lawson is an author who openly writes about her life with mental illness and so adds to the discourse on mental illness in society. I asked how Lawson's depiction of living with depression and anxiety challenges stigma regarding mental illness within Western society. To specify this question I looked specifically at her writings in her memoir *Furiously Happy* and on her blog *The Bloggess*. I looked at Lawson's work by taking two aspects, the narrative she creates in her memoir and the community she facilitates through her blog.

Lawson's memoir is a form of life writing, which is an effective way to counter stigma surrounding mental illness. By writing and publishing her memoir, Lawson adds an experienced and therefore more accurate view on living with mental illness to the discourse of mental illness within society. When looking at the narratives Lawson creates through *Furiously Happy*, one of the narratives Lawson produces is one that counters shame.

Shame is one of the consequences of stigma surrounding mental illness. It can cause people to isolate themselves or feel trapped. Lawson establishes a narrative which says that one does not have to be ashamed of mental illness, first, by being completely honest and open about her life with mental illness and, second, by broadcasting the message that there is an advantage to having mental illness, namely that when you are able to experience devastating lows, you can also experience extraordinary highs. Another narrative Lawson brings forth is one that counters the dominant stigmatizing narrative that mental illness should be overcome. Lawson does this by reclaiming words and using them in a manner that works for her. Where the label mentally ill in the dominant (medical) sphere means you need to be cured, for Lawson it means that she has to take into account that she lives with mental illness to make her life work for her. By showing how she lives with mental illness, it produces a narrative that challenges the idea that mental illness should be overcome. It shows another possible way of dealing with mental illness apart from curing it.

Lawson emphasizes the message that mental illness is not something that should be overcome by using humor in combination with darker subjects. By incorporating darkness into the humoristic, it shows that both can exist next to each other and one is not better than the other. This is another narrative next to the dominant comic plot where the protagonist eventually overcomes their darkness. The use of humor also shows that certain stereotypes concerning mentally ill people do not hold. Lawson's witty humor shows that people with mental illness are not deficient and are not so different from non-mentally ill people.

The narrative Lawson puts forward appeals mostly to readers who recognize Lawson's way of thinking, such as the lack of happy ending. However, people who cannot relate to Lawson's way of narrating her story found the book difficult to read. What this means is that while Lawson's narrative challenges the stigma of mental illness, it does not reach everyone. Likewise, the contact with readers on her blog is only with people who can connect to Lawson.

Even though Lawson does not reach everyone, the reach of her community grows. Lawson speaks openly about her mental illness in her writings and so comes out every day. Because of Lawson's vulnerability in opening up about mental illness, readers of her blog are inspired to do the same, albeit simply in responding to Lawson's blog posts with "me too." The vulnerability on display by both Lawson and her readers have created a community based on the message Lawson and her community broadcast, namely that you do not have to be ashamed and you are not alone when you have mental illness. Through their community Lawson and her readers have established a safe place to come out and be okay with living with mental illness. As a consequence more people with mental illness come out. This increases the chance that people who may not be inclined to read the memoir are confronted with people with mental illness and are, thus, encouraged to rethink their ideas concerning people with mental illness. So, while Lawson's memoir does not reach everyone, the people who are inspired to come out, can confront those who have not read the memoir. Which, in its turn, can cause a rethinking of the stigma of mental illness.

While I tried to write this thesis with a reflective conduct, nothing can ever be written objectively. For this thesis this means that choices were made based on my academic background, personal preference and practical aspects, such as the word count I had to conform to. The subject this thesis discusses, namely stigma of mental illness in combination with literature, can be approached in multiple ways. For example, more themes from the novel

could be taken into account, such as the corporeal aspect, or family relationships. It would also be interesting to see how other memoirs that incorporate mental illness relate to stigma. Another interesting angle would be to use another method, to add an interview with the author, for example, instead of only using literary and discourse analysis. Many angles remain to be explored, and in doing so, hopefully, the stigma of mental illness will be reduced.

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